

Role 1 Medical Ltd

Role 1 Medical Ivybridge Station

Inspection report

Unit A2
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Ivybridge
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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Our rating of this location was good because:

- The service had enough staff to care for patients and keep them safe. People were protected by a strong comprehensive safety system and a focus on openness, transparency and learning. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the commissioners to plan and manage services and all staff were committed to improving services continually.

However:

- The provider needs a stronger process to report on performance.
- The provider does not have communication aids/pictures in all vehicles.
- The provider does not have any complaints/compliments leaflets for patients in the vehicles.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

We had not rated this service before. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the commissioners to plan and manage services and all staff were committed to improving services continually.

However:

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- The provider does not have communication aids/pictures in all vehicles.
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Summary of findings

We rated this service as good because it was safe, effective, responsive and well led.

Summary of findings

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Summary of this inspection

Background to Role 1 Medical Ivybridge Station

Role 1 Medical Ltd was registered in 2019. Ivybridge Ambulance Station is the location for the management of the regulated activity. Role 1 Medical provides hospital transfers, non-emergency patient transport for all age groups and emergency and urgent care contracted to a local NHS ambulance trust and a Clinical Commissioning Group. The provider works across Devon and Cornwall, going further afield when required. This report concerns the patient transport element of the work. Emergency and urgent care has a separate report and as both services are run by the same provider, some detail may be duplicated across the two reports.

This is the first inspection of this service since registration in 2019. The patient transport service represented 10% of the providers business. Patient transfers includes patients discharged from local NHS hospitals to home or hospices and urgent inter-hospital transfers. The service provided a total of 1,231 patient transfer journeys from March 2021-22 for all age groups of the local population. The provider currently has 4 ambulance cars and 13 ambulances.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? We did not inspect the caring domain due to continued COVID restrictions within healthcare.

The provider is registered to provide the following regulated activity:

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

The location has a registered manager in post since 2019. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The provider employs 38 permanent and 15 bank members of staff across both types of work.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection on 30 March 2022.

How we carried out this inspection

The inspection team of this location comprised of a CQC inspection manager and one CQC inspector and a specialist advisor with expertise in ambulance services. During the inspection, we spoke with seven members of staff. We reviewed documents and records kept by the provider and inspected the premises and vehicles.

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

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure that there is a stronger process to report on performance.

Summary of this inspection

- The service should consider keeping communication aids/pictures in all vehicles.
- The service should consider keeping complaints/compliments leaflets for patients in the vehicles.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Not inspected	Good	Good	Good
Overall	Good	Good	Not inspected	Good	Good	Good

Patient transport services

Safe	Good 
Effective	Good 
Responsive	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

We had not rated this service before. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The provider required 100% completion rate of all mandatory training in order for staff to work clinically. Overall training compliance rate for 47 staff was 100% with 6 staff (11%) not able to work clinically until their mandatory training was up to date. Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Staff received in-depth training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding training compliance, appropriate to the level required by each staff group, was 100%. This was required for the contract with the local NHS ambulance trust. The provider had a highly effective safeguarding leadership and staff were trained beyond the level expected. Staff were removed from clinical duty until the correct level of safeguarding training was up to date.

Safeguarding referrals were made in a timely way with a 24-hour telephone available for staff to use.

Cleanliness, infection control and hygiene

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

Patient transport services

Ambulances were clean and had suitable equipment which were clean and well-maintained. The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Vehicles had a regular deep cleaning from an external provider on a six-week schedule. Staff followed infection control principles including the use of personal protective equipment. Staff cleaned equipment after patient contact.

Environment and equipment

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

The premises were not purpose built and did not always provide appropriate accommodation. For example, there were no sluice facilities to dispose of dirty or contaminated water and staff had to use an outside surface drain. However, this was outside of the providers control as the premises were rented. Staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment maintained and serviced by an external provider/manufacturer to help them to safely care for patients. All vehicles were subject to external safety checks every six weeks, had current MOTs, service records and correct insurance. Equipment was available in children's sizes. Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately using the providers deteriorating patient standard operating procedure. Staff knew about and dealt with any specific risk issues. If the risk was considered too great, staff would refuse to transfer patients and alert the discharge team at the hospital. The service had 24-hour access to mental health liaison and specialist mental health support. (if staff were concerned about a patient's mental health). Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients 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, agency and locum staff a full induction.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. The provider had a specific contract to supply vehicles and staff to local clinical commissioning groups. The demand for service was always high but could not provide more resources due to capacity issues. The service had low vacancy rates and a rolling recruitment. The manager could adjust staffing levels daily according to the needs of patients, programme. The service had low sickness rate. The service had its own bank staff working adhoc hours. Managers made sure all bank staff had a full induction, completed all mandatory training and understood the service before deployment.

Records

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

Patient transport services

Patient notes we reviewed were comprehensive and all staff could access them easily. They were stored securely. When patients transferred to a new team, there were no delays in staff accessing their records. This included 'Do not attempt cardio-pulmonary resuscitation' orders.

Medicines

The service followed best practice when administering, recording and storing medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date, including controlled medicines. Staff stored and managed all medicines and prescribing documents safely. Staff learned from safety alerts and incidents to improve practice.

Issues with the storage of medical gases is dealt with in the emergency and urgent care report.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the organisation's policy. Reports from investigations showed managers investigated incidents thoroughly. There was evidence that changes had been made as a result of identified learning. Staff received feedback from investigation of incidents, both internal and external to the service. Staff understood the duty of candour. Managers shared learning about serious incidents with their staff and across the organisation.

Are Patient transport services effective?

We had not rated this service before. We rated it as good.

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. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Patients' physical, mental health and social needs were assessed and met. Their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines and other expert professional bodies, to achieve effective outcomes. We reviewed four policies and found they were up to date and based on current national guidance. These policies all clearly recorded when they were to be reviewed.

Patient transport services

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs on long journeys. The ambulances carried water for patients and food was supplied from the discharging hospital for the journey. The journey times factored in stops for comfort breaks for patients and driver changeover.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The provider had weekly meetings with the clinical commissioning groups they were contracted to. Key performance indicators were set within the contract. Feedback from the stakeholders showed the provider met response times in the majority of the occasions. However, when undertaking inter-hospital transfers, queuing outside of hospitals impacted on response times. The provider had quarterly meetings with the clinical commissioning groups, hospital performance and patient delays were discussed to improve patient outcomes.

Patient outcomes

Managers monitored the effectiveness of care and treatment. Quality and outcome information was used to inform improvements in the service.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The quality team evaluated care by auditing 10% of patient care records selected randomly or targeted prior to sending to the local NHS ambulance trust they worked for. Managers shared and made sure staff understood information from the audits. Feedback was provided to individual clinicians with points for improvement and/or praise. This provided an improvement in documentation standards and was a result of shared learning following an incident.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. All staff had opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers actively encouraged, supported and paid for learning and development needs of staff. Managers made sure staff received any specialist training for their role. Managers identified poor staff performance through annual observation shifts with staff, a positive reporting culture and developmental actions rather than disciplinary actions. They supported staff to improve and provided evidence of this.

Multidisciplinary working

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

Patient transport services

Staff worked across health care disciplines and with other agencies when required to care for patients. Where relevant, discharge was undertaken at an appropriate time of day following the completion of ongoing community care packages.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Are Patient transport services responsive?

Good 

We had not rated this service before. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population within the limitations of their contracted work. The service did not provide routine patient transport for hospital appointments or dialysis. They undertook urgent transfers from home to hospital or hospice, and inter-hospital transfers. Facilities and vehicles were appropriate for the services being delivered.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patient's condition and individual needs were identified by the patient transport offices at the hospitals the provider was contracted to. The provider had access to the electronic hospital booking system which contained specific prompts for patient needs. The provider did not take direct bookings for transfers. While staff understood the communication needs of patients with a disability or sensory loss, they did not have access to communication aids in the vehicles.

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.

Managers worked with their commissioners to keep the number of cancelled transfers to a minimum.

Patient transport services

Learning from complaints and concerns

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

The service clearly displayed information on their website about how to raise a concern although there were no paper copies on how to complain kept or given to patients when transferring them. Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints. The provider had received no complaints for this element of the service.

Are Patient transport services well-led?

Good 

We had not rated this service before. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. There was no formal leadership strategy and development programme to include succession planning. However, the provider was relatively new and were considering formal leadership training for relevant staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed by the management team and external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

Services were planned to meet the needs of the relevant population. Progress against delivery of the strategy and local plans was monitored and reviewed through the contracts with the local clinical commissioning groups they worked for.

Culture

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

Patient transport services

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action was taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within the organisation.

There were cooperative and supportive relationships among staff. Teams and staff worked together, shared responsibility and resolved conflicts quickly and constructively.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with contractors were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

Issues relating to recruitment practices under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are dealt with in the emergency and urgent care report.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The organisation had assurance systems and performance issues which were escalated through clear structures and processes. However, there was a weak process to report current and future performance for patient transport services.

Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored. There were no examples of where financial pressures had compromised care.

Patient transport services

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, 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.

Quality and sustainability both received coverage in relevant meetings at all levels. Staff had access to information. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

Engagement

Leaders and staff actively and openly engaged with the organisations they are contracted to, to plan and manage services. They collaborated with partner organisations to help improve services for patients.

There were very positive and collaborative relationships with commissioners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. The provider was considered by stakeholders to be innovative about providing a falls services and rapid response. Equally, the provider has been clear with contractors when they cannot provide a service at short notice. This allows the provider to meet demand within their own capacity. There was transparency and openness with all stakeholders about performance and feedback included, 'honest, direct, reliable and good communicators/responsive to my questions'.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Leaders and staff aspired to continuous learning and improvement including participation in recognised accreditation schemes.

The provider had an effective development programme for staff to progress and study for new qualifications. Staff were started on a development programme from commencement of their employment. They were given time and were paid to attend non-mandatory education and training sessions. Staff were trained to a higher specification for their role which produced a highly motivated and educated workforce.