

K.F.A Medical Ltd

# KFA Medical

## Inspection report

Branwell House  
Park Lane  
Keighley  
BD21 4QX  
Tel: 01535601748

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

### Ratings

#### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

KFA Medical first registered with the CQC on 14 June 2013. The service is an independent ambulance service based in Keighley, West Yorkshire.

The company provides a range of services including; urgent and emergency paramedic and first aid medical coverage at both private and public events; blood and organ transport; first aid training, repatriation of patients and a patient transport service (PTS) including patients with mental ill health. It also provides onsite only event medical provision which is not currently regulated by CQC.

At the time of the inspection the company was providing patient transport services (PTS) for two NHS acute trusts.

The provider had agreed hours to deliver PTS for one NHS acute trust for 318 staff hours and cover on an as required basis for night shifts. These are split as follows; Monday to Friday 50 staff hours per day and Saturday and Sunday 34 staff hours per day. The provider has determined they required two staff in each vehicle on each shift.

The shift times were 6am to 2pm, 12pm to 8pm and 2pm to 11pm (Monday to Friday). Weekend shifts were 8am to 4pm and 2pm to 11pm.

The operating procedures for the other NHS acute trust were different. The NHS acute trust expected the provider to deliver PTS on an, as required 24-hour basis. The provider's shift patterns covered between 8am to 8pm as the overflow for an NHS ambulance provider. This meant the provider's staffing requirements were demand driven. Staff members on the rota could be called out and continue to work until either the shift ended or the KFA operations manager defined that the requirements of the hospital had dropped to the point where staff could be released. The night shift was operated on the same basis as the day shift at the weekend.

The provider did not have a contract with either NHS acute trust where PTS was provided, they worked on an as required basis.

In January 2021 CQC received information of concern about KFA Medical Ltd. A decision was made to carry out an unannounced focused inspection of the safe and well-led domains to investigate the concerns.

The inspection was carried out on 12 January 2021.

Following the inspection, we told the provider that it must take actions to comply with the regulations. On Friday 15 January 2021 we issued the provider with a notice of decision to urgently suspend the provider's registration to carry out regulated activity because of risks to patient safety until 14 March 2021. The provider appealed the decision to the first-tier tribunal but withdrew the appeal before the hearing date.

Following this inspection, we told the provider that it must take 25 actions to comply with the regulations and should take three further actions even though a regulation had not been breached, to help the service improve.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Inspected but not rated



### Rating

### Summary of each main service

We found the following areas where the provider needs to improve;

- The provider did not have a mandatory training policy.
- Some disclosure and barring service (DBS) checks of employees were not up to date or had been obtained when applying to work for KFA Medical Ltd.
- The provider did not carry out any infection prevention control (IPC) audits.
- We did not see any evidence of reported faults on vehicles and equipment having been recorded as being carried out.
- Staff could not complete and update accurate risk assessments for each patient because the provider did not record how many patients were transported in a PTS vehicle for each journey.
- There was no evidence of audit activity to ensure staff compliance with the wearing of personal protective equipment (PPE).
- There was no evidence staff got adequate breaks and time off between shifts as this information was not recorded by the provider.
- The provider did not have a medicines management policy.
- Managers told us they did not have a process in place to share learning with staff resulting from an investigation of an incident.
- Not all staff we spoke with felt respected, supported and valued.
- The provider did not have a policy or guidance in relation to staffs` fitness to drive or rostering staff to work.
- The provider did not have a remote and lone working policy.

However, we did find the following areas of good practice;

# Summary of findings

- In the ambulances we inspected, the equipment carried on it appeared visibly clean. Trolley mattresses were free from splits or breaks in the surface covering.
  - The stock room we inspected had a large quantity of PPE for staff to use and replenish supplies on the ambulances.
  - We saw evidence staff were provided with level two personal protective equipment (PPE).
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# Summary of findings

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# Summary of this inspection

## Background to KFA Medical

KFA Medical first registered with the CQC on 14 June 2013. The service is an independent ambulance service based in Keighley, West Yorkshire.

The company provides a range of services including; urgent and emergency paramedic and first aid medical coverage at both private and public events; blood and organ transport; first aid training, repatriation of patients and a patient transport service including patients with mental ill health. It also provides on-site only event medical provision which is not currently regulated by CQC.

The service had been subject to an announced comprehensive inspection on 8 November 2017. Following the inspection, the service was issued with five requirement notices for breaches of regulations, including 24 areas where the service must improve, and additionally three areas where the service should improve were identified.

Following the inspection, the service was served a notice of decision and was suspended from carrying out regulatory activity for three months from 01 December 2017 until 28 February 2018. The provider voluntarily suspended for a further two months following a review of their post inspection action plan from 01 March until 30th April 2018 to enable the required remedial work to be finalised to meet the regulations.

On 25 April 2018 a follow up inspection was carried out. The purpose of that focused announced follow up inspection was to obtain evidence in relation to the five requirement notices, 27 areas where the service must improve and nine areas where the service should improve to ensure improvements had been made and that the service met the regulatory standards.

Following this inspection, the provider was found to be compliant in relation to the breaches identified in the previous inspection.

The service was not rated.

Following a review of information provided by KFA Medical Ltd which included staff recruitment files on 15 June 2020 and a request for additional information a Section 29 Warning Notice was served in relation to a breach of regulation 19 Fit and proper persons employed.

The provider submitted documentation in response to the warning notice which indicated they had taken actions to address the concerns in the warning notice.

## How we carried out this inspection

KFA Medical Ltd are registered to carry out the following regulated activities:

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

During the inspection conducted on 12 January 2021, we visited Branwell House, Park Lane, Keighley, West Yorkshire BD21 4QX, which is the provider's operating base.

# Summary of this inspection

The provider employed 17 staff and used two self-employed staff.

The staffing consisted of; a managing director, a company accountant, a logistics manager, an office administrator, an operations manager, a team leader for PTS and 13 PTS drivers. The majority of the employed PTS drivers were contracted to work 40 hours per week.

On inspection we spoke with the registered manager, company secretary, operations manager and 10 patient transport drivers.

During the inspection, we reviewed five staff files and inspected three operational ambulances used for PTS.

Activity (April 2020 to January 2021);

- In the reporting period, there were 6477 patient transport journeys undertaken between the two NHS hospitals. Five children were transported.
- In the reporting period, there were no emergency and urgent care patient journeys undertaken.
- The provider did not store or use controlled drugs.

Track record on safety

- No never events reported
- Clinical incidents; none with no harm, none with low harm, none with moderate harm, none with severe harm, and no deaths reported.
- No serious injuries reported
- No complaints reported.

## Areas for improvement

### Action the provider **MUST** take to meet the regulations:

- The provider must carry out and record patient risk assessments. Regulation 12
- The provider must operate an effective system to manage and mitigate the risks of infection. Regulation 12.
- The provider must record how many patients were transported in each PTS vehicle for each journey. Regulation 12.
- The provider must have a system to ensure all vehicles and equipment carried on them is safe and fit for purpose. Regulation 15.
- The provider must ensure all vehicles have the correct equipment for the patients transported and associated systems in place to safely operate the equipment. Regulation 15.
- The provider must ensure all equipment carried on KFA Medical Ltd vehicles is identifiable and the identification information is recorded. Regulation 15.
- The provider must have a system to record equipment and vehicle defect repairs being completed. Regulation 15.
- The provider must have a robust system to monitor the effectiveness of their service, including audits. Regulation 17.
- The provider must maintain accurate records of staff working hours. Regulation 17.
- The provider must ensure driving assessment reports are signed and any reassessments are completed. Regulation 17.
- The provider must have a medicines management policy to support staff when managing medicines. Regulation 17.
- The provider must have a system in place to share learning with staff resulting from the investigation of incidents. Regulation 17.

# Summary of this inspection

- The provider's managers must understand and manage the priorities and issues the service faced. Regulation 17.
- The provider must ensure they have an effective system to gather relevant information and analyse it to identify and act on risk and any improvements as required. Regulation 17.
- The provider must ensure all staff feel respected, supported and valued. Regulation 17.
- The provider must ensure staff were able to raise concerns without fear of retribution. Regulation 17.
- The provider must have a policy in relation rostering staff to work. Regulation 17.
- The provider must carry out risk assessments for staff working in excess of their contracted hours. Regulation 17.
- The provider must have a remote and lone working policy. Regulation 17.
- The provider must maintain an accurate record of the mandatory and statutory training of staff. Regulation 18.
- The provider must have a mandatory training policy. Regulation 18.
- The provider must maintain a record of when staff had received training commensurate with their role. Regulation 18.
- The provider must have a policy in relation to staffs` fitness to drive. Regulation 18.
- The provider must ensure staff recruitment meets all the requirements of the regulation including schedule 3. Regulation 19.
- The provider must ensure all staff have disclosure and barring checks in relation to their role. Regulation 19.

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

- The provider should have commissioning agreements or a service level agreement in place with the local NHS hospital requesting PTS so as to identify if any service improvements were required and patients were safe. Regulation 17.
- The provider should include risk as an agenda item during management meetings. Regulation 17.
- The provider should record actions and when they were completed on the minutes of management meetings. Regulation 17.



# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Patient transport services

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

## Are Patient transport services safe?

Inspected but not rated 

### Mandatory training

- During this inspection we found the service provided mandatory training in key skills to all staff, however CQC were not assured there were systems in place to ensure training was being completed, when refresher training was required or to remind staff when training was due. This had been identified as an issue in 2020 and was a deterioration from the last inspection carried out in 2018.
- During the inspection in March 2018, following the five-month suspension of regulated activity, we reviewed the staff training database which provided details of the dates staff attended training. It also listed all available training as well as whether the training was statutory or mandatory. The levels of mandatory training attendance could be established because mandatory training courses were clearly identified.
- As part of our monitoring, we carried out a review of evidence of 13 staff employment files and an action plan on 15 June and 14 August 2020 based on information sent by the provider to CQC. We found that in nine of the staff recruitment files reviewed did not have staff training records. Additionally, there was no overview or summary of training in the staff employment files we reviewed.
- There was no training needs analysis in any of the staff employment files we reviewed to identify which courses would be required for the role applied for and there was no record of when refresher training was due.
- Following these concerns, we served the provider with a section 29 Warning Notice. The provider acted and submitted a response to the Warning Notice on 06 October 2020. We reviewed the information sent and the provider was considered to be compliant with the regulations.
- During the January 2021 inspection we saw evidence of a staff training checklist in one of the five staff files we reviewed; the checklist consisted of a tick list which was not dated or signed.
- We asked to see training records for staff. The document provided listed the training courses staff should complete but did not demonstrate compliance, therefore we were not assured the provider had oversight of who had completed the required training, and when updates and refreshers were due.
- The provider did not have a mandatory training policy which would indicate what the expectations were for staff completing training, the frequency of training or which role required which training.
- Managers told us all the PTS drivers were trained in basic life support (BLS), which included all elements required for cardiopulmonary resuscitation (CPR). Managers told us four PTS drivers had a First Aid at Work qualification which was a higher level than the Basic Life support qualification. This is a nationally recognised qualification, specifically designed for those who are appointed to act as a first aider in their workplace. It is also for people who have a specific responsibility to provide first aid in voluntary and community activities.
- CQC could not be assured staff had these qualifications as the provider did not have a system to record which courses staff had completed.
- During the inspection we reviewed five staff files, one was incomplete as it was an ongoing application. In the other four files we found incomplete mandatory training records with no dates when training was completed or when refresher training was due.

# Patient transport services

- There was no evidence staff had received training commensurate with their role and therefore we were not assured they had the qualifications or skills to transport patients with varying acuity.

## Safeguarding

- As part of our monitoring, we carried out a review of evidence of 13 staff employment files and an action plan on 15 June and 14 August 2020. Following this review, a Warning Notice was served under Section 29 of the Health and Social Care Act 2008 on 8 September 2020.
- The Warning Notice served on the provider outlined the provider had been unable to demonstrate that disclosure and barring (DBS) checks were being completed, when required, for the staff which were employed and for those offered employment.
- The provider submitted a response to the warning notice on 6 October 2020. Following a review of the submission of evidence, the provider was considered to be compliant with the regulations in relation to the systems they proposed to implement in relation to staff DBS checks.
- During this inspection we found, in the five staff files we reviewed, two disclosure and barring checks (DBS) which were in date and had been obtained for the current employer.
- Two DBS checks in other staff files were for previous employers and a third did not state which company the applicant worked for.

## Cleanliness, infection control and hygiene

- At the inspection in March 2018, following the five-month suspension of regulated activity, we found a record had been kept of when the PTS vehicle had been cleaned and every 28 days it was subject to a deep clean. There was evidence the service had a system in place to record audit activity to ensure compliance with this policy.
- There was evidence that the service had policies for cleanliness, infection control and hygiene that were specific to the service. Additionally, there was evidence the service had a system in place to carry out audit activity to establish levels of staff compliance with the policies.
- There was evidence in March 2018 that the service had a system in place to audit hand hygiene, personal protective equipment (PPE) or isolation processes.
- Following this inspection, we identified the service must improve how it controlled infection. Managers told us staff used equipment and control measures to protect patients, themselves and others from infection. However, there was no evidence of an infection, prevention control audit regime to assure the provider that this was happening.
- During the inspection we reviewed the provider's infection, prevention and control policy which was in date and included information about COVID-19; covering some aspects such as preventing the spread of the virus and included the two-meter social distancing requirement for staff to familiarise themselves with.
- However, we found gaps in the policy; it did not comply with national guidance from Public Health England (PHE), there was a lack of information on the front page which demonstrated a lack of managerial oversight because key information was missing which, that if present, would provide assurance the policy was being reviewed and updated as legislation or current advice and guidance changed. There was no evidence of any systems of process such as audit used by the provider to assure themselves of staff compliance with the COVID-19 policy.
- As the provider did not maintain accurate records or undertake IPC audits there was no evidence as to the level of cleanliness of vehicles which had been cleaned after transportation of a COVID-19 positive patient, staff and other patients.
- The provider had been asked in a data request submitted on 12 January 2021 to provide copies of IPC audits for October, November and December 2020.
- During the 2021 inspection the company secretary confirmed the provider did not carry out any IPC audits.
- The company secretary was unable to provide evidence of the number of patients per vehicle transported during each journey. This posed a risk as the provider would be unable to track and trace patients on the vehicle should a patient test COVID-19 positive soon after their transport.

# Patient transport services

- The provider recorded an incident of patient harm which alluded to a second patient being on a PTS vehicle, however, there was no evidence of this on the patient risk assessment. The risk assessment of the patient who was harmed during the incident stated they were suspected of having COVID-19. The NHS guidance stated possible cases which are symptomatic or suspected should be restricted to one patient per vehicle.
- KFA Medical Ltd did not keep records of the number of service users on a vehicle at any one time. Therefore, they would not be able to contact patients should they be exposed to COVID-19 by another service user or KFA Medical staff.
- There were hand cleaning facilities readily available on the vehicles and in the station we inspected., However, we were told by managers no hand hygiene audits of staff had been carried out.
- The company secretary provided meeting minutes for September, October, November and December 2020. In the September 2020 minutes it stated, *hand hygiene audits were to take place with all staff to ensure the correct IPC were adhered to*. The minutes of the October to December 2020 meetings did not include evidence hand hygiene audits were completed.
- Staff maintained their uniforms by cleaning them at home. Staff had signed a uniform agreement letter which was kept in their staff file stated, "I accept the following uniform to be worn for KFA Medical PTS work. I agree to keep this uniform in good, clean condition". There was no evidence of audit activity to ensure compliance with this to assure managers that the staff uniforms were clean and were laundered in accordance with the uniform agreement letter to reduce possible spread of infections.
- There was no evidence of any audit activity to ensure staff compliance with the COVID-19 two-meter social distancing requirement.
- We saw evidence staff were provided with level two personal protective equipment (PPE).
- Level 2 PPE is defined as consisting of an apron, disposable gloves and eye and face protection (fluid-resistant Type IIR surgical face mask and goggles or fluid-resistant Type IIR surgical face mask and full-face visor). Type IIR face masks EN14683 are medical face masks made up of a 4-ply construction that prevents large particles from reaching the patient or working surfaces. Type IIR Face masks include a splash resistant layer to protect against blood and other bodily fluids.
- On the vehicles we inspected personal protective equipment (PPE), clean linen, hand gel and decontamination wipes were available. There were sufficient quantities and were in date.
- In the ambulances we inspected the equipment carried on them appeared visibly clean. Trolley mattresses were free from splits or breaks in the surface covering.
- The stock room we inspected had a large quantity of PPE for staff to use and to replenish supplies on the ambulances.
- The registered manager did not report any difficulties in sourcing PPE which was obtained from a local supplier.

## Environment and equipment

- During the 2021 inspection, three operational vehicles were inspected.
- One ambulance which was a hire vehicle had a crease in the rear ramp which could be a trip hazard. This was raised with the registered manager who said he would have the hire company replace the vehicle.
- In another vehicle a rear seat rest was loose. The registered manager told us it would be immediately repaired.
- CQC had received information of patient harm due to failings of equipment during a patient journey. The incident occurred in October 2020 in the rear of one of the provider's ambulances. The driver was required to employ emergency braking to avoid a collision. The patient's wheelchair in the rear of the vehicle was not securely fastened and the patient sustained injuries as a result of coming out of their wheelchair the patient went on to receive hospital treatment.
- We found that, to secure a wheelchair in the vehicle with a patient in the wheelchair, there were two static straps with rail anchors for staff to use.

# Patient transport services

- Some staff we spoke with assured us that this was sufficient in all cases. But it was apparent from discussions with other staff the stretcher was being used in the vehicles to strap wheelchairs to as an anchor point to reduce the potential for the wheelchair to move or become free from the straps. This indicated the straps provided for staff to use were not sufficient to secure the wheelchair and patient whilst the vehicle was in transit using the anchor points.
- Further, the straps were not identifiable so this made tracking of maintenance of the straps very difficult and in the event of an incident involving the straps those which had been used could not be identified.
- There was no evidence that all PTS staff we spoke with had received formal training in securing a wheelchair, in addition we did not see any competency assessments of this in the five staff files we reviewed.
- As the straps used by the provider were unidentifiable, it could not be evidenced that KFA Medical staff were following the manufacturers guidance regarding how many anchor points to use to secure a patient in a wheelchair in the rear of a PTS ambulance.
- Staff we spoke with told us they were shown what to do by another member of staff.
- We saw evidence the provider used a spreadsheet to record equipment and vehicle defects which had been identified from the vehicle daily check lists.
- We did not see any evidence of the faults having been recorded on the spread sheet as being carried out.

## Assessing and responding to patient risk

- Staff could not complete and update accurate risk assessments for each patient because the provider did not record how many patients were in a PTS vehicle for each journey.
- The patient risk assessments did not take account of this and therefore, did not fully reflect the health needs of patients and whether they were suitable to be part of multi occupancy journeys.
- Staff were issued with level two PPE to reduce the risk of contracting COVID-19 when transporting COVID-19 positive patients.
- There was no evidence of audit activity to ensure staff compliance with the wearing of PPE.

## Staffing

- As part of our monitoring, we undertook a review of 13 staff employment files and action plan on 15 June and 14 August 2020 based on information sent by the provider to CQC.
- Following the review of evidence, the provider was issued a Warning Notice served under Section 29 of the Health and Social Care Act 2008 dated 8 September 2020.
- The Warning Notice outlined they were failing to establish and operate an effective recruitment process to ensure staff were fit and proper in line with the regulation which includes ensuring staff are of good character, with the appropriate qualifications, skills and experience which are necessary for the role and work the role they were employed.
- The provider submitted a response to the warning notice on 06 October 2020. Following a review of this submission, the provider provided CQC with evidence to demonstrate their compliance with the regulations.
- However, during this inspection we found there was a lack of a robust system to evidence that the service was fully compliant with the fit and proper persons employed regulation. This included in some cases limited information on whether staff had the right qualifications, skills, training and experience to provide the right care and treatment because the training records and staff job applications in the five staff files we reviewed were incomplete.
- In the five staff files we reviewed we found one file had two references not signed, another had no references, another had two references with only one signed and another had no character references and only employment references which just gave the dates employed.
- One of the five staff files did have two signed references.

# Patient transport services

- At the time of this inspection the provider employed 17 staff and used two self-employed staff. The staffing consisted of; a managing director, a company accountant, a logistics manager, an office administrator, an operations manager, a team leader PTS and 13 PTS drivers. The majority of the employed PTS drivers were contracted to work 40 hours per week. We saw evidence rotas and shift patterns were aligned to demand. Staff were informed through an app on their mobile phones as to what shifts were allocated to them.
- There was no evidence staff got adequate breaks and time off between shifts as this information was not recorded by the provider.
- Staff we spoke with told us they often worked back to back shifts with no rest in between.
- In the five staff files we reviewed we found staff had signed a form to agree to work outside the working time directives and contracted hours.
- We saw evidence the provider carried out driving familiarisation with staff.
- In one of the four staff files for employed staff we checked there was a driving assessment report, however, it was not clear who signed this. The reassessment was due to be on 3 March 2020; however, there was no evidence this had been done.

## Medicines

- At the inspection in March 2018, following the five-month suspension of regulated activity, we found there were policies and procedures for medicines management in relation to medicines prescribed to the patient and carried during patient transport.
- During this inspection we could not be assured the service followed best practice when transporting or managing medicines because the provider did not have a medicines management policy.
- CQC had evidence of an incident where patient medication was lost during a patient journey in July 2020.
- The company secretary informed us patient's own medicines were documented when a patient was being transported, however the company secretary was unable to tell us where this was documented.
- With no policy for staff to follow and no audit activity there was no assurance patients' medication was safely transported and arrived intact at the patient's destination.
- During inspection we saw oxygen was carried on the providers PTS ambulances. Staff told us they did not administer oxygen to patients during transports. The registered manager told us if there was an emergency involving a patient which required the attendance of an NHS ambulance and they did not carry oxygen they could use the oxygen on the provider's vehicles. Therefore, it was not clear in which circumstances staff would use the oxygen and there was no underpinning policy or procedure to support staff with this.

## Incidents

- At the inspection in March 2018, following the five-month suspension of regulated activity, we found evidence that there was a formal system for reporting and responding to incidents. We saw evidence that every job would be de-briefed by supervisors on the patient transport record form in order to identify good and poor practice. There was a system in place to share wider learning or lessons learned with staff which would be achieved through the monthly directors' meeting and monthly staff meeting.
- During this inspection we found the provider did have an incident management policy which was in date.
- In the reporting period April 2020 to January 2021, the provider told us they had not recorded any clinical or non-clinical incidents; however, we were given evidence of two incidents which had been reported by staff and investigated. One example was provided by the company secretary upon request, the other came from a member staff who we spoke with who had been asked to give an example of an incident they had been involved in. This demonstrated the provider did not operate an effective incident management system to report, investigate and learn from incidents.
- Managers we spoke with told us they did not have a process in place to share learning with staff resulting from an investigation of an incident.

# Patient transport services

- This did not give CQC assurance that managers and staff were following the provider's incident reporting policy.
- Three of the 10 staff we spoke with told us they were yet to receive training in incident reporting; however, all could describe the process as to how to report an incident.
- There was no evidence that incident reporting training was mandatory.

## Are Patient transport services well-led?

Inspected but not rated 

### Leadership

- We were not assured the leaders had the skills and abilities to run the service because there was no evidence they understood and managed the priorities and issues the service faced which included the importance of carrying out IPC audits in the middle of a global pandemic and having policies to support and underpin the service provided.
- The provider had produced action plans in response to previous inspections and enforcement action and these actions had either not been implemented or where actions had been taken these had not been sustained or improved the standards of care in line with the regulations. There was a lack of evidence to show the provider understood or has insight into the actions needed to mitigate and protect patients from the risk of harm and to ensure that services were carried out in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The management team consisted of; the managing director, a company accountant who was also the company secretary, a logistics manager, an office administrator, an operations manager and a team leader for PTS.
- Leaders did not understand the challenges to quality and sustainability, nor could they identify the actions needed to address them because they did not gather the relevant information on which to base any decisions on where the service needed to improve.
- Since November 2017 there have been persistent breaches in regulations by the service and we were not assured that the registered provider understood their responsibilities in line with the Care Quality Commission (Registration) Regulations 2009, specifically Regulation 4 which highlights that the provider is responsible for carrying on the regulated activity.
- In addition, the registered manager did not demonstrate they fully understood their responsibilities in carrying on or managing the regulated activity and that services provided met the standards required in the regulations.

### Culture

- The majority of staff we spoke with felt respected, supported and valued by the provider. However, some members of staff expressed concerns about raising issues with managers and were concerned with the consequences of doing so.
- Although leaders and most staff we spoke with did understand the importance of staff being able to raise concerns without fear of retribution this was not true for all staff we spoke with.

### Governance

- At the inspection in March 2018, following the five-month suspension of regulated activity, we found there were formal governance meetings in place each month which would be relevant to the planning and delivery of care and treatment. The meetings had commenced in January 2018.
- In March 2018, we saw evidence the service had devised a system to audit patient transfer forms, records, staff training, staff recruitment, infection control, performance targets, and reviews of complaints to improve the service.
- During this inspection there was no evidence managers operated effective governance processes throughout the service and with partner organisations. There was no evidence staff at all levels were clear about their roles and accountabilities or any opportunities to meet, discuss and learn from the performance of the service.



## Patient transport services

- There was no evidence of effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services, such as an audit regime and service specific policies for managers and staff to adhere to.
- The provider's COVID-19 policy was reviewed during inspection and it was found not to comply with national guidance from Public Health England (PHE).
- The front page had a table with the following information; Version 7, no review period – states as applicable, with no explanation what this meant, no date when reviewed, no authorisation and not signed. The lack of information on the front page demonstrated a lack of managerial oversight because key information was missing which, if present, would provide assurance the policy was being reviewed and updated as legislation or current advice and guidance changed.
- The other sections of the policy were, Guidance update 19 Nov 2020, Use of PPE, Patient Transport Service – Risk Assessment, Vehicle Hygiene, Hand Hygiene, Linen, Staff Uniform and Guidelines Amendments.
- There was no evidence of any systems of process such as audit used by the provider to assure themselves of staff compliance with the COVID-19 policy.
- The policy was devoid of signatures, and full names and job titles on page 11, so there was limited assurance that the update and publication of the policy had been done by someone in the organisation as the person named could not be identified from the information provided.
- There was no evidence faults in equipment or on vehicles were actioned. This meant managers could not mitigate the risk of equipment failing when used or vehicles breaking down.
- At the time of the inspection the provider had a Transporting Patients in KFA Medical Ambulances Policy dated June 2020. This was reviewed and it was found there was no evidence of reference to manual handling for staff to ensure safe care of patients. The policy outlined KFA Medical Ltd followed the International Practice Guidelines regarding transporting patients that are wheelchair-bound. There is no additional information as to what that guidance was for staff to follow.
- The policy also stated blue lights were only to be used when authorised to do so by the PTS manager. Blue light transfers should never be made for any PTS journey.
- At the time of the inspection the provider did not have a moving and handling policy.
- Following the inspection, the provider supplied a moving and handling policy which was dated January 2021.
- We found the policy did not refer to the transporting of patients in ambulance policy. This meant it was difficult to understand how the two policies linked together or whether the former policy had been superseded by the more recent Manual Handling policy.
- It was not clear how the patient risk assessments and the patient's personal needs list including walking aids, mentioned in the moving and handling policy, were communicated to staff doing the patient transportation. This was because there was no space on the KFA medical patient transfer service form to note the risk assessment.
- We also found within the moving and handling policy it mentioned oxygen monitoring, but we were told staff did not administer oxygen during transport journeys.
- During this inspection we saw there was limited oversight of staff training, skills, competence including their working hours.
- There was no robust audit programme to demonstrate quality of care provided including IPC audits, hand hygiene audits, vehicle cleaning record audits, vehicle equipment replacement or repair audits or patient record records audits.
- There were no commissioning agreements or service level agreements in place with the local NHS acute hospitals for PTS, including key performance indicators for timeliness of patient transport or other quality indicators in place to monitor performance so it was impossible to identify if any service improvements were required or patients were safe.
- The CQC issued a Warning Notice on 08 September 2020, which identified the provider had failed to establish and operate effective recruitment processes. The provider supplied a response and associated evidence on 06 October 2020 which showed the requirements of the Warning Notice had been met.



# Patient transport services

- During the inspection on 12 January 2021 we reviewed a sample of five staff files of the 18 staff currently working for KFA Medical Ltd. We found two disclosure and barring checks (DBS) checks in two staff files were for previous employers and a third did not state which company the applicant worked for; however, it was dated prior to the employment date at KFA.
- In addition, during this inspection, we found one file had two references not signed, another had no references, another had two references with only one signed and another had no character references only employment references which gave the dates employed.
- It was clear from the five staff files we reviewed that the evidence, including changes to recruitment policies, submitted in response to the Warning Notice submitted on 08 September 2020 were not being followed and the same issues which resulted in the service of a Warning Notice still existed.
- The company secretary was unable to supply a policy for rostering staff which ensured staff did not work excessive hours. It was confirmed by the company secretary KFA Medical Ltd did not have such a policy.
- The company secretary was unable to supply a copy of a fitness to drive policy or risk assessment for staff who were called out through the night or were working over their contracted hours. Health and Safety Executive guidance (April 14) directs providers to consider the risks to the public and staff for those drivers work long or irregular hours when they are excessively tired. Therefore, we were not assured the provider used up to date guidance when operating their services.
- There was a formal system of recording staff working hours, however, staff had been required to sign an opt out clause to work outside their contracted hours. In addition, staff were expected to start work at the provider's operating base and travel to an NHS acute hospital to start work. The travelling time was not recorded. This meant the overall time at work was not accurately recorded and as such managers could not assess if staff were working excessive hours.

## Management of risks, issues and performance

- During the inspection in March 2018, following the five-month suspension of regulated activity, we found evidence of a risk register that identified both organisational and operational risk. The risk register was an agenda item at the monthly directors' meetings and monthly staff meeting.
- During this inspection, there was no evidence leaders and teams used systems to fully identify and escalate relevant risks and issues and identified actions to reduce their impact.
- The provider did not record how many patients were carried during a PTS journey. Patient risk assessments did not take account of this and therefore could not be accurate this is particularly relevant with the infection control risks of the COVID 19 pandemic.
- With the lack of robust documentation and oversight of patient journeys the provider would not be able to give details of staff/ patient exposures to 19 for example to track and trace services. The provider did not carry out IPC audits therefore they could not manage or mitigate the risk of infection for patients or staff.
- The provider did not carry out risk assessments for staff working in excess of their contracted hours. This posed a risk that staff were working excessive hours, becoming fatigued, which increased the risk of them falling asleep and being involved in a road traffic collision in the ambulance.
- The provider did act upon the review of an incident where a patient was dislodged from a wheelchair when not securely fastened and sustained injuries. The provider had continued using the same wheelchair straps and unsafe working practices such as tethering the wheelchair to the stretcher in the rear of the ambulance. This posed a risk to patients travelling in wheelchairs during journeys.
- The provider did not carry out a route cause analysis of the incident, share any lessons learned with staff and did not report the incident to CQC as a statutory notification.
- In the three sets of management meeting minutes for September, October and December 2020, we reviewed, risk was not on the meeting agenda.
- The provider did not have a remote and lone working policy. Staff we spoke with expressed concern that they worked alone on night shifts. This had been raised with managers, but nothing was done to change the staffing.

## Patient transport services

- They raised the fact there was no system in place for managers to assure themselves staff had returned home safe.

## Enforcement actions

### 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

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- The provider did not ensure staff recruitment met Schedule 3 requirements.
- The provider did not ensure all applicants wishing to work for KFA Medical Ltd submit two signed employment references.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider did carry out and record patient risk assessments.
- The provider did not operate an effective system to manage and mitigate the risks of infection.
- The provider did not record how many patients were transported in each PTS vehicle for each journey.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The provider did not have a system to ensure all vehicles and equipment carried on them is safe and fit for purpose.
- The provider did not ensure all vehicles have the correct equipment for the patients transported and associated systems in place to safely operate the equipment.

## Enforcement actions

- The provider did not ensure all equipment carried on KFA Medical Ltd vehicles is identifiable and the identification information is recorded.
- The provider did not have a system to record equipment and vehicle defect repairs being completed.

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider did not maintain an accurate record of the mandatory and statutory training of staff.
- The provider did not have a mandatory training policy.
- The provider did not maintain a record of when staff had received training commensurate with their role.
- The provider did not have a policy in relation to staffs' fitness to drive.

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider did not have a robust system to monitor the effectiveness of their service, including audits.
- The provider did not maintain accurate records of staff working hours.
- The provider did not ensure driving assessment reports are signed and any reassessments are completed.
- The provider did not have a medicines management policy to support staff when managing medicines.
- The provider did not have a system in place to share learning with staff resulting from the investigation of incidents.
- The provider's managers did not understand and manage the priorities and issues the service faced.
- The provider did not ensure they have an effective system to gather relevant information and analyse it to identify and act on risk and any improvements as required.

This section is primarily information for the provider

## Enforcement actions

- The provider did not ensure all staff feel respected, supported and valued.
- The provider did not ensure staff were able to raise concerns without fear of retribution.
- The provider did not have a policy in relation rostering staff to work.
- The provider did not carry out risk assessments for staff working in excess of their contracted hours.
- The provider did not have have a remote and lone working policy.