

SNP Medical

Quality Report

Office 15 Beaumont Enterprise Centre,
72 Boston Road,
Leicester,
Leicestershire
LE4 1HB
Tel: 0116 253 0032
Website: www.snpmedical.co.uk

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

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

SNP Medical is operated by Mr Nicholas Stefen Pridden. SNP Medical provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the location on the 15 and 16 January 2020.

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?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

This is the first time we have rated the service. We rated it as **Inadequate** overall.

We found the following areas which were inadequate:

- Staff did not have training in key skills. Staff did not understand how to protect patients from abuse, or manage safety well. The service did not control infection risk well. The service did not manage safety incidents well and did not learn lessons from them. Staff did not collect safety information and use it to improve the service.
- Staff did not provide care and treatment in line with best practice. Managers did not monitor the effectiveness of the service or make sure staff were competent.
- Leaders did not run services well, use reliable information systems or support staff to develop their skills. Staff did not understand the service's vision and values. Staff did not always feel respected, supported and valued. They were not consistently focused on the needs of patients receiving care. The service did not engage well with patients and the community to plan and manage services and all staff were not committed to continually improving services.

We found the following areas which required improvement:

- The service did not always plan care to meet the needs of local people. The service did not take account of patients' individual needs in all circumstances. The service did not make it easy for people to give feedback. The service did not monitor access to the service and did not know how long people waited for treatment.

We found the following areas which were good:

- The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two warning notices and two requirement notices that affected patient transport services. Details are at the end of the report. On the basis of the inspection finds, we have placed the service into special measures.

Heidi Smoult

Summary of findings

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Inadequate



Summary of each main service

The service provided patient transport services in and around Leicester and Leicestershire. The service had two ambulances and four ambulance care assistants, which included the registered manager.

The service undertook 1,842 journeys. SNP Medical also offered transport for patients sectioned under the Mental Health Act 1983.

Overall, we have rated the service inadequate. We have rated the service inadequate in the safe and well-led key questions, requires improvement in effective and responsive, and good in the caring key question.

Summary of findings

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Inadequate 

SNP Medical

Services we looked at

Patient transport services

Summary of this inspection

Background to SNP Medical

SNP Medical is operated by Mr Nicholas Stefen Pridden. The service opened in 2016. It is an independent ambulance service in Leicester, Leicestershire. The service primarily serves the communities of the Leicestershire and Rutland.

The service has had a registered manager in post since opening in 2016.

We visited SNP Medical on the 15 and 16 January 2019 to undertake an unannounced inspection.

During the previous inspection in 2017, we issued to requirement notices to the provider. In November 2017, we found the provider was not fully compliant with the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 12: Safe care and treatment.
- Regulation 17: Good governance.

During this inspection, we found the provider had not made the required improvements and was not fully compliant with the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 12: Safe care and treatment.
- Regulation 13: Safeguarding service user from abuse and improper treatment.
- Regulation 15: Environment and equipment.
- Regulation 17: Good governance.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and two

specialist advisors, one with expertise as a paramedic and one with expertise in patient transport services. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about SNP Medical

This location provided a patient transport service. The service is registered to provide the following regulated activities:

- Transport, triage and medical advice provided remotely.

The service transported adults, children and those detained under the Mental Health Act 1983. The service provided transport services to the local NHS Trust and worked with other local independent providers. The service did not have any formalised contracts for the work undertaken.

During the inspection, we visited the SNP Medical location. We spoke with four staff including the registered manager and patient transport care assistants. We spoke with four patients and one relative. During our inspection, we reviewed 10 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in October and November 2017.

Activity (January to December 2019):

- There were 1,842 patient transport journeys undertaken.
- Four patient transport care assistants worked at the service.

Track record on safety:

- Zero Never events.
- Four clinical incidents.
- Zero serious injuries.

Summary of this inspection

- Zero complaints.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Staff did not have training in key skills. Staff did not understand how to protect patients from abuse, or manage safety well. The service did not control infection risk well. The service did not manage safety incidents well and did not learn lessons from them. Staff did not collect safety information and use it to improve the service. The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.

Inadequate



Are services effective?

Staff did not provide care and treatment in line with best practice. Managers did not monitor the effectiveness of the service or make sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Requires improvement



Are services caring?

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Good



Are services responsive?

The service did not always plan care to meet the needs of local people. The service did not take account of patients' individual needs in all circumstances. The service did not make it easy for people to give feedback. The service did not monitor access to the service and did not know how long people waited for treatment.

Requires improvement



Are services well-led?

Leaders did not run services well, use reliable information systems or support staff to develop their skills. Staff did not understand the service's vision and values. Staff did not always feel respected, supported and valued. They were not consistently focused on the needs of patients receiving care. The service did not engage well with patients and the community to plan and manage services and all staff were not committed to continually improving services.

Inadequate



Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Notes

Patient transport services

Safe	Inadequate 
Effective	Requires improvement 
Caring	Good 
Responsive	Requires improvement 
Well-led	Inadequate 

Are patient transport services safe?

Inadequate 

This is the first time we have rated the service. We rated it as **inadequate**.

Mandatory training

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

The service provided mandatory training to all patient transport care assistants in the following subjects:

- Basic life support for both adults and children.
- First aid.
- Infection control.
- Medical gas.

The registered manager provided information to show that all staff were compliant with mandatory training at the time of the inspection.

The registered manager had a training schedule in place to cover the following subjects:

- <>>, diversity and human rights.<>>
Conflict resolution.
- Complaints handling.
- Control of Substances Hazardous to Health Regulations 2002.
- Handling medication.

- Manual handling.

However, we found that none of the staff had undertaken any of the above training

Staff told us that they received an induction on commencement of employment at SNP Medical. However, this induction did not cover some aspects of required training, including safeguarding training.

We did not have assurance that staff received or had previous training in all areas of mandatory training specified by the provider. The service was not able to provide additional information in regard to this.

Safeguarding

Staff did not have training on how to recognise and report abuse at the time of the inspection. The service did not have clear processes to keep people safe and report concerns. However, staff understood how to protect patients from abuse.

The provider did not include safeguarding adults training as a mandatory session within induction training. Staff completed a safeguarding children workbook; however, this was reviewed by the registered manager who did not have the required level of training in accordance with the 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff', published 2019.

Staff completed a safeguarding children booklet when they joined SNP Medical. Staff did not receive any other safeguarding training in either adults or children. The registered manager last completed a safeguarding children level one course in 2015. The registered manager had not undertaken any safeguarding adults training or refresher training in safeguarding children and young people.

Patient transport services

'The Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff', (published 2019), and 'Adult Safeguarding: Roles and Competencies for Healthcare Staff', (published 2018), set out guidance as to the levels of training required for specific healthcare workers, the knowledge and skills they should possess and the frequency of training that should be undertaken. All staff who have "regular contact with patients, their families or carers, or the public" should receive level two safeguarding training for both children and adults. However, staff had not received this level of training, and had no certificated evidence within personnel files of any previous learning.

The registered manager was the safeguarding lead in SNP Medical. The registered manager had not undertaken sufficient training in accordance with the Intercollegiate Documents to support and guide staff in relation to safeguarding patients. We raised our concerns with the registered manager during the inspection who told us they were unaware of the requirements of the Intercollegiate Documents. The registered manager told us that some staff had received training previously in other jobs, but did not have certificates to evidence this and had not tested the staffs knowledge and skills when they joined SNP Medical. Therefore, we did not have assurance that the staff had the required training and skills in safeguarding, nor that the registered manager had the knowledge to understand the requirements around safeguarding adults and children.

We asked two members of staff about their understanding of how to safeguard patients. Both could describe the signs of potential abuse or improper treatment and their responsibilities to report concerns. Both members of staff told us that they would inform the registered manager of any safeguarding concerns.

The service had four safeguarding policies in place, two for adults and two for children. We reviewed all four policies. We found the policies lacked some details, including:

- No mention of female genital mutilation (FGM).
- No mention of child sexual exploitation (CSE).
- The definitions used in one of the adult policies around what an adult at risk was were outdated and not in line with the definitions set out in the Care Act 2008.
- No clear guidance for staff on how to report concerns.

- No guidance on what to do should an allegation be made against an employee of SNP Medical.

We asked the registered manager about the safeguarding policies, who told us it would depend on who SNP Medical were contracted by as to which policy they would use. When we asked other staff, they were unaware of the different policies and procedures. We did not have assurance of a streamlined approach to reporting safeguarding concerns, or that staff would know the processes should the registered manager be unavailable to support, for example through sickness or absence from work.

Following the onsite inspection, we requested urgent assurance from the provider. The registered manager ensured that staff completed safeguarding training appropriate to their role within 11 days of the onsite inspection. The registered manager wrote a new escalation process for all staff to follow where they had safeguarding concerns and implemented this within one week of the onsite inspection. The registered manager also provided us with an action plan showing they would review the safeguarding policy, undertake a 'train the trainer' course for safeguarding, and deliver an update day to staff around safeguarding by the end of February 2020.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff did not consistently keep equipment, vehicles and premises visibly clean. Staff did not always have the equipment available to protect patients, themselves and others from infection.

Both ambulances used in the service were visibly unclean, with dirt on the windowsills, and the trolley on one vehicle was visibly dirty. We found a ripped seat in one vehicle with the foam padding exposed, which was an infection risk. The registered manager told us vehicles had a deep clean every six weeks. We requested evidence of deep cleans for January to December 2019. The registered manager provided evidence to show each vehicle had received two deep cleans in 2019. Staff told us that they undertook a deep clean ad hoc when requested to do so.

We saw staff clean the trolley between patient use and replace the bedding. We saw staff wash their hands or use sanitising gel between patients. Staff had access to personal protective equipment within the ambulance,

Patient transport services

including gloves and aprons. However, we saw staff putting on gloves before getting to a patient and then keeping the same pair of gloves on until they had dropped the patient off. This included staff opening and closing the ambulance doors, driving and handling equipment. This posed a risk of cross infection to the patient.

Staff had access to antibacterial spray and wipes within the vehicles. Within one vehicle, we found the packet of wipes had been left open and an unknown residue was on the packet and the wipes. We found antibacterial spray bottles had been laid down on top of oxygen masks in one vehicle, posing a risk of leakage onto oxygen masks which staff could then use on patients.

We raised our concerns with the registered manager who removed the packet of wipes and replaced it with a new packet. The registered manager also reorganised the ambulance cupboards to ensure that spray bottles and cleaning chemicals were stored together and not with patient care equipment.

Staff did not have access to spills kits within vehicles to support them in cleaning bodily fluid spills. The registered manager informed us that a spills kit was available in the office at the base location. We checked this spills kit and found the cleaning chemicals inside expired in 2008. The registered manager had not realised this and was unaware of the expiry date. Following the inspection, the registered manager provided evidence of the purchase of new spills kits for each vehicle.

The service did not undertake any hygiene audits. The service did provide infection control training as part of the induction training. However, no hand hygiene audits were undertaken on staff to ensure ongoing compliance.

The service did have a daily check sheet for staff to complete regarding the cleanliness of the vehicle. However, this was not effective as the ambulance were visibly dirty. The service did not have a check list to complete at the end of a shift to ensure staff had cleaned the vehicle following its use.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment did not always keep people safe. Staff did not manage clinical waste well. Staff had some training to use equipment.

The service had two ambulances, both with a stretcher and the ability to transport patients in their own wheelchairs.

Staff had access to cleaning products for the outside and inside of the vehicles. The provider stored these chemicals in a locked cage inside the building. However, we found the provider had stored the chemicals unsafely, had not provided appropriate personal protective equipment for staff or safety signage to keep staff safe. We found a variety of chemicals, including those that were deemed hazardous, corrosive and flammable, stored together and in a haphazard way. We found the cage had no safety or warning signage, for example no smoking signs or hazard warning signs. The provider had supplied staff with safety glasses to wear; however, these were not within a packet and had become very dirty and unusable. The provider had not supplied gloves or aprons for use when cleaning, and nowhere for staff to dispose of personal protective equipment (PPE) or waste safely after use.

We asked the registered manager about their understanding of the Control of Substances Hazardous to Health Regulation 2002 (COSHH) and how they maintained safety with the chemicals in use. The registered manager had a folder in place detailing all the chemicals used by staff; however, did not understand the risks associated with these, or how to protect staff from the hazards associated with the use of the chemicals.

Following the onsite inspection, the provider did purchase warning signage to be displayed on the cage storing the chemicals.

Staff disposed of all waste from patient journeys and the ambulance either at a hospital or in bins at the registered location, which were shared by other businesses using the premises. We asked staff about how they would dispose of clinical or offensive waste from patients. Staff told us they would dispose of clinical and offensive waste within the hospital upon the collection or drop off of patients. However, we found three clinical waste bags disposed of in a general waste bin at the location. We asked the registered manager about this who told us they were confident the orange clinical waste bags did not contain clinical or infectious waste. However, the registered manager had no means of providing assurance that this was accurate at the time of the onsite inspection.

The registered manager did not take any action in relation to the orange bags already in the general waste bins.

Patient transport services

However, the registered manager did tell us they would ensure that black or white bags are used for general waste from the point of the inspection, and orange bags would only be used for the disposal of clinical or offensive waste.

Both vehicles had a slide sheet in them. Staff could use a slide sheet to move patients from one flat surface to another, such as from a trolley to a bed, or up a flat surface, such as to assist them to move a patient up a bed where they have slipped down. We found both slide sheets were single patient use slide sheets. Therefore, they were not designed to be cleaned and used on multiple patients. We saw that the slide sheets had been used, as they contained marks and visible dirt. Staff told us they had not had any training on the slide sheets. The registered manager told us that he did not know why they were in the vehicles as the staff should not be using them. The registered manager removed the slide sheets from the vehicles.

We reviewed the first aid equipment available in both vehicles. In one vehicle, we found out of date oropharyngeal airways, two boxes of gloves and some bandages. In the second vehicle we found four 0.9% saline pods, two ice packs and several bandages out of date. Staff told us that they had informed the registered manager of the out of date equipment on the second vehicle, but this had not been replaced. We asked the registered manager about the out of date equipment, who told us the oropharyngeal airways should not have been on the vehicle as they were for training purposes. The registered manager told us that he did not realise gloves had a 'use by' date on but would check from now on that boxes of gloves were in date. The registered manager told us that staff had raised the out of date first aid equipment and he had not replaced it but did not provide an explanation as to why this had not been done. The registered manager did replace or remove all the out of date equipment from both vehicles during the inspection.

Both ambulances had full tax, service and MOT histories in place, and we saw these during the inspection. We found all staff had suitable insurance to drive the ambulances. The registered manager ensured the tail lifts on both vehicles had been assessed as required under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). LOLER requires providers to undertake specific

tests on equipment used to lift patients every six months. We saw records this had been completed. We checked the stretchers and carry chairs in both vehicles and found these had been serviced within the last year.

Assessing and responding to patient risk

Staff worked to risk assessments for each patient carried out by the requesting service and removed or minimised risks. Staff did not have access to guidance on how to respond quickly to a deteriorating patient.

Staff completed paper records and recorded risks, including mobility needs, medical condition and the 'do not attempt resuscitation' status of the patient. Staff recorded when treatment fell outside of the expected plan of care.

SNP Medical did not directly assess the suitability of patients for its service. SNP Medical received its work through either an NHS Trust or other independent ambulance provider. SNP Medical relied on the other providers to assess the suitability of patients to be transported in its vehicles. Staff could, and told us they would, refuse to transport a patient that was unsuitable for their vehicle or skills. However, this was not done until the ambulance crew arrived and saw the patient, risking a delay in care and treatment for the patient.

The service did not have a deteriorating patient policy in place for staff to follow. We asked staff what they would do if a patient deteriorated during a journey. Staff told us they would pull over and ring the emergency services to attend.

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 staff underwent an induction when starting employment.

The service employed five members of staff including four patient transport attendants and one administrator. The service did not use any bank or agency staff. No members of staff were on zero hours contracts.

At the time of the inspection, the service planned the following staffing:

Patient transport services

- Mondays, Tuesdays, Thursdays and Fridays – two patient transport attendants.
- Wednesdays – four patient transport attendants.

We found that the service had enough staff to meet the demands of the service and actual staffing met planned staffing between October 2019 and 15 January 2020. The service had no periods when the service did not have enough staff to operate.

Staff took breaks through the day, including a lunch break. Staff planned this around the demand on the service. Staff had the opportunity to return to the SNP Medical location and use the facilities during their breaks. The registered manager remained on call whilst ambulance crews were working. This included providing out of hours support by telephone when the ambulance crews were working until 11pm at night.

We reviewed staff rotas for October, November and December 2019. Staff did not work set shift patterns during this time, and we found ad hoc allocation of rest days. We found one member of staff worked 40 shifts, each between nine and 12 hours long, over a 54 day period between 1 November and 24 December 2019. This meant the member of staff was working around 50 hours per week between 1 November and 24 December. The same staff member was allocated to work 16 days out of 19 between 28 November and 24 December, allowing for only three rest days.

The manager provided evidence to show the service did have shift patterns at the time of the inspection, which worked on a two week rolling rota. Two members of staff worked 46 hour weeks, one worked a 30 hour week and the registered manager worked 10 hours a week on the vehicles, but provided management support the other days. The manager told us that where a member of staff was off sick, other staff would be asked to fill the shift, the registered manager would cover the shift themselves, or they would enquire with the contracting organisation if a single crewed vehicle could be used.

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.

Staff completed paper records for each patient they transported. We checked 10 records during the onsite

inspection. Staff had fully completed all 10 records checked. The records contained information on pick up and drop off times, details of the patient's mobility needs, and medication traveling with the patient, including controlled drugs, and any events that happened during the journey, such as the patient requiring changing. Staff kept the records secure whilst traveling to prevent those without permission accessing the records. Staff stored records securely within the office at the main base at the end of each shift. The manager scanned all paper records into a computer at the end of each month and stored the scanned documents securely for seven years.

Medicines

The service generally handled and transported medicines safely. The service had systems and processes in place to provide, maintain and restock oxygen cylinders within the vehicles. We were not assured that the service had appropriate governance structures in place to support staff in the delivery of oxygen therapy, whether prescribed or not.

The service used oxygen only, and did not order, administer or dispose of any other medicines.

Each vehicle carried a large oxygen cylinder and a small portable oxygen cylinder. The service had access to one spare small oxygen cylinder, which was stored in a service van and staff could access. Staff had stored and secured all oxygen cylinders to ensure they did not move during transit and were not a hazard to staff or patients. We requested the oxygen administration policy from the service. The manager told us that the service's current contract did not require them to administer oxygen unless this had previously been prescribed and required during transport. The service did not have an oxygen administration policy in place. We were not assured that the service had appropriate governance structures in place to support staff in the delivery of oxygen therapy, whether prescribed or not. The registered manager told us they did not believe a policy was required for the administration of oxygen as staff would only administer what was previously prescribed by a healthcare professional.

The service had a contract with a medical gas company and returned used oxygen cylinders to the medical gas company and picked up a full cylinder. This was done on an ad hoc basis as the service did not use large amounts of oxygen.

Patient transport services

Staff did transport patients own medicines to and from hospital, home or care home with the patient. Staff told us they would always ensure that patients kept hold of any medicines they had during the journey. Where SNP Medical transported patient's own controlled drugs, staff counted the medicines with staff discharging the patient, and again with staff at the receiving care or hospital location to ensure that all controlled drugs arrived. However, we found no system for checking controlled drugs where patients were discharged home. We saw staff undertaking effective medicines' safety processes during the inspection. We saw the crew taking medicines with them and not leaving them within an unlocked vehicle. Staff had an effective understanding of how to keep medicines safe during transit of patients.

Incidents

The service did not manage patient safety incidents well. Managers investigated incidents but did not identify or share lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff did not apologise. The service had limited transparency in the investigation of incidents where managers were involved. Staff did not recognise incidents and near misses and report them appropriately.

The service had an incident reporting policy in place. The manager reviewed the policy in April 2019, and it was next due for review in April 2020. The policy did explain and guide staff in what should be reported; however, lacked detail in how staff should report an incident. The policy did not contain a copy of the incident reporting form, or a clear explanation as to how staff should report incident, including paper incident form, online or over the phone. The policy did not contain information on who would undertake an incident investigation, simply that a line manager should review the risk. The policy also stated that an investigation should aim to highlight any learning from incidents and if any additional training may be required. In the four incidents we reviewed, we found this had not been done, learning was limited, and no additional training needs were documented. The policy did not contain a contingency should the registered manager be involved in an incident to allow for an independent investigation.

We requested any incident forms for incidents that had occurred between January and December 2019. The

registered manager provided copies of four incident forms completed following incidents reported by staff. One incident occurred in October 2019, two incidents in November 2019, and the fourth in January 2020 during the onsite inspection. The first incident related to an incident where staff took a patient home and found the patient had no lighting or heating in their home. Staff raised the concerns with SNP Medical's registered manager, the local authority safeguarding team and the organisation who discharged the patient. No learning was identified or documented on the incident form.

The second incident related to the transport of a patient to the wrong location. The outcome of the investigation stated that the discharging ward had changed information on the booking system without telling anyone. The learning outcomes section stated SNP Medical had nothing to learn from this as it was a breakdown in communication on the ward staff's behalf. The registered manager had not considered any additional learning or safeguards that could have been implemented to ensure the incident did not reoccur, such as reminding staff to check the discharge location with staff before leaving.

The third incident concerned privacy and dignity concerns with regards another provider. The outcome of the investigation section showed that the registered manager spoke to the care home manager who indicated that they did not like the approach of the SNP Medical staff member. The outcome section also stated that the SNP Medical manager informed the service of the requirements for privacy and dignity and that they would be reporting the incident to the local authority. Within the learning outcomes box, the manager had noted no learning as staff were correct in the way they dealt with the incident. However, the registered manager had not considered wider learning around the perceived behaviours of SNP Medical staff, or considered communication training or update sessions for all staff. The incident form did not state that the outcome was fed back to the staff involved or any learning shared.

The fourth incident that occurred during the onsite inspection concerned two staff transferring a patient into their own home and the patient's arm was injured in the process. The incident was reported and investigated by the registered manager. The incident form stated that the patient's arm was caught between the stretcher side and the metal work of the stretcher. The incident form was

Patient transport services

completed on the evening of the shift in question, and then closed the following day before 9am. The outcome stated patients to be advised to keep arms in. The learning outcome section states “more vigilant even after tell patients to keep arms in”. The fourth incident was observed by the inspection team. The manager did not apologise to the patient or acknowledge the distress of the patient immediately following the incident. The manager told the patient to “blame” the other crew member and continued to move the patient. Overall, we were not assured that incidents were reported accurately, robustly investigated, or learning identified and shared with staff to reduce risks in the future. We were not assured of the openness and transparency of the incident reporting and investigation process when the same person who was involved in an incident also investigated and reported on it.

Are patient transport services effective? (for example, treatment is effective)

Requires improvement 

This is the first time we have rated the service. We rated it as **requires improvement**.

Evidence-based care and treatment

The service did not always provide care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance. Staff did not have the training or knowledge to promote the rights of patient's subject to the Mental Health Act 1983.

The registered manager did not undertake any clinical audits of staff to ensure safe and effective care. We found the service did not have an audit schedule in place to provide assurance around the effectiveness of care delivery. The registered manager had no processes in place to monitor the delivery of care, such as ongoing reassessment of skills and knowledge or audits of records. Following the onsite inspection, the registered manager told us he did undertake observation shifts with staff. However, they did not provide any evidence of this, including the frequency of these observations, lessons learnt or development plans created where gaps in knowledge or skills were identified.

The manager did not have knowledge of national guidance, best practice and evidence-based approaches to care delivery. The registered manager did not know about the Adult Safeguarding, 2018, and Safeguarding Children and Young People, 2019, Intercollegiate Documents or how to protect patients and staff in relation to the Control of Substances Hazardous to Health 2002. Staff did not have access to policies and procedures whilst working remotely. The registered manager held copies of policies and procedures in a file at the main SNP Medical location.

The service transported patients held under Section 2 and Section 3 of the Mental Health Act 1983. The registered manager told us that required paperwork and risk assessments were undertaken by the discharging or escorting provider and SNP Medical did not undertake a specific risk assessment in relation to keeping patients with a mental health condition safe. The patients had an escort provided by the referring service. Staff had not undertaken any training in the Mental Health Act 1983. The registered manager told us following the onsite inspection, that staff would undertake training to reinforce their understanding of the Mental Health Act 1983. However, the registered manager did not provide any assurance around staffs' current knowledge of the Mental Health Act 1983 or how to support patients with a mental health condition.

Response times

The service did not monitor response times. The service did not have systems to measure achievement of agreed standards.

The registered manager did not have an audit programme in place, including no audits of response times to improve the effectiveness of the service provided. The manager did not monitor the percentage of journeys that were on time or how long patients were on the back of an SNP Medical ambulance. The manager did not monitor the time taken to reach patients after the allocation of a job to assure themselves of an effective use of time and resources. The service did not have locally agreed standards or parameters for responding to patients. Therefore, the registered manager had no benchmark to assess compliance against. The registered manager told us that the organisation contracting them to provide the service had, in the last month, asked for some information on response times. However, this had not translated into SNP Medical reviewing the information themselves for local learning and development of the service.

Patient transport services

Competent staff

The service did not make sure staff were competent for their roles. Managers did not hold supervision meetings with staff to provide ongoing support. Managers appraised staff's work performance.

During the previous inspection, we found the service did not provide additional training for staff in areas such as dementia or learning disabilities. During this inspection, we found staff had not received training in dementia or learning disabilities.

The service did not have a plan in place for the achievement of the additional skills for staff.

The registered manager did undertake yearly appraisals for staff. We reviewed the appraisal document for one member of staff. We found it covered areas including development and training needs. Two of the staff had been employed for under a year at the time of the inspection meaning they had not undertaken an appraisal. The registered manager did not have an appraisal and did not seek external support or reviews of his practice.

The registered manager did not hold team or one-to-one meetings with staff outside of their yearly appraisal. The registered manager did not undertake observation shifts to provide supervision and assess learning and training needs of individual staff between appraisals.

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.

We saw SNP Medical staff working well with other providers, including local NHS Trusts and other independent providers. Staff took a handover from other providers before collecting the patients. The handover included information relating to 'do not attempt resuscitation' status of the patient, any special instructions, so as the patient has dementia, and what specific moving and handling equipment is required for the patient. The provider did not undertake work for GP surgeries; therefore, they did not need a process in place to assist patients who had regular appointments.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff generally 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. Staff did not have the skills to support people with a mental health problem.

We requested a copy of the services mental capacity policy and consent policy but it was not provided.

We asked four members of staff about mental capacity and the Mental Capacity Act 2005. All four staff knew what they would do if they suspected someone lacked capacity, and understood the principles of best interest decision making. However, we found staff lacked specific knowledge around how to undertake a mental capacity assessment in accordance with the Mental Capacity Act 2005. Patient records did not have a section for staff to record if a patient lacked capacity. Staff understood the importance of consent, and we saw staff gaining verbal consent from patients before undertaking any interventions.

Staff had not received any training in the delivery of care to patient who had a mental health condition or were in mental health crisis. Staff did not understand the Mental Health Act 1983, or the legal parameters surrounding the implementation of a section on a patient. However, staff would transport patients under Section 2 and Section 3 of the Mental Health Act 1983. After the inspection, the manager told us that SNP while working for a local NHS trust had had the occasion to transport patients who were under a section. All necessary checks, paperwork and risk assessments were carried out by the hospital authorising the journey before the transport occurred. SNP staff then carried out a dynamic risk assessment on the patient and situation and would ask for an escort to attend and care for patient while in transit. Staff were aware of section 2 and section 3, and staff were currently undergoing training on Deprivation of Liberty Safeguards and the Mental Health Act to reinforce their understanding.

Are patient transport services caring?

Good 

This is the first time we have rated the service. We rated it as **good**.

Patient transport services

Compassionate care

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

We saw four patient journeys during the onsite inspection, and spoke to all four patients and one relative. Most staff provided kind and compassionate care to patients throughout their time in the care of SNP Medical. We saw staff speak with patients in a calm and considerate way most of the time. Staff spoke to relatives with kindness and understanding. Staff maintained patient's privacy and dignity throughout care delivery. Staff used blankets and sheets to cover patient's during transport. This helped maintain patient dignity, and prevented patients from getting cold during the journey. The provider had a feedback form that patient or those close to them could complete. However, staff did not promote this during or after a patient journey. The provider received two pieces of feedback between January and December 2019. Both pieces of feedback were from patients and were both positive.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress most of the time. They understood how to support patients' personal, cultural and religious needs.

Staff provided support to patients during journeys to and from hospital. We saw one crew transport a patient who was unable to speak and was confused. The crew spoke talked to the patient in a kind and compassionate way throughout the journey. The crew explained fully what they were going to do, despite the patient being unable to respond. On one occasion, we saw that a crew did not acknowledge when they caught a patient's arm during a transfer. The crew did not acknowledge the injury or provide appropriate emotional support to the patient involved. We asked staff about promoting patients' personal, cultural and religious needs. Staff told us they would respect a patient's wishes as much as possible, whilst still providing safe and dignified care.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to make decisions about their care and treatment.

We saw staff involve patients as much as possible in the decisions about the care SNP Medical was providing. Staff included patients in all decisions they made. Staff checked with patients if they required any other clothing, such as a coat of shoes, before commencing a journey. Staff demonstrated an understanding of when patients may require some additional help upon arrival home. We saw staff ensure patients were warm and asked them if they needed food or a drink before leaving. We saw staff explain to patients why a decision had been made but gave patients time to ask questions and be involved in the process. Staff ensured that patients could voice their opinion during a journey, and staff told us they would wherever possible listen to patients and take their preferences into account when making decisions about care.

Are patient transport services responsive to people's needs?
(for example, to feedback?)

Requires improvement 

This is the first time we have rated the service. We rated it as **requires improvement**.

Service delivery to meet the needs of local people

The service was not always planned to meet the needs of the local population. It worked with others in the wider system and local organisations to plan care.

The service was not always planned to meet the needs of the local population. We found flexibility in the service to deliver what was required to meet those needs. The service changed its operating hours, providing a second ambulance crew on a Wednesday as of January 2020, to meet the additional demand on patient transport services across Leicester and Leicestershire.

Staff assessed the needs of patients and recorded this on the transfer sheet. Staff reported to the registered manager where the care required differed from that reported by the provider making the booking. We found a joined-up approach from SNP Medical working with other providers

Patient transport services

to ensure that patients received the services they required. SNP Medical staff worked well with the local NHS Trusts and with another independent provider working on behalf of the local NHS Trust to coordinate patient transport services.

Both vehicles had the equipment required to provide the planned care to patients. Each vehicle had the ability to safely secure patients in their own wheelchairs into the vehicle where they were unable to transfer to another chair or the trolley. Each vehicle carried child restraints to enable the safe transportation of children and young people. The registered manager told us that they rarely used these as the discharging provider would usually provide appropriate restraints for use in the vehicle.

However, we found the service did not have inclusion or exclusion criteria for the types of patients they would transport. This posed a risk of staff transporting patients that were inappropriate for the type of vehicle or training of staff. The service was not equipped to transport patients classed as having obesity. Therefore, the service would not accept these patients. However, as the service had no criteria for inclusion or exclusion of particular patients we were unclear how staff would assess this.

Meeting people's individual needs

The service considered some aspects of patients' individual needs and preferences. The service made some reasonable adjustments to help patients access services.

The service took account of some of the needs of patients; however, this was limited. The service had an equality, diversity and inclusion policy in place, next due for review in January 2021. The policy set out the protected characteristics from the Equality Act 2010. However, the policy was focused on staff and ensuring that the workforce represented the communities served. The policy contained limited information on promoting equality, diversity and human rights within the care delivered.

The policy did not contain information on how staff could support patients, including accessibility to translation services. Staff had access to a translation book within each ambulance. This contained both words, pictures of British Sign Language (BSL) signs, and pictures of facial expressions showing emotions such as happy, sad and pain.

Services that provide NHS funded service must comply with the Accessible Information Standard (AIS) from NHS England. The registered manager told us that the AIS was applicable to patients with a disability, impairment of sensory loss. The registered manager told us staff could access BSL translators; however, they also told us they would find out about communication needs upon arrival with a patient. Therefore, a BSL translator would not be available to translate. The provider did not provide staff with training around dementia or learning disabilities. The provider did not have guidance or a policy to support staff in the care of patients with dementia or a learning disability. Staff told us they would use the communication book with pictures in to help with communication with these groups of patients.

We asked the provider how they supported all protected characteristics within the Equality Act 2010 when providing care and treatment. The registered manager responded but did not provide any further information except the equality, diversity and inclusion policy, and the information regarding the Accessible Information Standard as mentioned previously.

We asked the provider how it supported patients who were at the end of life. The registered manager responded and sent us SNP Medical's dignity and care policy, which contained one section relating to end of life care. The policy stated that staff should continue to provide patients with dignity, provide good communication and empathise with the patient and their family members. The registered manager provided no other information on how staff support patients who were at the end of life.

Access and flow

The service did not monitor if people could access the service when they needed it and received the right care in a timely way.

The service provided NHS funded transport for transport to and from hospital for patients. The service was coordinated by another independent organisation on behalf of a local NHS Trust. Planned journeys were sent through to ambulance crews each morning before the shift start time. On the day bookings were managed through telephone referrals, or in person referrals where SNP Medical staff were within the local NHS Trust and were handed a journey request by the desk managing transport journeys. The registered manager did not undertake any audits or

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monitoring of how accessible the service was, or how quickly the service responded to requests for an ambulance. The service did not have a way of monitoring delays or cancellations locally and investigating where this happened. In the period January to December 2019, there were 1,842 patient transport journeys undertaken.

Learning from complaints and concerns

The service did not treat concerns and complaints seriously, with no system to undertake an independent review of complaints. However, it was easy for people to give feedback and raise concerns about care received.

The service had not received any complaints between January and December 2019.

Patients or those close to them could make a complaint in writing, via telephone or in person to a member of SNP Medical staff. We asked two staff about how patients would make a complaint and they both knew how to support a patient to make a complaint. The service had a complaints' policy in place at the time of the inspection. The policy set out the principles by which SNP Medical would handle and respond to complaints. The policy did state that staff should contact the Independent Complaints Advocacy Service (ICAS) where required. The policy was aligned to the principles of the National Health Service (Complaints) Regulations 2004. However, the policy did not state clearly the timeframes in which complainants would receive a response, instead stating "will receive a response within defined time-frame", but these were not specified. One of the appendices at the back of the policy was information for patients and relatives about making a complaint. This, however, stated that a full response would be with the complainant within 14 days. The appendices also stated that concerns and feedback should be sent to an email address not associated with SNP Medical.

We asked the provider how complaints would be investigated independently where required. The registered manager responded and told us that they did not have a system in place to allow for independent review of complaints where complainants were not satisfied with the response.

Are patient transport services well-led?

This is the first time we have rated the service. We rated it as **inadequate**.

Leadership

Leaders did not have the skills and abilities to run the service. They did not understand and manage the priorities and issues the service faced. They did not always support staff to develop their skills. However, they were visible and approachable in the service for patients and staff.

SNP Medical was led by the registered manager. As the service was small, there was no management structure in place, and the registered manager was the only leader within the organisation. The registered manager had experience working as an army medic, before opening SNP Medical. The registered manager did not understand or manage the priorities and issues within SNP Medical. The registered manager had not identified a number of concerns and risks that the inspection team highlighted. The registered manager had not developed a system to allow them to keep an oversight of the service to help focus on the priorities and areas for development and improvement. The registered manager had not undertaken training to enable them to support and guide staff, especially new staff. We found that training and development was not a priority for the registered manager.

The registered manager did attend each morning before staff went out on shift. Contact with the registered manager thereafter was by telephone contact should crews have a problem. Staff did not have team meetings or one-to-one discussions routinely to give them access to the registered manager. The provider did not have a strategy for ensuring ongoing leadership and deal with unexpected absence. The provider did not have any succession planning in place to support in the growth and expansion of SNP Medical.

Vision and strategy

The service did not have a robust strategy to achieve the vision, and this was not developed with relevant stakeholders. However, the service had a vision for what it wanted to achieve. The vision and strategy were focused on sustainability of service.

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The service had a vision in place for the organisation, which was “to provide an independent customer focused transport service to the health care industry and private patients. SNP Medical aim to provide a personal touch to healthcare.”

We requested the strategy of SNP Medical to achieve the vision. The manager told us the strategy was:

- ‘Secure our future through leadership and personal development.
- Patient safety at the forefront of our operations.
- Enhance customer satisfaction and company performance through improved collaboration and communication.
- Diversify and grow by seeking new customers while furthering current customers relationship.’

The service did not include any further information in relation to achieving the vision and strategy. We were not assured from this information that the strategy was robust and measurable to service achieved the priorities and delivered good quality sustainable care. The service did not provide any information in relation to how the strategy was developed, and if staff and external partners were included in that process. The service had not included the wider health economy in the construction of the strategy to ensure the strategic objectives around collaboration and communication, and furthering current customer relationships could be met. We requested an action plan from the service around the progress in relation to the vision and strategy. The registered manager responded and told us he was developing staff training, and SNP Medical would get customer feedback and he would undertake observation shifts. We were not assured that the service had measurable outcomes in place and the leadership were reviewing these.

Culture

Staff did not always feel respected, supported and valued. The service did not always have an open culture where patients, their families and staff could raise concerns without fear. The service did not

provide opportunities for career development. The service did promote aspects of equality and diversity in daily work. Staff were focused on the needs of patients receiving care.

We found a culture that did not always take the views and concerns of staff into account. Leaders did not demonstrate an open and transparent culture within the organisation.

We found that staff would raise concerns to the registered manager; however, these concerns were not always acted upon in a timely manner. Staff did not always feel listened to.

We found a culture that was only partially focused on delivering high quality patient care, but primarily focused on financial stability. Emergency care assistants did focus on the delivery of good care with individual patients. However, the registered manager stated on several occasions that online training had not been renewed for staff due to the financial impact on the organisation.

The registered manager did not promote a culture of openness and transparency. The registered manager reviewed all incidents and complaints, including those he was involved with. The registered manager did not identify any learning from the incident reviewed during and following the onsite inspection. In one incident form, we found the outcome section defensive of SNP Medical, and overlooked the potential impact of staffs’ approach to staff in other organisations.

During the onsite inspection, we witnessed an incident involving a patient receiving a minor injury during a transfer undertaken by the registered manager. The inspection team observed that the registered manager did not apologise to the patient but told the patient to blame the emergency care assistant he was working with. The registered manager did complete an incident form in relation to this; however, they undertook the investigation themselves and determined patients needed reminding to keep their arms on the trolley during transfers.

The registered manager did undertake yearly appraisals; however, we found no opportunity for career development for staff. The service did not provide all of the basic training required for staff, and did not provide the opportunity for staff to gain knowledge, skills or experience through any other means.

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Governance

Leaders did not operate effective governance processes, throughout the service and with partner organisations. Staff at all levels did not have the opportunity to meet regularly, discuss and learn from the performance of the service.

Given the small size of the service, there was not a governance structure in place to support the delivery of safe, effective care. The service did not have a robust way of sharing knowledge and learning from incidents and complaints with staff across the organisation. The registered manager wrote, implemented and reviewed all policies and procedures, without input from either any other person within SNP Medical or external organisations. This led to a lack of oversight and challenge in relation to policies and procedures. The registered manager told us that an external company wrote all the policies and procedures in relation to human resources (HR).

The service did not have any form of audit plan in place to review the quality of care provided by staff. The service did not collaborate with other providers to establish good practice and learn from others. The service did not hold team meetings with staff to share learning and outcomes from incidents, complaints or feedback.

Management of risks, issues and performance

Leaders and teams did not use systems to manage performance effectively. They did not identify and escalate relevant risks and issues or identify actions to reduce their impact. Staff did not contribute to decision-making. They had plans to cope with some unexpected events.

We found the manager had a lack of knowledge, experience and understanding of risk to provide assurance of oversight and management of risks. The service had 10 risk assessments in place covering the following areas:

- Changing a car wheel.
- Assault by a member of the public.
- Changing an oxygen cylinder.
- Emergency care assistant.
- Suction unit usage.
- Moving patients.

- Needle stick injuries.
- Red traffic signals.
- Slips, trips and falls.
- Working in ambulance saloon.

We reviewed the emergency care assistant (ECA) risk assessment, which contained information on activities undertaken by ECAs. One risk listed was around physical assault from patients, relatives or members of the public. A mitigation was listed as staff receive training in conflict resolution. However, we found none of the staff had received conflict resolution training. Another risk was listed as musculoskeletal injury, with a mitigation listed as moving and handling equipment will be provided including hoists, slide sheets, transfer boards and handling belts. However, the registered manager told us staff were not trained in the use of slide sheets and removed these from the vehicles during the inspection. Also, staff were not trained in or had access to hoists. We reviewed the working in ambulance saloon risk assessment. This detailed some of the risks of working within the back of an ambulance. One of the risks was listed as poor infection control. The mitigation was listed as staff complete pre-shift and pre-use checks prior to use to ensure cleanliness. However, we found that both vehicles had visible dirt within them during the onsite inspection, and the registered manager did not undertake routine auditing of staff compliance or vehicle cleanliness.

We did not have assurance that the risk assessments undertaken were fit for purpose or had appropriate or achievable mitigations. The service had not identified, recorded or mitigated against a number of risks which the inspection team highlighted during the onsite inspection. We found that staff did not have the appropriate training, knowledge or skills to undertake their roles safely and effectively. We found non-compliance with the requirements of the Control of Substances Hazardous to Health Regulations 2002. The service had not highlighted either of these as risks. The service had also not identified the disposal of waste as a risk, as staff were using clinical waste bags for non-clinical waste disposal. We found that staff had raised concerns about out of date equipment to the registered manager on several occasions. However, the registered manager had not acted on the concerns and risk. The provider did not have a robust system for identifying and acting on learning from incidents,

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complaints and feedback. We reviewed four incident report forms, and the registered manager had not identified any learning from any of the four incidents. We did not have assurance of a robust learning culture within SNP Medical.

Information management

The service did not collect reliable data and analyse 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. Notifications were consistently submitted to external organisations as required.

The service did not collect or analyse data in relation to performance. It did collect some information from patients through feedback forms. However, the provider had received two feedback forms between January and December 2019; therefore, there was insufficient feedback to provide reliable and robust views on service development.

There were no service performance measures in place. We found quality and sustainability were not viewed equally within the organisation. Training was compromised, in part, to ensure financial sustainability of the service.

The registered manager did not have a good oversight of any aspect of the service. The manager did not hold any structured meetings with staff. Therefore, the views and opinions of staff on service delivery and the quality of care were not routinely sought. However, the registered manager did meet with staff each morning before the commencement of their shift. We were not assured the manager had sufficient knowledge of the performance and outcomes of patients and staff to assure themselves the service was both safe and effectively delivered.

The manager did have a suitable system in place for storing personal and confidential information and ensuring that the information was secure and backed up. The service kept paper records for one month, before scanning them and storing securely on a cloud-based system. The manager then destroyed the paper records securely.

Public and staff engagement

Leaders had limited engagement with patients, staff, the public and local organisations to plan and manage services. They did not collaborate with partner organisations to help improve services for patients.

The service did not routinely seek the views of staff to help review and improve SNP Medical. The service did not hold one-to-one discussions with staff or team meetings to share information and receive feedback from staff about the service.

The provider relied on feedback forms as the only engagement with the public. The service did not seek to engage the public in any other way to help shape and improve the service.

The service had not sought feedback from partners and other organisation to help shape and improve the service. We did not have assurance that the service engaged with staff, patients, the public or other organisation to plan and improve service delivery.

Innovation, improvement and sustainability

Not all staff were committed to continually learning and improving services. They did not have a good understanding of quality improvement methods and the skills to use them. Leaders did not encourage innovation and participation in research.

The service did not promote continuous learning, improvement and innovation. We found that the service had not improved since the previous inspection. The service did not have any improvement tools in place or use improvement methodologies to recognise where changes could be made to improve the service. Staff did not have the opportunity to work together to work through individual, group and service objectives, processes or performance outcomes. The registered manager did not seek the views of staff to help improve and develop services. The service did not participate in any external reviews, and did not seek to work closely with NHS or other independent providers to learn and improve the service across Leicestershire for patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff receive safeguarding training appropriate to their role, safeguarding policies and procedures support staff to raise concerns in a timely manner, and to the right organisation. Regulation 13(1)(2)(3)
- The provider must ensure that the service has a robust cleaning schedule in place to ensure high standards of cleanliness and infection control practices, and take appropriate actions where this is not met. Regulation 15(1)(a)
- The provider must ensure that chemicals are stored and used in accordance with the Control of Substances Hazardous to Health Regulations 2002. Regulation 17(2)(b)
- The provider must ensure that all equipment within vehicles is clean, suitable for the purpose for which they are being used, in date and staff are trained to use it. Regulation 15(1)(a)(c)
- The provider must ensure all waste is disposed of in accordance with current best practice guidance and legislation. Regulation 15(1)(a)
- The provider must ensure it has an open, transparent and robust process for investigating complaints and incidents, and identify, share and make changes from learning. Regulation 17(2)(a)(e)
- The provider must ensure it has a robust system to audit, review and monitor care delivery and outcomes. Regulation 17(2)(a)
- The provider must ensure staff have the right skills and training to be competent in their roles. Regulation 12(2)(c)
- The provider must ensure its complaints policy is fit for purpose. Regulation 16(2)
- The provider must ensure it has a measurable strategy to ensure sustainability of the high quality care. Regulation 17(2)(a)

- The provider must ensure effective systems and processes are in place to assess, monitor and improve the quality and safety of services provided. Regulation 17(2)(a)
- The provider must ensure effective systems and processes are in place to assess, monitor and mitigate risks relating to health, safety and welfare of patients and staff. Regulation 17(2)(b)
- The provider must ensure it maintains a comprehensive record of risks associated with the service. Regulation 17(2)(b)

Action the provider **SHOULD** take to improve

- The provider should ensure that the mandatory training programme meets the needs of employees.
- The provider should review ways of ensuring staff receive appropriate levels of support, professional development and supervision, and have the ability to share information and knowledge more effectively.
- The provider should review how it collects feedback from patients and those close to them.
- The provider should review its approach to ensuring that patients', regardless of protected characteristic under the Equality Act 2010, specific needs are considered.
- The provider should review how it meets the needs of people at the end of life.
- The provider should review how it could work more effectively with other providers and organisation to collect performance data to help within internal monitoring and service improvement.
- The provider should review its systems for collecting feedback from staff and other providers to help shape and develop the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the 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 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

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	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered manager had not provided training in the skills and competencies necessary for staff to provide safe care. The provider relied on previous experience declared by the staff without evidence and certification to support the skills and training.</p> <p>We found the provider did not audit the cleanliness of the vehicles, or undertake audits on staff, such as hand hygiene audits, on a regular basis.</p> <p>Cleaning equipment was not clearly labelled with when and how it should be used, or was visible dirty itself.</p> <p>We found that the service had no cleaning schedule in place to prevent the spread of infection.</p> <p>We found out of date equipment on both ambulances which were being used during the inspection to transport patients.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of services provided.</p> <p>The provider did not ensure effective systems and processes are in place to assess, monitor and mitigate risks relating to health, safety and welfare of patients and staff.</p> <p>The provider must ensure it maintains a comprehensive record of risks associated with the service.</p>

This section is primarily information for the provider

Enforcement actions

The provider must ensure it has a measurable strategy to ensure sustainability of the high quality care.

The provider did not ensure it had an open, transparent and robust process for investigating complaints and incidents, and identify, share and make changes from learning.