

Radmere Medical Ltd

# Radmere HQ

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Radmere HQ is operated by Radmere Medical Ltd. The service provides a patient transport service to local NHS hospitals. The service also provides a non-emergency patient transport service for high dependency patients, reported under the core service of urgent and emergency care.

We inspected the service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 December 2017, along with an unannounced visit to the provider on 18 December 2017.

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.

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

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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

- Staff had not received the correct level of safeguarding training recommended in national guidance.
- We were not assured that staff had clear information on how to report and escalate safeguarding concerns.
- We found one cylinder containing medical nitrous oxide was past its expiry date and one cylinder of oxygen which did not have a clearly marked expiry date.
- Staff did not receive formal training on the Mental Capacity Act.
- The service did not have a formal complaints policy.
- The service did not have a formal policy on consent.
- The service did not provide translation services for patients who did not speak English.
- The managing director was unable to provide complete records of induction, pre-employment disclosure and barring service (DBS) checks and ongoing training and appraisal for all staff.
- Governance meeting minutes did not include discussion of quality outcomes or performance against the quality standards stated on the provider's website.

However, we also found the following areas of good practice:

- There was a process in place for staff to report incidents. Senior staff reviewed and investigated incidents to enable learning.
- Staff completed daily vehicle checks, which included cleaning of equipment.
- There were processes in place to ensure that electrical equipment was serviced and maintained in line with manufacturer's guidance.
- Medical gases were stored securely in the vehicles we inspected.
- Patient transport booking forms contained relevant information relating to each transport request.
- Staff had access to equipment to treat deteriorating patients including ventilators, pacing equipment and suction equipment.
- There was an effective booking system in place to ensure the service was able to meet demands. Requests for patient transport were not accepted if there were not sufficient staff available to safely complete the journey.

# Summary of findings

- Staff had access to policies in paper or electronic format. We reviewed a selection of policies and found they were in date, version controlled and referenced relevant legislation and guidance.
- Written feedback from patients was positive. We reviewed a sample of five patient feedback forms, all of which rated the service 5 out of 5. Comments from patients included “Very pleasant and competent staff” and “Very good and careful with patients.”
- The service had specialist equipment for transport of bariatric patients. We saw equipment including a bariatric wheelchair, stretcher and ramps.
- Staff took account of patients’ nutrition and hydration needs. The patient transport booking form prompted staff to consider patients’ nutrition and hydration needs and staff made arrangements with hospitals to ensure adequate nutrition and hydration was provided.
- Information on how to make a complaint was available in the vehicles we inspected. The managing director gave us an example of learning and changes to policy following a complaint.
- Senior staff held quarterly governance meetings. Meeting minutes showed discussion of financial matters, risks, controls and actions, staffing, appraisals and complaints.
- Senior staff kept a risk register, which specified the level of risk and included actions to manage risks with timescales and risk owners.
- The managing director was visible and had regular contact with staff. Staff could contact the managing director directly if they had any concerns.

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

## Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care services

### Rating Why have we given this rating?

Urgent and emergency services were a small proportion of activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport services section.

#### Patient transport services (PTS)

Patient transport services were the main activity provided by the service. We do not have a legal duty to rate independent providers of ambulance services.

We found the following areas the service should improve:

- Staff had not received the correct level of safeguarding training recommended by national guidance.
- We were not assured that staff had clear information on how to report and escalate safeguarding concerns.
- We found one cylinder containing medical nitrous oxide was past its expiry date and one cylinder of oxygen which did not have a clearly marked expiry date.
- Staff did not receive formal training on the Mental Capacity Act.
- The service did not have a formal complaints policy.
- The service did not have a formal policy on consent.
- The service did not provide translation services for patients who did not speak English.
- The provider did not have a clear governance process to ensure oversight of staff induction, pre-employment checks, appraisal and training.
- Governance meeting minutes did not include discussion of quality outcomes or performance against the quality standards stated on the provider's website.

We also found:

- There was a process in place for staff to report and learn from incidents.
- Staff had oversight of vehicle maintenance and servicing.

# Summary of findings

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- Staff recorded relevant information relating to patient care and stored records securely.
- Staff had access to policies, which were in date, version controlled and referenced relevant legislation and guidance.
- Staff delivered compassionate care.
- Senior staff monitored and managed risks to the service.

We found the service was in breach of two regulations of the Health and Social Care Act (2014). These were regulation 13, Safeguarding service users from abuse and improper treatment and regulation 17, Good governance.

As a result of this we issued two requirement notices.

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# Radmere HQ

## Detailed findings

### Services we looked at

Emergency and urgent care; Patient transport services (PTS)

# Detailed findings

## Contents

### Detailed findings from this inspection

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## Background to Radmere HQ

Radmere HQ is operated by Radmere Medical Ltd. The service opened in December 2016, following expansion of a business previously operated by the registered manager as an individual. Radmere HQ is an independent ambulance service in Buckden, Cambridgeshire. The service primarily serves the communities of the Cambridgeshire area.

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

The service has not been previously inspected by CQC.

## Our inspection team

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

unannounced inspection was completed by a CQC inspection manager and a CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

## Facts and data about Radmere HQ

The service provides routine and high dependency patient transport between NHS hospitals. The service is provided on an ad-hoc basis, rather than through formal contracts. Patient transport is provided to adults and children aged one month and over.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the Radmere HQ base. We spoke with five staff including the managing director (who also worked for the service as a paramedic), the

governance director, two ambulance care assistants, a patient transport driver and one professional client of the service. We were not able to speak with any patients or relatives during the inspection. We received two 'tell us about your care' comment cards, which had been completed before our inspection and we reviewed patient feedback collected by the service. During our inspection, we reviewed four sets of patient records.

There were no special reviews or ongoing investigations of the service by the CQC during the last 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity

# Detailed findings

- From January to September 2017, the service provided approximately 950 patient transport journeys, primarily for NHS organisations in the East of England area.
- The majority of these (around 70%) were basic ambulance or wheelchair ambulance journeys, with the remaining 30% requiring more specialist, high dependency or bariatric ambulances to meet specific patient needs.

Two registered paramedics, two ambulance care assistants and two patient transport drivers worked at the

service on flexible contracts. The service had seven vehicles in operation at the time of our inspection: two wheelchair-accessible cars, three patient transport vehicles and two high dependency transport vehicles.

## Track record on safety

- No never events (December 2016 to November 2017)
- No serious injuries (December 2016 to November 2017)
- 2 complaints (December 2016 to February 2017)



# Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

Urgent and emergency services were a small proportion of activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport services section.

## Summary of findings

We found the following areas the service should improve:

- Staff had not received the correct level of safeguarding training recommended by national guidance.
- We were not assured that staff had clear information on how to report and escalate safeguarding concerns.
- We found one cylinder containing medical nitrous oxide was past its expiry date and one cylinder of oxygen which did not have a clearly marked expiry date.
- Staff did not receive formal training on the Mental Capacity Act.
- The service did not have a formal complaints policy.
- The service did not have a formal policy on consent.
- The service did not provide translation services for patients who did not speak English.
- The provider did not have a clear governance process to ensure oversight of staff induction, pre-employment checks, appraisal and training.
- Governance meeting minutes did not include discussion of quality outcomes or performance against the quality standards stated on the provider's website.

We also found:

- There was a process in place for staff to report and learn from incidents.
- Staff had oversight of vehicle maintenance and servicing.
- Staff recorded relevant information relating to patient care and stored records securely.

# Emergency and urgent care services

- Staff had access to policies, which were in date, version controlled and referenced relevant legislation and guidance.
- Staff delivered compassionate care.
- Senior staff monitored and managed risks to the service.

## Are emergency and urgent care services safe?

### Incidents

- The service reported no never events or serious incidents relating to emergency and urgent care, from December 2016 to November 2017. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations, that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- For our detailed findings on incident reporting processes, please see the safe section in the patient transport report.

### Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- For our detailed findings on clinical quality dashboard please see the safe section in the patient transport report.

### Cleanliness, infection control and hygiene

- For our detailed findings on cleanliness, infection control and hygiene, please see the safe section in the patient transport report.

### Environment and equipment

- We saw laminated cards with a checklist of equipment, including specialist equipment needed for high dependency transfers, on the ambulances we inspected. We saw records of equipment checks completed by staff.
- The managing director told us any specialist equipment required for high dependency patients, for example a tracheostomy care box, would be provided by the hospital where the patient was picked up from. We saw there was a section for recording any special requirements on the patient transport booking form.
- For our detailed findings on environment and equipment, please see the safe section in the patient transport report.

### Medicines

- The managing director told us patients requiring administration of intravenous (IV) medicines were

# Emergency and urgent care services

transferred with a nurse escort to support. They told us paramedics had also attended additional training at a local specialist hospital, in order to increase understanding of specialist equipment used to administer IV medicines to high dependency patients.

- Medicines included under schedule 17 of the Human Medicines Regulations (2012) could be sourced independently by paramedics and administered if required. For example, amiodarone and adrenaline could be sourced for use during resuscitation, if the service transferred an unstable patient who was at high risk of cardiac arrest. However, the managing director told us this was unlikely to happen as hospitals would ensure patients were stable before transfer and would provide nurse escorts if required.
- For our detailed findings on medicines, please see the safe section in the patient transport report.

## Records

- For our detailed findings on records, please see the safe section in the patient transport report.

## Safeguarding

- For our detailed findings on safeguarding, please see the safe section in the patient transport report.

## Mandatory training

- Records provided by the service showed 100% of High Dependency Unit (HDU) ambulance drivers had completed 'blue lights' driving training, which was sometimes used to transfer patients. We spoke to a member of staff who confirmed they had received this training.
- For our detailed findings on mandatory training, please see the safe section in the patient transport report.

## Assessing and responding to patient risk

- Staff completed observations for high dependency patients and documented these on the patient transport booking forms.
- Staff could request a nurse escort for high dependency patients if required. The managing director discussed the need for an escort with hospitals at the point of booking.
- Information from the provider stated any patient detained under the Mental Health Act, would be accompanied by an appropriate escort to meet the patient's specific needs.

- For our detailed findings on assessing and responding to risk please see the safe section in the patient transport report.

## Staffing

- For our detailed findings on staffing please see the safe section in the patient transport report.

## Response to major incidents

- For our detailed findings on response to major incidents please see the safe section in the patient transport report.

## Are emergency and urgent care services effective?

## Evidence-based care and treatment

- For our detailed findings on evidence based care and treatment please see the effective section in the patient transport report.

## Assessment and planning of care

- For our detailed findings on assessment and planning of care please see the effective section in the patient transport report.

## Response times and patient outcomes

- For our detailed findings on response times and patient outcomes please see the effective section in the patient transport report.

## Competent staff

- For our detailed findings on competent staff please see the effective section in the patient transport report.

## Coordination with other providers

- For our detailed findings on coordination with other providers please see the effective section in the patient transport report.

## Multi-disciplinary working

- Staff worked with nurse escorts to support care and treatment for high dependency patients.
- For our detailed findings on multidisciplinary working please see the effective section in the patient transport report.

# Emergency and urgent care services

## Access to information

- For our detailed findings on access to information please see the effective section in the patient transport report.

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

- For our detailed findings on consent, Mental Capacity Act and Deprivation of Liberty Safeguards please see the effective section in the patient transport report.

## Are emergency and urgent care services caring?

## Compassionate care

- For our detailed findings on compassionate care please see the caring section in the patient transport report.

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

- For our detailed findings on understanding and involvement of patients and those close to them please see the caring section in the patient transport report.

## Emotional support

- For our detailed findings on emotional support please see the caring section in the patient transport report.

## Are emergency and urgent care services responsive to people's needs?

## Service planning and delivery to meet the needs of local people

- The service provided High Dependency Unit (HDU) patient transport and had specialised vehicles and equipment available for these transfers.
- For our detailed findings on service planning and delivery to meet the needs of local people please see the responsive section in the patient transport report.

## Meeting people's individual needs

- For our detailed findings on meeting people's individual needs please see the responsive section in the patient transport report.

## Access and flow

- For our detailed findings on access and flow please see the responsive section in the patient transport report.

## Learning from complaints and concerns

- For our detailed findings on learning from complaints and concerns please see the responsive section in the patient transport report.

## Are emergency and urgent care services well-led?

## Vision and strategy

- For our detailed findings on vision and strategy please see the well-led section in the patient transport report.

## Governance, risk management and quality measurement

- For our detailed findings on governance, risk management and quality measurement please see the well-led section in the patient transport report.

## Leadership / culture of service related to this core service

- For our detailed findings on leadership and culture please see the well-led section in the patient transport report.

## Public and staff engagement

- For our detailed findings on public and staff engagement please see the well-led section in the patient transport report.

## Innovation, improvement and sustainability

- The provider had plans in place for the development of the service.
- For our detailed findings on innovation, improvement and sustainability please see the well-led section in the patient transport report.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

Patient transport services were the main activity provided by the service. We do not have a legal duty to rate independent providers of ambulance services.

## Summary of findings

We found the following areas the service should improve:

- Staff had not received the correct level of safeguarding training recommended by national guidance.
- We were not assured that staff had clear information on how to report and escalate safeguarding concerns.
- We found one cylinder containing medical nitrous oxide was past its expiry date and one cylinder of oxygen which did not have a clearly marked expiry date.
- Staff did not receive formal training on the Mental Capacity Act.
- The service did not have a formal complaints policy.
- The service did not have a formal policy on consent.
- The service did not provide translation services for patients who did not speak English.
- The provider did not have a clear governance process to ensure oversight of staff induction, pre-employment checks, appraisal and training.
- Governance meeting minutes did not include discussion of quality outcomes or performance against the quality standards stated on the provider's website.

We also found:

- There was a process in place for staff to report and learn from incidents.
- Staff had oversight of vehicle maintenance and servicing.
- Staff recorded relevant information relating to patient care and stored records securely.

# Patient transport services (PTS)

- Staff had access to policies, which were in date, version controlled and referenced relevant legislation and guidance.
- Staff delivered compassionate care.
- Senior staff monitored and managed risks to the service.

## Are patient transport services safe?

### Incidents

- The patient transport service reported no never events or serious incidents from December 2016 to November 2017. Never events are serious incidents that are wholly preventable where guidance or safety recommendations, that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Staff reported incidents using a paper incident reporting form, which was available in each vehicle. Paper incident forms were then transferred to electronic format. All incidents and complaints were recorded on an electronic incident log.
- We saw the electronic incident log, which contained a summary and response to each reported incident and a link to an electronic copy of the incident form, submitted by staff. This log included two incidents reported from December 2016 to February 2017. Both of these incidents were complaints from patients and relatives.
- Senior staff reviewed and investigated incidents to enable learning. We saw evidence of changes to practice following incidents. For example, the governance director had updated staff on the health and safety policy, following a moving and handling incident. The managing director told us learning was shared with staff on an ad-hoc basis, due to the small number of staff and the variable working patterns of staff.
- The service had not reported any incidents that would trigger duty of candour from December 2016 to November 2017. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The managing director understood their responsibility in relation to duty of candour and the provider's health and safety policy included reference to duty of candour requirements. Staff did not receive formal training on duty of candour.

### Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

# Patient transport services (PTS)

- The governance director kept a 'controls register', which included information on incidents, complaints and risks to the service. The governance lead told us this was discussed at governance meetings. Meeting minutes dated 26 September 2017 and 26 November 2017 confirmed this.

## Cleanliness, infection control and hygiene

- The service had an "Infection control and prevention policy and procedure" dated August 2017. We reviewed this policy and found it was ratified, version controlled and in date for review.
- The provider's infection control policy included hand washing guidance advising staff to wash hands before going out on duty, and after every patient drop off as a minimum. Where it was not possible to access soap and water, the policy advised staff to use hand gel available in the vehicle. Hand gel and personal protective equipment was available in the vehicles we inspected.
- We saw two members of clinical staff and both were wearing uniform, in line with the provider's policy. One CQC comment card we received included feedback that staff were "smart and clean looking. Ambulance smelt of disinfectant-lovely."
- Staff were responsible for cleaning their uniforms and spares were available at the station in case uniforms became soiled. A shower was available for staff to use at the base, if required.
- No clinical waste was stored or disposed of on site. Clinical waste was segregated into coloured bags and disposed of at hospitals, when patients were dropped off. There was no formal contract in place in relation to this process.
- The managing director told us linen was sourced from hospitals and returned to hospitals for cleaning. There was no formal contract in place in relation to this process.
- Staff used colour-coded mops for cleaning different areas on site, to prevent contamination. Mops were cleaned in bleach and water after use. This was in line with the provider's policy.
- The service accepted patient transport requests for patients with hospital acquired infections, such as MRSA and C. difficile. The patient booking form contained an area for staff to note whether the patient had a hospital acquired infection and the managing director told us vehicles were deep cleaned after transporting patients with an infection. We saw records to confirm vehicles received deep cleans, although these did not specifically indicate whether deep cleans were carried out after transporting a patient with an infection.
- We inspected three out of the seven vehicles in operation and found the vehicles, and the equipment they contained, to be visibly clean.
- We saw records of staff daily vehicle checks, which included cleaning of equipment. The managing director told us staff cleaned clinical equipment between each patient use. Disinfectant wipes were available for staff to use in all vehicles we inspected.
- The managing director told us vehicle deep cleans took place every four to five weeks, or if vehicles became contaminated. The provider's "Infection control and prevention policy and procedure" stated "each ambulance will also have a planned "deep clean" at least once a month. For HDU ambulances "deep cleans" may be required more regularly than once a month." We reviewed the deep clean schedule for the three vehicles we inspected, which showed vehicles received regular deep cleans. Two vehicles had received seven deep cleans from April 2017 to November 2017 and one vehicle had received six deep cleans in this period.
- The provider's policy did not differentiate between cleaning agents for a daily clean and a deep clean. The provider policy stated a deep clean "involves emptying out all of the equipment and kit and then doing a thorough clean of the ambulance including shelves, cupboards, ceilings, surfaces and floors and then doing the same for equipment and kit as it is replaced."
- Information provided by the service before our inspection stated that "Infection control training is mandatory." We saw a copy of a training presentation for staff. However, the managing director was unable to provide us with a schedule for due dates or completion of training, which meant we were not assured all staff had received this training.

## Environment and equipment

- We reviewed the provider's "vehicle due dates schedule." This showed senior staff had oversight of vehicle maintenance and all vehicles held up to date MOT, tax and servicing. The service used a third party company to service and maintain vehicles.
- Staff completed a visual check of vehicles and equipment before use and reported any faulty



# Patient transport services (PTS)

equipment to the managing director. We saw laminated cards with a checklist of equipment on the ambulances we inspected. We saw records of equipment checks completed by staff.

- The managing director told us any specialist equipment required, for example a maternity pack, would be provided by the hospital where the patient was picked up from. There was an area for recording any special requirements on the patient transport booking form. We saw a maternity pack had been sourced from a hospital, for the transfer of a pregnant patient.
- Sharps bins were available on vehicles. The managing director told us sharps bins were sealed, signed and left at hospital accident and emergency departments for disposal. There was no formal contract in place in relation to this process.
- We checked four pieces of electrical equipment on vehicles and found all four had been electrical safety tested and were in date for the next review. Electrical safety testing and maintenance of medical equipment was provided by a third party company.
- The managing director told us they checked the expiry dates of all equipment stocked on vehicles on a monthly basis. We checked seven consumable items and found all seven were appropriately stored and in date.
- Staff stored vehicle keys securely, in a locked office.
- There was CCTV on site to ensure security of the premises.

## Medicines

- Medicines management was included in the Health and Safety Policy. This policy was in date and version controlled.
- The service did not store medicines on site, with the exception of medical gases. Medical gases were stored securely in the vehicles we inspected.
- The managing director told us empty portable oxygen cylinders were disposed of at hospitals on an ad-hoc basis. Large oxygen cylinders were returned to the supplier at a local depot.
- The managing director told us patients were dispensed medicines by the hospital and that these travelled with the patient on the ambulance.
- We checked 10 cylinders containing medical gases. We found one cylinder containing medical nitrous oxide

was past its expiry date and one cylinder of oxygen which did not have a clearly marked expiry date. The managing director removed these items at the time of inspection.

## Records

- Staff completed patient transport booking forms, which contained information relating to each transport request. We saw four completed forms, which included the patient's medical history, resuscitation status and special requirements, such as bariatric equipment or the requirement for a nurse escort.
- Staff documented assessment and treatment of patients on patient transport booking forms. We reviewed four of these forms and saw they included documentation of observations and care provided during the journey.

## Safeguarding

- The provider had a "Safeguarding policy and procedure" dated August 2017. We reviewed this policy and found it was version controlled, ratified and in date for review.
- We were not assured that staff had the appropriate training and information to ensure safeguarding concerns were escalated and reported correctly.
- The managing director was the lead for safeguarding. However, we were not assured they had completed the appropriate level of training for this role. The managing director had completed an external course in 'Basic awareness in child protection' in 2012 but had not completed any other formal training in safeguarding since then. The Royal College of Paediatrics and Child Health recommends all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns should be trained to level 3.
- We were not assured that all staff had received training in safeguarding to the appropriate level. The managing director told us staff received in-house safeguarding training and we saw a training presentation, which included information on safeguarding children and vulnerable adults. We asked the managing director what level of child safeguarding training staff received and they told us that it was level 1.



# Patient transport services (PTS)

- The provider's "Safeguarding policy and procedure," stated "Safeguarding awareness training shall be included in the staff induction process and shall be carried out annually for all staff. An on-going awareness programme shall be established and maintained in order to ensure that staff awareness of safeguarding is maintained and updated as necessary." However, safeguarding training was not included in the staff induction checklist/refresher record and the managing director was unable to provide us with a schedule for due dates or completion of training. We saw a record to show one member of staff had completed a course, which included 'vulnerability and safeguarding training' on 5 September 2016. We asked the provider for records of compliance with safeguarding training for staff after our inspection but this was not provided.
- Safeguarding incident forms were available in each vehicle. However, the process for escalating safeguarding concerns was not clear. A staff training presentation on safeguarding stated staff should report concerns to "Police, hospital, social services, your local manager" whereas the provider's policy and stated "If there are concerns about a vulnerable adult, child or young person then the social care department at the appropriate local authority should be contacted as soon as possible." The safeguarding policy did not include contact details for local authorities.
- Staff reported safeguarding concerns to the managing director. The managing director gave an example of a safeguarding concern which they had reported and told us they reported this to the hospital rather, rather than to the local authority. This was not in line with the provider's "Safeguarding policy and procedure."

## Mandatory training

- The managing director told us staff completed in-house mandatory training. We saw an induction checklist, which included topics such as basic life support, safe driving competence, moving and handling tasks, training on care records and policies and procedures.
- Information provided by the service before our inspection stated 100% of staff had completed mandatory induction and refresher training. The managing director told us all staff received an induction and yearly mandatory refresher training. We checked records of mandatory training and saw completed induction checklists for the governance director, training manager, one paramedic, one ambulance care assistant

and one driver. We spoke to an ambulance care assistant who confirmed they had completed induction training. However, senior staff were unable to show us a completed induction checklist for three staff. We requested these records after the inspection but they were not provided.

- The managing director was unable to provide us with a schedule for due dates or completion of refresher training when asked. Meeting minutes dated 26 September 2017 stated "staff refresher training – being scheduled, likely to take place October/November" and a 'controls register' provided before inspection included an action to "arrange refresher training for staff," with a target date of 31 October 2017.

## Assessing and responding to patient risk

- Risk assessments were carried out over the telephone at the point of booking. This information was recorded on the patient transport booking form, then handed to the crew. We saw a copy of this form, which included infection risk information, resuscitation status and requirements for specialist equipment.
- Records showed staff completed observations of patients during journeys. The managing director told us paramedics would provide any required care to a deteriorating patient and would immediately transfer the patient to the nearest accident and emergency unit if required.
- Senior staff told us paramedics would carry out advanced life support practices if required. The provider was unable to produce up to date records of training in advanced life support. A training certificate dated 19 October 2011, confirmed the managing director (who was a paramedic) had completed a course in advanced life support. The certificate stated this was valid for four years. The managing director told us staff practiced life support competencies on an informal, ad-hoc basis.
- Our review of records showed journeys were planned to ensure there was always a member of staff with competencies in recognising a deteriorating patient on board.
- Staff had access to equipment to treat deteriorating patients including ventilators, pacing equipment and suction equipment.
- The managing director told us a trained escort would be requested from the referring hospital, for patients sectioned under the Mental Health Act or for patients at risk of behaving in a violent way.

# Patient transport services (PTS)

- The managing director told us how they had declined to complete a wheelchair transfer for a patient as they felt this would be unsafe for the patient. The managing director had communicated this to the hospital and had completed the transfer using a stretcher as this was believed to be the safest option.
- We saw a bariatric risk assessment, which included information relating to the patient's mobility and access at pick up and drop off points. The patient transport booking form contained guidance for staff to complete this risk assessment.

## Staffing

- The service had a pool of self-employed staff, who worked for the service on an ad-hoc basis. At the time of our inspection, there were two paramedics, two ambulance drivers and two ambulance care assistants working for the service. There was also a small number of non-clinical staff.
- There were no fixed rotas or shift patterns for staff. When a booking was made, staff would be contacted to see who was available to carry out the individual journey. The managing director told us requests for patient transport were not accepted if there were not sufficient staff available to safely complete the journey. This was confirmed in governance meeting minutes dated 26 September 2017.
- The patient transport booking form contained a section to indicate the type of crew required for each job. The managing director monitored the hours worked by staff and gave us an example of a recent transport request that had been declined in order to ensure staff did not work unreasonably long hours.
- The managing director told us they were available on the phone any time to support staff who were lone working. If the managing director was unavailable, staff could contact another member of staff, who had experience as an operational manager, for advice.
- The managing director told us staffing was the biggest challenge for the service, as it was difficult to recruit staff for the ad-hoc work provided by the service. The service was actively recruiting using adverts on their website and a poster displayed at the ambulance base.

## Response to major incidents

- The provider had a business continuity plan dated 9 August 2017. This included guidance on procedures to follow in the event of loss of utilities, IT or access to

- buildings. We reviewed the policy and found it was version controlled, ratified and in date for review. The policy also included an emergency response checklist and contact numbers for key staff.
- Unexpected or fluctuating demand was not an issue for the service because bookings were made on an ad-hoc basis. If they could not secure staff to provide the patient transport request, the managing director advised the person making the booking and the booking went to another provider.

## Are patient transport services effective?

### Evidence-based care and treatment

- The service had policies in place, including areas such as health and safety, and infection control. We reviewed a selection of policies and found they were in date, version controlled and referenced relevant legislation and guidance. For example, the "Infection control and prevention policy and procedure" included reference to NICE guideline CG139 and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- Staff had access to policies in paper or electronic format.
- The new staff member checklist required staff to have read and understood Radmere HQ policies and stated "copy of signed confirmation of this should be taken and added to file." We reviewed a sample of records which confirmed policies had been read by staff.
- The directors reviewed and updated policies on an annual basis, or sooner if changes were required. We saw evidence of changes to policy following incidents and complaints. For example, after a complaint regarding staff smoking in uniform the managing director updated the "Staff conduct, disciplinary and grievance policy and procedure" to include guidance for staff about smoking or vaping.
- There was no formal audit process to monitor staff compliance with policies. This meant the service could not be assured staff were following policies.

### Assessment and planning of care

- Staff recorded information relevant to each patient transport journey on the patient transport booking form. This included information on the patient's mobility,

# Patient transport services (PTS)

resuscitation status, nutritional requirements and any special requirements. This meant staff had relevant information about the patient's condition before beginning each journey.

- The patient transport booking form included a section to record whether the patient was sectioned under the Mental Health Act and stated that if so, the patient would require an escort.
- The patient transport booking form contained a section to identify the type of crew required for each journey. This meant the managing director had a process for identifying the type of crew required for each patient and could plan transport accordingly.

## Response times and patient outcomes

- The managing director told us the hospitals they worked with did not specify response times, due to the ad-hoc nature of the service. They told us client feedback and continued use of the service assured them they were delivering a good service.
- The provider's website contained a section on 'our commitments' which stated: "Radmere works to the following quality standards by which we will be measured:

Call Answering - when making a booking with Radmere you can expect: 75% of calls to be answered within 20 seconds; 75% of call to be answered by a person unless outside of working hours when an automated service will be available.

Journeys - although distance and travel conditions must be taken into consideration we will always do our best to ensure that your journey is as comfortable as possible.

Appointments - you can expect to arrive no more than 45 minutes before or 15 minutes after your appointment time on 90% of occasions.

Hospital Collections - from the point at which we are notified of your readiness we will be with you within 60 minutes on 80% of occasions and no longer than 90 minutes on any occasion."

- We asked the managing director if they carried out any audits in relation to quality and outcomes. The managing director showed us a spreadsheet which included information on all journeys completed and

included the names of crew, pick up and drop off times and journey duration. This did not include any analysis of information in relation to the commitments stated on the provider's website.

- Governance meeting minutes dated 26 September 2017 and 26 November 2017 did not include discussion of quality outcomes or discussion of performance in relation to the quality standards stated on the provider website.

## Competent staff

- The managing director told us staff competency training was delivered ad-hoc and included practical training using monitors and equipment. We saw two examples of training scenarios devised by the managing director for discussion with staff and we saw equipment, including resuscitation dummies and monitors, for staff to practice with.
- The managing director told us both ambulance care assistants had completed a 'first person on scene' course. We saw records of an internal 'first person on scene' course dated 5 September 2016, which had been completed by one ambulance care assistant. This included competencies including infection control, basic life support, oxygen therapy, suction unit and vulnerability and safeguarding. Records for the other ambulance care assistant were not provided.
- The managing director told us clinical staff received yearly appraisals. Information from the provider stated compliance with appraisals for staff delivering patient transport services was 100%. We asked to see records of completed appraisals for all staff. We saw completed appraisals for two members of staff (one paramedic and one ambulance care assistant). Two members of staff had not received an appraisal as they had been employed less than a year ago. Staff were unable to provide us with records of appraisal for the managing director and one ambulance care assistant.
- The managing director told us formal team meetings were not held due to the small number of staff.
- The managing director told us they checked staff registration with the Health and Care Professions Council (HCPC) directly through the HCPC website. Staff checked registration of both paramedics at the time of inspection using an internet search engine and we saw both paramedics had current registration. We saw paper records of HCPC registration for one paramedic but we

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did not see the registration status of the other paramedic recorded anywhere. This meant we were not assured there was a clear system in place for monitoring these checks.

- The managing director kept records of driving licence checks for staff on the “New staff member checklist.” We saw records of checks for five members of staff. The managing director was unable to provide a record of checks for one member of staff who had driving responsibilities.

## Coordination with other providers and multi-disciplinary working

- The managing director worked with NHS hospitals to provide a service for short notice ad-hoc patient transport. Requests for patient transport were arranged directly with the hospital, via the telephone.

## Multi-disciplinary working

- We spoke to one client who worked with the service. They gave us positive feedback about the service and described staff as “friendly” and “professional.”

## Access to information

- Patient transport staff had access to information through the patient transport booking form, which included relevant information about the patient’s needs and any special requirements.
- Patient transport booking forms had a specific section to indicate whether or not the patient had a do not attempt cardiopulmonary resuscitation (DNACPR) order in place. Next to this section was a prompt to remind staff that paperwork with evidence of the DNACPR order was required for the journey.
- Confidential records were kept securely in a staff office, which was locked when not in use.
- Staff had access to satellite navigation systems in order to plan and carry out patient transport journeys.

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

- The managing director told us patients sectioned under the Mental Health Act would be transported with an appropriate escort. The patient transport booking form included a section to indicate whether the patient was sectioned under the Mental Health Act and to prompt staff to request an escort.

- Information from the provider stated Mental Capacity Act training was indirectly covered in the provider’s safeguarding policy and induction process. The managing director told us the governance director attended meetings run by the Alzheimer’s society and fed back relevant information to staff but was unable to provide any documentation of this.
- The managing director told us staff knew how to look after patients living with dementia and asked an ambulance care assistant to tell us about a recent scenario where they had cared for a patient living with dementia. The ambulance care assistant told us how they had requested an escort for the patient to ensure the patient’s safety. However, they did not mention any formal assessment of the patient’s capacity to consent to treatment.
- We requested the provider’s policy on consent. This was not provided.

## Are patient transport services caring?

### Compassionate care

- We saw written feedback from patients, which was positive. We reviewed a sample of five patient feedback forms, all of which rated the service “5 out of 5”. Comments from patients included “Very pleasant and competent staff” and “Very good and careful with patients.”
- We saw two emails from patients providing feedback on the service. Both were positive and one comment stated “Very professional service with polite, friendly and very knowledgeable crew.”
- We received two CQC comment cards. Both contained positive feedback on the service. Comments included “Really good service” and one comment card stated a member of staff “held my hand and was reassuring.”
- We saw a display of patient comments near the office area. Comments included “I felt I was well looked after by everyone, thank you” and “very friendly, made comfy, chatty and put at ease.”

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

- Patient feedback was not formally monitored or evaluated. The managing director told us patient feedback cards were no longer in use but that patients could provide feedback via email.

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## Emotional support

- We saw an email with feedback from a service user which said staff “Made a very nerve wracking journey an actual pleasure.”
- An ambulance care assistant told us how they talked to and reassured a patient during a recent journey.

## Are patient transport services responsive to people’s needs?

### Service planning and delivery to meet the needs of local people

- The service provided ad-hoc patient transport services, which were arranged directly with NHS hospitals. The service did not have any long term contracts. The managing director told us transport requests were only accepted if appropriate staff were available to safely complete the transfer.

### Meeting people’s individual needs

- The service had specialist equipment for transport of bariatric patients. We saw equipment including a bariatric wheelchair, stretcher and ramps.
- The patient transport booking form included a section to indicate if the journey was for a bariatric patient and to complete a risk assessment if this was the case.
- The managing director told us they liaised with hospitals to ensure adequate nutrition and hydration was provided for patients during journeys.
- The patient transport booking form included a section to prompt staff to consider patients’ nutrition and hydration needs for journeys over two hours long.
- The managing director told us staff made stops at service stations so patients could use the facilities if required.
- Information provided by the service before inspection stated “each patient is dealt with as an individual and looked after during patient transport according to their individual requirements.”
- The managing director told us how they had invested in pressure relieving mattresses to improve patients’ comfort, as they had noticed patients could become uncomfortable during long journeys.

- The service did not provide translation services for patients who did not speak English. Information from the service stated translation services would be arranged by the organisation booking the patient transport service if required.
- Staff did not receive formal training on caring for patients living with dementia. This meant we were not assured staff had the appropriate knowledge to meet the needs of this patient group.

### Access and flow

- The managing director was responsible for the management of bookings. The service provided ad-hoc patient transport services, which meant bookings were often completed on the day of transport.
- The managing director told us bookings were only accepted if sufficient staff were available to safely complete the transport request. We saw the manager confirming staff availability to carry out a patient transfer.
- The service used an electronic tracker system to monitor the location of each vehicle. The managing director showed us a spreadsheet which included details of pick up and drop off times for all journeys. This meant the managing director could monitor the progress of each journey.

### Learning from complaints and concerns

- The managing director was responsible for ensuring complaints were responded to promptly and consistently.
- The service did not have a formal complaints policy. Information provided by the provider before our inspection stated that complaints were handled using the service’s incident management process. This process involved allocating a manager to investigate and record activities from when the complaint was made through to conclusion and outcome.
- Staff kept an incident log, which included all reported incidents and complaints. Information from the incident log provided before our inspection showed two complaints were received from December 2016 to February 2017.
- Complaints forms were available in the ambulances we inspected and each ambulance had information displayed for patients about how to make a complaint. This included contact details and a variety of methods for patients to contact the organisation.



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- The managing director told us about learning from complaints. For example, following a complaint relating to a staff member smoking, feedback was given to staff and guidance on smoking was updated in the provider's policies. We saw evidence of this guidance in the "Staff conduct, disciplinary and grievance policy and procedure."

## Are patient transport services well-led?

### Leadership / culture of service related to this core service

- The service was led by the managing director (who was a paramedic and clinical lead for the service), with support from non-executive directors.
- The managing director was visible and had regular contact with staff. Staff could contact the managing director directly via telephone if they had any concerns.
- The overall culture of the service was informal with a number of processes completed ad-hoc and not formalised in policy.

### Vision and strategy for this this core service

- The provider's "Staff conduct, disciplinary and grievance policy and procedure" included "Radmere key values" which were "to provide quality non-emergency patient transport services that are: safe, timely, comfortable, friendly and respectful."
- The service did not have a formally documented vision and strategy. We asked the managing director about the vision for the service in the next five years. They told us the aim of the service was "about quality of care for patients" and that "quality is the priority of the service, not cost."

### Governance, risk management and quality measurement

- Senior staff held quarterly governance meetings, attended by the managing director and non-executive directors. Meeting minutes dated 17 September 2017 and 26 November 2017 showed discussion of financial matters, risks, controls and actions, staffing, appraisals and complaints.
- Senior staff updated policies regularly and gave us examples of recent changes to policy.
- Senior staff kept a risk register, which specified the level of risk and included actions to manage risks with

timescales and risk owners. Staffing was recorded as a risk. This confirmed what the managing director told us about challenges in recruiting and retaining staff due to the ad-hoc nature of the service.

- Senior staff shared information with staff on an ad-hoc basis. The managing director told us formal team meetings did not take place due to the small number of staff employed.
- Senior staff did not have oversight of compliance with mandatory or competency training for all staff. The managing director was unable to provide complete records of induction and training for all staff when asked.
- Senior staff did not keep records of disclosure and barring service (DBS) checks for all staff. Records of DBS checks were provided for some staff but the managing director was unable to show us records for two members of staff. This was not in line with the provider's 'New staff member checklist', which stated "DBS certificate should be added to file along with any additional notes needed." The record for a third member of staff stated 'ongoing' in relation to DBS checks. The managing director told us this member of staff was awaiting confirmation of DBS clearance and did not work unsupervised.
- Governance meeting minutes dated 17 September 2017 and 26 November 2017 did not include evidence of monitoring in relation to service quality.
- The service did not have formal contracts in place in relation to disposal of linen and clinical waste at hospitals.

### Public and staff engagement (local and service level if this is the main core service)

- We saw information for patients on how to provide feedback about the service in the vehicles we inspected.
- The managing director told us they did not routinely give out patient feedback forms as they felt patients were bombarded with requests for feedback. However, they told us they did encourage patients to complain and provide feedback if they weren't satisfied with the service.
- Formal staff surveys were not carried out due to the size of the service.

### Innovation, improvement and sustainability

- The provider had plans in place for the development of the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must ensure the level of safeguarding training staff receive is in line with the Royal College of Paediatrics and Child Health “Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document”.
- The provider must ensure there is oversight of disclosure and barring service checks for staff in contact with children and vulnerable adults.
- The provider must ensure there is a clear process in place for staff to report and escalate safeguarding concerns.
- The provider must ensure there are effective governance processes in place in relation to staff training, appraisal and the management of regulated activities.

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

- The provider should ensure there is oversight of the performance of the service in relation to their own stated quality outcomes.
- The provider should ensure there is an effective process to ensure medical gases are checked regularly.
- The provider should ensure staff have direct access to translation services for patients who do not speak English.
- The provider should ensure staff receive training on the Mental Capacity Act and have a clear policy on consent to follow.
- The provider should ensure there is a clear complaints policy for staff to follow.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Systems and processes must be established and operated effectively to prevent abuse of service users</b></p> <p>How this regulation was not being met:</p> <p>Staff were not trained to the correct level for the safeguarding of children, in line with the Royal College of Paediatrics and Child Health Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document.</p> <p>Senior staff did not keep records of disclosure and barring service (DBS) checks for all staff.</p> <p>The service did not have a clear process for escalating safeguarding concerns.</p> <p>Regulation 13(2)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Senior staff could not provide complete records of staff induction and training when asked.</b></p> <p><b>Senior staff could not provide records of driving licence checks for one member of staff when asked.</b></p>



This section is primarily information for the provider

## Requirement notices

Senior staff could not provide records of appraisal for two staff when asked.

Regulation 17 (1)(2)