

Medisec Ambulance Service Limited

# Medisec Ambulance Service Limited

## Inspection report

Unit 1 Mount Pleasant Park  
Mount Pleasant Road  
Southampton  
SO14 0SP  
Tel: 03309994062

Date of inspection visit: 2 November 2021  
Date of publication: 10/01/2022

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Insufficient evidence to rate 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was a comprehensive unannounced inspection. Our rating of this service stayed the same.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well. Staff understood the service's vision and values, and how to apply them in their work. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

However:

- The service did not protect the personal information of previous employees.
- The service base was cluttered with equipment, which may pose a health and safety risk to staff.
- The service did not seek opinions and feedback from staff.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	See summary at the beginning of the report.

# Summary of findings

## Contents

### Summary of this inspection

Background to Medisec Ambulance Service Limited

Page

5

Information about Medisec Ambulance Service Limited

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

---

# Summary of this inspection

## Background to Medisec Ambulance Service Limited

Medisec Ambulance Service is provided by Medisec Ambulance Service Limited. The service opened in 2011. It is an independent ambulance service based in Southampton, with hubs in Swindon, Fleet, Basingstoke and Whiteley. The service primarily serves the communities of the Southampton area providing bariatric, secure and patient transport service transfers. The service has had a registered manager in post since December 2011.

Medisec Ambulance Service Limited is registered to provide the regulated activity;

- Transport services, triage and medical advice provided remotely.

This service has been inspected four times since it registered in 2011. At the previous inspection in 2019, the service was rated as good overall with no requirements.

## How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, two team inspectors and an assistant inspector. The team was overseen by Amanda Williams, Head of Hospital Inspection.

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

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The service must ensure that staff files for all current and previous staff are stored securely. (Regulation 17)

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

- The service should consider assessing environmental risk.

## Summary of this inspection

- The service should consider reviewing staff experiences of working at the service.


# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Patient transport services

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

### Are Patient transport services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

#### Mandatory training

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

Staff received and kept up-to-date with their mandatory training, all staff were up to date.

The mandatory training was comprehensive and met the needs of patients. Training was a mix of e-learning and face to face sessions. Topics included; basic life support, infection prevention and control, Mental Capacity Act and Deprivation of Liberty Safeguards and moving and handling.

Staff discussed understanding of training at appraisal and supervision. Managers monitored completion of training using an electronic matrix.

#### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.



# Patient transport services

At the time of inspection all staff were up to date with safeguarding training and could give examples of where they had made a referral.

## Cleanliness, infection control and hygiene

**Staff used equipment and control measures to protect patients from infection. They kept vehicles visibly clean.**

Ambulances were clean and well-maintained. Staff followed infection control practices, for example using personal protective equipment (PPE), being bare below the elbows and following World Health Organisation hand hygiene practices. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Cleaning records were up-to-date and showed ambulances were cleaned regularly.

The ambulance base was cluttered with equipment, this impacted staff ability to effectively clean these areas.

## Environment and equipment

**The design, maintenance and use of vehicles kept people safe. Staff were trained to use equipment. Staff managed clinical waste well. The design, maintenance and use of the premises did not always keep staff safe.**

Vehicles were up to date with servicing and MOT. Staff used an online alert system to ensure vehicles were maintained and completed vehicle checklists. When a fault was found the system sent an alert to manager and blocked the vehicle for future use until it was fixed.

Fire extinguishers in the ambulances were overdue a service. Extinguishers on all three ambulances showed the servicing was out of date or the label was illegible. Staff did not know if these were safe to use in the event of a fire. Action was taken immediately to correct this.

Staff knew how to use equipment safely. At the time of inspection all staff had completed moving and handling training. At this time the use all equipment, including handcuffs was also covered

Staff knew their responsibility in ensuring clinical waste was handled and stored in accordance with guidelines. Staff securely stored clinical waste whilst it was on the ambulance. On return to base, clinical waste was stored securely until it was collected by a third party.

The way the premises was used did not always help to keep staff safe. Access to one of the fire exits was cluttered and

# Patient transport services

led into a closed courtyard which did not lead to the designated assembly point. We brought this to the attention of the manager and following a review the exit was decommissioned as a fire exit.

Storage of equipment did not keep onsite staff safe. Equipment was stacked up in all areas of the base, inside and in the outer courtyard. This made it difficult for staff to clean these areas and there was a risk equipment may fall injuring staff. There was no risk assessment for storage of equipment.

## Assessing and responding to patient risk

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

Staff completed risk assessments for all patients according to their requirements. Risks were assessed during the booking process and documented in the patient's record in order that staff had access to the information prior to the transfer. The booking team were responsible for organising equipment and services to ensure the risks identified had been reduced, for example, a bariatric transfer required the availability of the bariatric ambulance and enough staff to support the transfer.

Where a patient was identified as requiring a secure transfer, the initial risk assessment was provided by the referrer at the mental health hospital and this information was used to inform the services own risk assessments. On occasions where the use of handcuffs was required, the journey was assessed to keep usage to a minimum, ensure patient monitoring equipment was available on the vehicle, an appropriate type of handcuff was used, for example soft handcuffs, and practices followed current legislation. All transfers using handcuffs were audited to ensure staff followed best practices, if this was not the case, staff were retrained and if necessary, taken off secure transfers.

Staff received training to support their understanding of risk and minimise the impact. At the time of inspection, all staff had completed basic life support, de-escalation and use of restraint including the use of handcuff. All training was compliant with current guidelines including the Restraint Reduction Network.

Staff understood in the event of a patient deteriorating they would dial 999 in order to obtain emergency support. Patients identified during the risk assessment as having enhanced medical needs, for example end of life, travelled with a trained escort provided by the hospital.

## 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.**

At the time of inspection, the service employed 18 members of staff. There was no usage of bank or agency staff.

# Patient transport services

The service ensured appropriately trained staff were allocated to jobs. The service used an electronic system to produce the staff rota and a matrix to allocate staff to available vehicles and check team skill mix. The booking team refused jobs if appropriately trained staff were unavailable.

## 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 recorded information on a password protected electronic tablet. Records included all aspects of the patient's care, including whether a do not resuscitate order was in place, and could not be progressed until all information was complete. Staff took the tablets with them during the journey to ensure they had access to the information. On return to base, this information was transferred and backed up on a password protected computer. We viewed five patient records and saw they were clearly written, dated and signed.

On secure transfers staff used a specific form to record their evidence that de-escalation processes had been followed prior to the use of physical or mechanical restraint, detailing the escalation steps and the length to time restraint was used for.

## Medicines

**The service used systems and processes to safely store medicines.**

The service did not store controlled drugs or any medicines including prescription only, pharmacy only or general sale list medicines except oxygen, which was in date and stored securely. Oxygen was only administered by trained paramedics and the service had clear policies in place to ensure correct handling.

## Incidents

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

Staff reported all incidents and near misses on an electronic reporting system. Incident reports were detailed and

## Patient transport services

followed the reporting and investigation process as described in the incident policy. All incidents of the use of restraint were reviewed. Staff involved in incidents were supported, retrained if required and discussions were documented in the incident report and staff file. Investigations were reviewed at the monthly quality; patient safety and risk meetings and findings were discussed with all staff at staff meetings.

The services duty of candour policy was up to date and reflected current best practice. Staff understood their responsibilities under duty of candour. The Duty of Candour Regulation 20 puts a legal duty on all health and social care providers to be open and transparent with people using services, and their families, in relation to their treatment and care.

### Are Patient transport services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed national guidelines and evidence-based practice. Managers regularly reviewed policies and procedures ensured they were up to date and referenced national guidance and legislation, for example National Institute for Health and Care Excellence.

Managers reviewed staff understanding of best practices at supervision and appraisal. Staff requiring further support were provided refresher training sessions. This ensured any gaps staff in knowledge was reviewed and updated.

Staff received training regarding the Mental Health Act 1983. All staff were up to date with training at the time of inspection, this ensured staff were aware of their role and responsibilities in relation to patients who were detained.

### Nutrition and hydration

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

# Patient transport services

The booking team completed an assessment of dietary requirements during the booking process. Staff liaised with the hospital if specialised food or drink was needed for physical for example puree, or cultural needs, for example halal.

## Response Times

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

Staff recorded response times as a part of their key performance indicators (KPI's). Response times were reviewed at monthly quality, patient safety and risk meetings. During the six-month period prior to inspection, the service met all response time targets.

Staff transported one patient at a time to reduce travelling time whilst patients waited for other collections. Staff used satellite navigation to avoid traffic delays. These reduced patient journeys and improved KPI's.

## Competent Staff

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

Managers completed a personal development profile with staff that included sign off on competencies. This ensured any gaps in staff knowledge were reviewed and rectified.

Staff were supported to develop their role and managers monitored staff performance. Team mentors completed weekly supervisions with staff and managers arranged monthly appraisals. These were used to monitor performance, for example use of handcuffs, ensure training was up to date and discuss career progression. At the time of inspection all staff had received an appraisal.

## Multidisciplinary working

**Staff supported each other to provide good care and communicated effectively with other agencies.**

Staff from local hospitals praised the service and advised ambulance crews communicated well, were prompt and friendly.

# Patient transport services

## Health Promotion

### **The service gave practical support and advice to lead healthier lives.**

Staff displayed information leaflets on vehicles to promote healthy lifestyle choices, including healthy eating and quitting smoking.

Managers provided fruit and vegetable boxes for staff to either snack on during their shift or to take home. Two mentors arranged staff activity days and exercise classes.

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

### **Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood their responsibilities when gaining consent. Managers regularly reviewed and updated policies to ensure they were up to date and complied with legislation. We saw five patient records, all five recorded that consent had been obtained.

Staff kept up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. At the time of inspection all staff had completed training and understood best practices when supporting a patient being transferred with a Deprivation of Liberty Safeguard in place.

## Are Patient transport services caring?

Insufficient evidence to rate 

We did not rate caring at this inspection as due to restrictions during the pandemic, we were unable to accompany staff on the ambulance to see care first-hand.

## Compassionate Care

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

# Patient transport services

We were provided examples of patient feedback that demonstrated when staff provided kind and compassionate care that treated patients with dignity and respect.

Comments included; “Extremely helpful...nothing was too much trouble for them”, “A very huge thank you to the crew...the support and advice they gave...was amazing and really helpful for the staff, and myself, whilst dealing with the situation. They went above and beyond”, “The three crew members were extremely kind, gentle and very pleasant; the move went very well without any fuss or trauma for Mum. Thank you, we very much appreciated your quick response”, and “I would like to say a massive thank you to the team. They moved my 98-year-old Mum from hospital to her home address, which was done with kindness, consideration, speed and willingness to help achieve Mum’s wishes”.

Staff ensured patients were safe when arriving at the planned destination. Staff ensured patients had food and drink and bought supplies when this is not the case and ensured patients were comfortable with everything within reach.

## Are Patient transport services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

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

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

The service was contracted with a local mental health service to provide secure transfers and completed patient transport service transfers on an ad hoc basis for both NHS and private patients. The booking system allocated vehicles and crew to transfers and ensured the service was not over booked.

A duty crew was available 24 hours a day, seven days a week to cover unexpected events, such as a broken-down ambulance or increased demand.

The service supported local schools, police and hospitals by supplying personal protective equipment such as hand gel and face masks during the pandemic.

### Meeting people’s individual needs

# Patient transport services

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

The service took account of patients with individual needs at the time of booking. Key information was handed over to the booking team from the discharging service or hospital to ensure appropriate risk assessments had been conducted, such as a bariatric assessment. The booking team then allocated resources to ensure those needs were met and equipment was available.

Staff reviewed the need for a translator at booking and had access to a 24-hour language line if a translator was required. A member of staff was qualified to use British Sign Language and was allocated to transfers requiring this skill.

Staff provided onsite first aid during local religious events and gay pride parade, events are not regulated by Care Quality Commission. Staff worked in cooperation with 'Make a Wish Foundation' to assist with transfers for patients to achieve their dreams towards the end of their life.

Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia. The service had systems to help care for patients in need of additional support or specialist intervention. Staff supported local authorities such as the police to assist with transfers.

The service had access to a bariatric ambulance to support the transfer of patients with a body mass index over 40.

Where possible, the same staff were allocated repeat patient journeys to ensure continuity of care.

## Access and flow

**People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**

The service was subcontracted by NHS providers for the provision of patient transfers. The discharge planning team of the NHS provider managed the booking process on behalf of the service to ensure timely transfers.

Managers monitored waiting times, crews reported delays to the duty officer who then informed the company they were completing the journey for. This ensured good communication between stakeholders and rearrangements could be made where possible.



## Patient transport services

Managers worked well to keep the number of cancelled appointments to a minimum. The service had not cancelled any journeys in the 12 months before inspection.

### Learning from complaints and concerns

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

Feedback forms were held on ambulances and staff gave these to NHS patients at the end of their journey. Staff sent private patients a Patient Experience Card via post with space for complaints and compliments. Details of how to make a complaint were clearly displayed on the services website.

The operations manager had overall responsibility for the management of complaints. This was overseen by the registered manager. Complaints were recorded and investigated, reviewing of complaints was a standard agenda item on quality, patient safety and risk meeting minutes. Complaint outcomes were shared with the complainant and staff for learning purposes.

## Are Patient transport services well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.**

The service was managed by two managing directors including the registered manager. Two mentors, two duty officers and a paramedic who worked for a local NHS ambulance service supported the directors to deliver training, staff observations and spot checks.

### Vision and Strategy

# Patient transport services

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

Staff understood the vision and values of the service. The values were displayed throughout the base, in the ambulances, referred to in the services policies and were included as part of staff induction.

The future strategy for the service was to develop the philanthropic aspects of the business, especially during the pandemic.

## Culture

**Staff felt respected, supported and valued. The service had an open culture where staff could raise concerns without fear.**

There were three members of staff available at the base to speak with us during the inspection. Due to restrictions during the pandemic, we were unable to accompany staff on the ambulances and were therefore limited to how many staff we could speak with. We requested additional staff contact details but this was not forthcoming.

The small number of staff we spoke with felt supported by managers, advised they could raise concerns and that the culture of the service was open and honest.

## Governance

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

The two managing directors had defined roles within the service, one covered the day to day running of the service, the other was responsible for training and working with commissioners.

The service had structures and processes to support the delivery of services and managers regularly reviewed and improved the performance of services. Managers held monthly quality, patient safety and risk meetings, agenda items included incidents, complaints and safeguarding referrals. These meeting minutes were shared on the services computer drive for all staff to access.

## Management of risk, issues and performance

# Patient transport services

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

The service had a corporate risk register that was reviewed and discussed at monthly quality, patient safety and risk meetings. The register was divided into subsections including governance, sales, marketing and business development, patient communication and integration, operations and service delivery.

Managers audited the service to ensure any issues were discovered and rectified. Audit planning and performance was discussed at the monthly quality, patient safety and risk meetings. Audits included journey times, safeguarding referrals and use of restraint.

Managers reviewed performance on a journey by journey basis, for example secure transfers. Journeys that required the use of handcuffs were individually reviewed to ensure the use of handcuffs was in accordance with best practice. If a member of staff over used handcuffs they were retrained and taken off secure transfers if required.

## Information Management

**The information systems were integrated. Data or notifications were consistently submitted to external organisations as required. Staff data was not stored securely.**

All computer systems were password protected and staff locked computer screens when leaving their workstation.

Staff knew their responsibilities regarding data protection, where the data protection policy was stored and how to keep records safe.

Managers submitted notifications to Care Quality Commission when required.

Managers had access to up to date information. The data available on the services computers was accurate, up to date and easy to access. The system contained a wide range of information from training completion rates, journey completion times and vehicle servicing.

Staff files for current employees were held in a locked filing system. Files of staff that had left the service and contained personal information were stored in a back room. On the day of inspection this room was unlocked and the door open. This was a risk to the data protection of previous employees.

## Engagement

# Patient transport services

**Leaders and staff engaged with patients, the public, local organisations and staff. The service did not engage with staff to improve services.**

On completion of a transfer, staff gave feedback forms to patients in order to obtain their views on the service.

The service supported local charities including 'Make a Wish Foundation', scouts, schools, religious parades and provided free transport to patients who were not eligible to come under the NHS patient transport criteria.

Staff had access to an electronic application on their phones that they used to communicate with each other. Staff could review rotas and allocations, find out about upcoming events and information, send confidential messages to the management team or post general messages to all staff. Staff did not have the opportunity to feedback their experiences of working at the service, there was no evidence of a staff survey or managers seeking staff opinion.

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

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.**

The service was in the process of rolling out a programme of cardiopulmonary resuscitation (CPR) and emergency situation training to local junior schools. This was paused due to the pandemic and the management team were awaiting sign off from schools to recommence the training.

The service was also in discussions with the local authority to conduct patient safety welfare checks.

The service provided first aid courses to a local charity free of charge.

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	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service did not protect the personal information of previous employees. Files of staff that had left the service and contained personal information were stored in a back room. On the day of inspection this room was unlocked and the door open. This was a risk to the data protection of previous employees.</p>