Whitehorse Leadership Training Ltd

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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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Whitehorse Leadership Training Ltd is an independent medical transport provider based in Weymouth, Dorset. They provide a service for a broad range of events that require the support of specialist medical personnel and equipment, and patient transportation. The part of this service inspected supplied patient transport.

The service has five fully equipped frontline vehicles, which are crewed by combinations of trained paramedics, ambulance technicians and emergency care assistants.

We carried out a scheduled comprehensive announced inspection on 27 October 2016.

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

We found the following areas of good practice:

- The service had a system in place for reporting and recording incidents, learning from which were effectively shared with staff.
- Vehicles and equipment were well maintained and fit for purpose.
- Managers took account of current national standards and legislation and staff had the skills to carry out their roles effectively.
- During the inspection, clinical staff were professional in their approach to patients, and demonstrated a caring and compassionate manner.
- The service planned their provision based on good risk assessment practises
- Staff were positive about the support from the managing director and enjoyed working for the service.
- The service received a good level of positive feedback from the clients they were working with.

However, we also found the following issues that the service provider needs to improve:

- The organisation should ensure that all vehicles have appropriate levels of safety straps.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve. We found that: • The service had a system for reporting and recording incidents, learning from which was effectively shared with staff. • Vehicles and equipment were well maintained and fit for purpose. • The service was managed in line with the current standards and legislation and staff had the skills to carry out their roles effectively. • During the inspection, the crews were professional in their approach, with an attitude of caring and compassion. • The service planned their provision based on effective risk assessment practises. • The company received positive feedback from the clients they worked with. • Staff were positive about the support from the managing director and enjoyed working for the service However: There was only one safety strap provided with the trolleys

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Whitehorse Leadership Training Ltd is an independent ambulance service based in Dorset. The company was established in 2002 to provide medical cover and patient transport services for community events operating from a single location in Weymouth.

At the time of our inspection the company had a fleet of five vehicles which included two frontline ambulances, two 4x4 ambulances and one 4x4 response vehicle used to transport patients to and from a variety of settings including NHS hospitals. The company director was a fully trained paramedic, and the company employed 10 freelance medics one of whom was also a director. The skills and training included; paramedics; first person on scene (FPOS) intermediate crew, Institute of Health Care Development (IHCD) ambulance technicians, and emergency medical technicians (EMT). All staff were certified-competent to deliver Medical Gases if required.

The company also operated an outdoor training centre offering courses in first aid, health & safety, leadership, management and team building training, for school groups, pre-schools and private parties. The Commission did not regulate this operational service and therefore it did not form part of the inspection.

The service was registered for two regulated activities:

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

During the inspection, we visited the vehicle base, and the company office. We spoke with four freelance medics and two directors, including the senior service manager. We reviewed local and national policies, staff files and vehicle servicing records. We conducted random spot checks on all the vehicles and inspected cleanliness, infection control practices and stock levels for equipment and supplies.

Before visiting Whitehorse Leadership Training Limited, we reviewed a range of information held about the location including information from other organisations.

Patient transport services (PTS)

Summary of findings

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

We found that:

• The service had a system for reporting and recording incidents, learning from which was effectively shared with staff.

• Vehicles and equipment were well maintained and fit for purpose.

• The service was managed in line with the current standards and legislation and staff had the skills to carry out their roles effectively.

• During the inspection, the crews were professional in their approach, with an attitude of caring and compassion.

• The service planned their provision based on effective risk assessment practises.

• The company received positive feedback from the clients they worked with.

• Staff were positive about the support from the managing director and enjoyed working for the service

However:

There was only one safety strap provided with the trolleys

Are patient transport services safe?

Incidents

- The policy and procedures for incident reporting was comprehensive and described incidents, accidents and near misses. The procedures outlined actions to take following all of these events. They were contained in a folder in the office and available to the staff on the vehicle at each event.
- All staff we spoke with were aware of the procedures and some were able to describe an incident that they reported. No incident reports were submitted by the team in 2016 up to the time of our visit
- Staff told us that any changes to practice or any learning from an incident was shared with staff at their regular training meetings.
- Regular training events were held that included opportunities for staff to share and discuss learning. For example, two of the staff told us about a recent event when they stopped a motocross event in order to safely transfer a bariatric spectator who had fallen and broken his leg.
- 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 company policies had not been updated to reflect this legislation but the staff we spoke with all understood the requirements.

Mandatory training

- All staff completed the following at induction: manual handling, infection control, safeguarding awareness, first aid at work, basic life support (BLS), and driving awareness.
- Mandatory training, relevant to specific roles was available either at staff training sessions or as e learning to all staff and we saw from records that this was 100 % completed.
- We reviewed all the staff training records and found that all of the elements were updated annually.
- The service-managing director was able to provide the majority of the training required at the sister training company, and two of the team members were qualified first aid instructors.

Patient transport services (PTS)

Safeguarding

- The service had a comprehensive safeguarding policy for vulnerable adults and children, with supporting guidance notes that explain what constitutes a safeguarding concern. For example; indicators of emotional abuse, psychological abuse, neglect, and sexual abuse. There was an on-site safeguarding lead.
- The policy folder contained fact sheets with contact details of the local safeguarding adults' boards, local safeguarding children's board procedures, and the local county council adult and community services.
- Safeguarding vulnerable adults and child protection was part of mandatory training, this concentrated on the company procedures and those of the local Dorset safeguarding procedures. The managing director told us that he also directed all staff to the free online training provided by the social care institute for excellence to enhance their learning and understanding. At the time of our inspection, 80% of the team had completed this extra online training.
- The guidance notes and contact details were available to staff at each event and staff we spoke with were aware of their responsibilities in the reporting and referral of safeguarding concerns.
- The managing director told that he monitored effectiveness of the policy through regular knowledge assessment at training meetings.

Cleanliness, infection control and hygiene

- Whitehorse Leadership Training Ltd. had a comprehensive infection control and hygiene policy in place based on The Joint Royal Colleges Ambulance Liaison Committee Guidelines (JRCALC 2016); The Health and Social Care Act 2008 Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance; and NICE public health guidance 36 2011.
- Crews were trained in the local hygiene policy that covered the cleaning of vehicles: they were required to clean vehicles in line with the company hygiene policy after each use, and they signed to confirm when completed. The directors checked each vehicle for cleanliness before each job. Staff told us that if there were any issues of poor cleaning practice found they were admonished, so they were keen to ensure they completed a thorough job.
- The company provided crews with uniforms, which conformed to the requirement to work "bare below the elbows." The crews laundered their own uniforms at home according to the garment washing instructions.
- All the vehicles we inspected contained a supply of hand cleansing gel and there was a replenishing stock available, which was in date. Staff also told us that they carried their own personal hand gel.
- We observed that personal protective equipment (PPE) was available and in use and staff knew where to find new stock.
- We were told that a deep clean of the vehicles took place at their training premises and we saw records that this was completed weekly.
- The vehicles we inspected were visibly clean inside and out with a sufficient supply of clean linen available.
- Staff placed clinical waste in a locked bin at the company base and all the staff we spoke with knew where it was located. There was a contract in place for regular collection of contaminated waste.
- The cleaning materials we saw were fit for purpose and infection prevention.

However,

We were concerned that wastewater and cleaning fluids were disposed of down a domestic drain and the managing director agreed to check with the local environment health team that this was acceptable. Shortly after our inspection, we received confirmation that due to the small size of the business the local authority was happy for this process to continue.

Environment and equipment

- Vehicle licenses were checked, along with staff fitness to drive. The managing director assessed the crews driving skills before they were allowed to drive company vehicles.
- There were appropriate procedures in place to ensure that ambulance vehicles were serviced and Ministry of Transport (MOT) tested.
- Mechanical equipment was serviced and labelled to show when the next service was due.
- The clinical equipment that we inspected was kept in locked storage in readiness to equip the vehicles. This equipment was fit for purpose and safety checked; this included resuscitation equipment, suction and defibrillator machines.

- Oxygen cylinders were correctly stored in a locked cage and correctly labelled. When on the vehicles they were securely strapped.
- All equipment maintenance records were stored in filing cabinets in the office and we were able to review them during our inspection.
- Systems were in place to ensure all equipment was well maintained and consumables were readily available.
- Crews were always in contact with the office via mobile phones or during some large or remote events, the team had access to small radios with allocated frequency channels.
- Larger pieces of equipment such as stretcher trolleys and chairs were kept inside the vehicles and we found that overall these were well-maintained and fit for purpose. However, we found some trolleys equipped with only one safety strap instead of two. We discussed this issue at the time of the inspection and a commitment was made to address the issue.

Medicines

- The service had a medicines management and controlled drugs policy, dated 2016 which took account of the guidelines issued in the Misuse of Drugs Act 1971; the Medicines Act 1968; the Prescription Only Medicine Order 1992; the Prescriptions Only Medicines (Human Use) Order 1997; HSG (93) 33 Circular, Duthie Report 1988; the Crown Report 1999 and the Controlled Drugs (Supervision of management and use) Regulations 2013.
- The managing director was the controlled drugs accountable officer (CDAO) and took responsibility for ensuring that medicines used by the service provided a safe and effective level of patient care and safety.
- The CDAO took responsibility for monitoring the standard operating procedures for the use of controlled drugs and for reviewing the practice of authorised staff users.
- The CDAO procured the medicines and stored them in secure locked cabinets in his office. He supported staff with general medicines management advice.
- The three registered paramedics were authorised to carry and administer medicines. The paramedics recorded any administration to patients on patient record forms (PRFs) in line with current guidance.
- The managing director told us that the crews were competent to deliver medical gases safely.
- We saw that the CDAO undertook drug audits for all stocked drug bags and replaced stock medication on site regularly. Drug management sheets for drug bags were up to date and accurate, and the bags were sealed by the CDAO.
- We reviewed all documentation relating to the management of medicines and overall this took account of best practice.
- We did note however, that best practice for checking of medicines was not in place and as a result, we found that one of the sealed bags contained an out of date medicine. We discussed this with the CDAO and he agreed to change practice with immediate effect to ensure two people completed all the checks relating to medicines.
- The business did not have a Home Office licence for the supply of medicines and the practice was for the CDAO to supply the medicines to the other registered staff to carry and administer at events.

The CDAO agreed to make contact with the Home Office for advice to address this issue. Following our inspection the service director told us that he would change practice so that individual paramedics hold their own supply of controlled medicines at their own addresses, and he amended policy to that effect.

Records

- Patient report forms (PRFs) were kept in a box inside the vehicle driver's cab ready for handover to other healthcare providers.
- Crews completed patient report forms for handover to hospital care. The copies were stored securely and the information collated and used to inform the directors on future planning of similar events.
- The company policy was to comply with any current Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policies in place.
- Crewmembers told us that they recorded event activities for future reference and provided a copy for the event management teams.
- There were satisfactory records of vehicle and equipment checks, for example each vehicle had its' own log which included the Ministry of Transport (MOT) test certificates, records of any maintenance done, and the vehicle pre-use check sheets. MOT due dates were recorded on the company planning board for easy identification.

Patient transport services (PTS)

Assessing and responding to patient risk

- We saw from records that the crews were suitably qualified to provide immediate first aid; assess clinical need and able to recognise when escalation and rapid transfer to the nearest emergency department was required.
- The crews were able to maintain contact with the senior paramedic and enlist the support of the senior management for support when required.

Staffing

- The service had 11 crewmembers on their books with a variety of skills, so a balance of paramedics and care assistants were provided to support events.
- At the time of our inspection, 100% of the team had completed induction and had appropriate recruitment checks including valid enhanced Disclosure and Barring Service (DBS) checks as part of the service recruitment policy
- Facilities for crews were included as part of the risk assessment process at the time of the event booking.
- Crews did not work alone and told us that this ensured that they were able to take breaks appropriately.

Anticipated resource and capacity risks

- There were systems in place for crews to check things such as medicines, medical gases and consumable equipment to ensure they were in date before use. Crews replaced items as required.
- We saw that good planning and documentation minimised the risks to any failures in service provision.

Response to major incidents

The service had a major incident plan in place at the time of our inspection. The plan outlined the support they could provide to the police, the fire brigade and the ambulance service in the rescue and transportation of a large number of casualties. This plan was in place for use in collaboration with the major emergency services and at the instigation of the events management. At the time of our inspection, we were not made aware that this was tested.

Are patient transport services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We found that:

- The service promoted best practice and the local clinical guidelines took account of current standards and legislation.
- Crews had the knowledge, skills and competences to carry out their roles effectively, and in line with best practice.
- Crews' personnel and training records were complete and kept up to date.
- Crews understood the importance of informed consent and the Mental Capacity Act 2005

Evidence-based care and treatment

- Local policies were written with reference to The Joint Royal Colleges Ambulance Liaison Committee Guidelines 2016
- There were no patient transfers taking place at the time of our inspection so we were unable to observe the provision of any clinical care. However, we saw that crew members were encouraged and enabled to access and follow policies and procedures to support good practice

Assessment and planning of care

- The staff had a range of skills that enabled them to deal with the most likely health requirements and emergencies during an event.
- We were unable to observe any staff interactions with patients, as there was no patient transport during our inspection.

Nutrition and Hydration

- The crews always carried bottles of water on the vehicles, and they had access to food and drink at the events if they needed to support a patient in difficulty.

Patient outcomes

- The service did not formally monitor patient outcomes. There were no formal contractual or service level agreements in place.

Patient transport services (PTS)

- The company were able to show us that they did provide medical cover for some events repeatedly and on a regular basis.

Competent staff

- Paramedics were required to re-register with the Health and Care Professional Council (HCPC) every two years. They were required to undertake continuous professional development (CPD) and receive clinical supervision. All the staff had similar employment elsewhere, so continued to maintain skills and update training in those environments, and they kept the Whitehorse directors informed of this.
- We reviewed the personnel files of all the staff and found them to be meticulously maintained with up to date records of qualifications and training including dates of refresher courses.
- Whitehorse Leadership Training Ltd had its' own qualified instructors and were able to provide courses in first aid, and health and safety and ensured staff clinical skills were kept up to date.
- We saw from records that the managing director assessed the driving skills of the crews on an annual basis.
- Crews told us that the company held training events for everyone throughout the year, which they attended. They also took the opportunity to share experiences with their colleagues and enhance the learning for the whole team.
- We saw from records that staff had appraisal meetings with the managing director who pro-actively supported their development with some of their training needs.
- Crews undertook further non-mandatory training in line with their registration or qualifications; for example, one staff member told us the company supported him to progress from a care assistant to an emergency medical technician.

Coordination with other providers

- The service did not have any formal contracts in place and on most occasions were the sole providers of medical support and patient transport at an event.
- Crew members we spoke with told us that when they conveyed patients to hospital they completed a patient report form to ensure the receiving hospitals had all the details of care they provided prior to the handover. We saw duplicates of some of these held in locked cabinets in the office.
- The managing director provided details of all their activity to the event management, which gave them an understanding of likely requirements for future events along with the nature of health incidents and accidents that occurred.

Multidisciplinary working

- The service was not involved with other care providers due to the ad hoc nature of their provision.
- The crews told us that event managers worked with them to support injured competitors who needed treatment and potential transfer to hospital.

Access to information

- The service was solely reliant on the information given to them by patients and their carers.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The local policy detailed the types of consent, the meaning of capacity in this context, and how consent applied to adults, young people and children.
- Crew members we spoke with understood the need to gain full consent prior to any treatment or interventions
- A copy of the consent policy was available to consult in each company vehicle.
- The company did not deliver any formal training on the Mental Capacity Act (2005), but we saw that the patient consent policy detailed the requirements of valid consent and decision-making.
- The service director told us he had recently signposted staff to some free on line training on the Mental Capacity Act (2005) and was waiting for them to complete it.

Are patient transport services caring?

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

We did not see any interactions between crews and patients, as they were not working at the time of our inspection.

However:

- We did meet some of the crewmembers, discussed their training, and ascertained their general attitude to the work they did for the service.

Patient transport services (PTS)

- Crews presented themselves as caring, compassionate, and willing to support patients and their families from initial contact through to hospital transfer if necessary.

Compassionate care

- Due to the nature of the work, crews were not able to plan their work ahead, but they told us that they felt competent to deal with patients with psychiatric problems as they would during their alternative jobs within the NHS.
- Regular users expressed high levels of satisfaction with the service provided by the crews.

Understanding and involvement of patients and those close to them

- Crews made it clear that they worked with the patients and their families to ensure the nature of the patient's injury and treatment was understood, and the level of care that the Whitehorse team were able to give prior to transfer to hospital.

Emotional support

- Crews were not required to provide emotional support during their work at events, but they were aware and understanding of the concerns and worry felt by patients and their families if transfer to hospital was required.
- The crewmembers were familiar with the layout of local hospitals; they told us how they were able to ensure that families were settled and comfortable while they waited for their hospital care.

Supporting people to manage their own health

- Crews gave advice to patients following any treatment given. We did not witness this but felt confident that those we spoke with were compassionate and caring in nature.

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

By responsive, we mean that services are organised so that they meet peoples' needs.

We found that:

- The company presented a non-discriminatory service to all who accessed it.
- Feedback was given to the company by event organisers and service users via social media and written testimonials.

Service planning and delivery to meet the needs of local people

- Whitehorse Leadership Training provided a purely ad hoc service for managed events.
- The service director told us that he also worked with local charities and communities to raise awareness and educate. For example, they provided information days throughout the county on defibrillators, and how to use them.

Meeting people's individual needs

- Crews told us that they were able to provide care and transport to anyone at an event who needed it. There were no barriers to faiths or cultures
- The service rarely dealt with patients with complex needs at events, but we saw that the staff and the vehicles were equipped to deal with most eventualities.
- Crews had agreement to ring the NHS111 service to access Language line if they needed interpreters.
- The events management and security teams were available to support the Whitehorse team if there were any problems with violent or aggressive patients.

Access and flow

- We saw records that showed the managing director of the service always completed a risk assessment of event venues and the local environment. The assessment provided the crews with the layout of the event and the best position for their vehicles.

Learning from complaints and concerns

- There was a comprehensive complaints policy and procedure in place, which the crewmembers we spoke with were aware of.
- We were told that when the vehicles went out to events the policy was available to consult, but the crew members told us they had never needed to refer to it
- In each ambulance there was a poster displayed which encouraged patients and their relatives to offer feedback, there were also feedback information sheets for them to take away and post back, which explained the process of giving feedback good or bad.

Patient transport services (PTS)

Are patient transport services well-led?

We found that:

- The crews understood the vision for the service.
- There were robust recruitment processes in place.
- There was positive feedback from crews regarding the support and availability of the directors.
- The culture amongst the crewmembers we spoke with was good, and they liked working for the service.

Leadership of service

- Crews we spoke with held the service directors in high regard; they knew that they were always able to get support from them if there were any problems.
- The directors were knowledgeable and skilled and understood what the crews needed when they were out at the events.
- Crews told us that they felt listened to and supported in their development.
- The directors risk assessed all the jobs in advance and this ensured that the crews were properly equipped and skilled for the event.

Vision and strategy for this service

- Crews told us that the vision for the service was to be the number one provider of medical support and transport at events in the area.

Governance, risk management and quality measurement

- The service had recruitment procedures in place that included robust pre-employment checks to ensure that all crews were suitability qualified and experienced for the role.
- The service directors saw, and worked with all crewmembers regularly and varied the teams according to the event. The crews we spoke with were committed to working with the directors to provide a high quality service.
- There was no formal measure of quality in place but there were processes in place to ensure best practice was employed at all times
- The vehicles carried a number of company documents for staff to refer to if they were uncertain of any procedures such as safeguarding, or complaints.

Culture within the service

- All crew members who worked for the service also worked for other NHS or local authority organisations; three of them told us that they worked for the service as an extra “string to their bow” and because they appreciated the work ethic of the directors and joined with them in wanting to provide a good, honest professional service.
- One member of the team told us he had previously worked for two other similar local companies, but this was” the best one of its’ kind”.
- One of the paramedics worked in a volunteer capacity to maintain his registration and keep up his skills following recent retirement from the NHS.
- Staff said they respected the professionalism of the service directors. They appreciated the high level of skills employed and the camaraderie amongst the teams.
- The leadership was open and promoted a straightforward and honest culture. Crewmembers said they worked well with each other, and with events managers to ensure public safety and protect their own wellbeing.
- The company was a family run business and the crews said they felt that they were included as part of the family.

Public and staff engagement

- The service encouraged feedback from patients and events managers. The crews were often the ones in receipt of direct compliments.
- The provision of medical support at events was part of a bigger service, which involved training and education; several of the staff were also involved with this wider service and were clearly passionate about the service they provided.
- We saw a number of feedback testimonials from events companies and the company provides regular medical support for a number of annual events, and for some regular sports events.
- Regular team meetings took place to update team skills, and debrief teams following events. Crews told us that these meetings were also an opportunity to share experiences with, and learn from each other

Innovation, improvement and sustainability

- Nil noted.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

The directors should ensure that all vehicles have sufficient safety strapping in all of the vehicles.

This section is primarily information for the provider

Enforcement actions

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.