CasCare Limited

Cascare Limited

Quality Report

CasCare Limited
Molescroft Grange Farm
Grange Way
Beverley
East Riding of Yorkshire,HU17 9FS
Tel: 01482212990
www.cascare.co.uk

Date of inspection visit: 03 October 2017
Date of publication: 15/12/2017

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

CasCare Limited (also known as CasCare Medical Services) is operated by CasCare Limited. The service provides emergency and urgent care.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 03 October 2017 along with an unannounced visit to the hospital on 19 October 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.

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.

However, we also found the following issues during our announced inspection that the service provider needs to improve:

- We found concerns regarding a lack of formal recruitment process for all paramedic staff and volunteers, which included checking references, curriculum vitaes, photo ID, DBS and regular driving license checks.
- We were concerned about the lack of evidence of safeguarding training for all staff and volunteers. The safeguarding policy we reviewed on site did not reflect safeguarding children best practice and referral routes in cases of concern.
- We were concerned that the lead for safeguarding was not trained to the appropriate level for their role.
- We found there was not a peadiatric restraint on the ambulance in order to secure children when transporting them from an event.
- There was no formal process to deep clean the ambulance and there were no single use mop heads for the cleaning of patient areas.
- We were concerned that there was no formal process of reviewing policies, and there were no standard policies for treating patients during transport from event sites.Additionally we were concerned that not all staff and volunteers had signed to acknowledge they had read and understood the policies in place.
- There was no formal process to ensure all staff had the compentance to undertake all aspects of their role.
- We were concerned that volunteers were not trained using an externally verified training course. Additionally there was no formal staff appraisal which would ensure compliance with the expectations of the role and development

During our unannounced inspection we found progress had been made to address some of our concerns. These include:

- A formal recruitment process which included checking references, curriculum vitaes, photo ID, DBS and regular driving license checks.
- Training was being sourced for safeguarding training. The lead had changed and the policy had been reviewed to reflect the Intercollegiate Document 2014
- A paediatric restraint had been purchased and staff trained in how to use it.

Summary of findings

- Enquiries had been made with regard to deep cleaning the vehicle.
- Policies had been reviewed, care bundles were being developed.
- There was a volunteer agreement in place which identified the roles and responsibilities of the volunteers.

We found the following areas of good practice:

- We recognise the additional pressures an inspection places on an organisation. All staff and volunteers were welcoming and professional with the inspection team. There was a sense that staff were open and honest with us.
- The risk assessment processes in place for service delivery at events were complete and robust.
- There was a widespread view that the organisation provided a beneficial service to the local community.
- There was practical training for volunteers to experience caring for patients in a moving vehicle.

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

Ellen Armistead
Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals

Cascare Limited

Detailed findings

Services we looked at
Emergency and urgent care

Detailed findings

Contents

Background to Cascare Limited

CasCare Limited (also known as CasCare Medical Services) is operated by CasCare Limited. The service opened in 2007. It is an independent ambulance service in Beverley, East Yorkshire. The service primarily serves the communities of East Riding of Yorkshire.

CasCare limited provides mainly event cover and first aid training, which is out of the scope of CQC regulation.

However, the service provides transport of patients from event sites within its contracts with providers, which are within the scope of the CQC, and it is on this basis that the service was inspected.

The service employed five staff which include the registered managed (also managing director) and had the support of 17 volunteers.

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

Our inspection team

The team that inspected the service comprised a CQC lead inspector,Victoria Head another CQC inspector, and a specialist advisor with expertise in urgent and emergency care and the transport of patients. The inspection team was overseen by Lorraine Bolam, Interim Head of Hospital Inspection.

How we carried out this inspection

The service is registered to provide the following regulated activities:

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

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was registered against.

- In the reporting period, November 2016 to October 2017 there was two emergency and urgent care patient journeys undertaken.

Four registered paramedics worked with the service in addition to substantive roles in NHS ambulance services. The service supported, trained and worked with

Detailed findings

volunteer staff, in cases where additional staff were required their time was purchased from other local providers. Controlled drugs were not used by the service and were therefore not available. The service worked with a local GP who was nominated as the medical advisor.

Track record on safety

- No never events
- No serious injuries
- No complaints

During the inspection, we visited the registered location in Beverley, East Yorkshire. We spoke with four staff including; registered paramedics, volunteers, instructors and managers. We were unable to speak with patients during the inspection; however, we received feedback from key stakeholders. During our inspection, we reviewed one set of patient records which related to the transportation of a patient.

At the time of our inspection, there was one ambulance in use for the transportation of patients from event sites.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Emergency and urgent care services

Are emergency and urgent care services safe?

At present, we do not rate independent ambulance services. However, during our announced inspection we noted the following for safe:

- There was no clear process to report and investigate incidents. This meant that potential opportunities for learning could be missed.
- The service had not provided safeguarding level 3 to staff providing direct care to and treatment for children and vulnerable adults. In addition, the identified safeguarding lead had not completed level 4 training for children. This was not in line with the Intercollegiate Document 2014.
- There was no formal process for recruitment of staff, which included, checking of references and photo identification. In addition, there were no formal checks on continuing professional development of paramedic staff that had substantive employment.
- The ambulance did not have appropriate equipment to restrain children safely during transport. This meant if the vehicle was in an accident the safety of a child could not be guaranteed.
- There was no formal process to ensure staff allocated to work had the necessary competence to undertake their role.
- Staff training was not externally verified. This meant training was not assessed against best practice standards.
- Although the ambulance was visibly clean, we found there was no clear schedule for deep cleaning and there were no single use mop heads in use to clean patient areas.
- Training records indicated that not all staff had completed the CasCare modules.Of the records available to us to review 60% had not been fully completed. This meant that staff might not have been appropriately assessed to react to emergencies if they arose.
- There was no patient group directions in place to allow staff to administer salbutamol nebuliser.

During our unannounced inspection, we found the following improvements for safe:

- The lead for safeguarding had changed and had trained to safeguarding level 3. The registered manager was working with local training providers to deliver training to staff in line with the Intercollegiate Document 2014.
- There was a formal recruitment process in place and checks made against substantive professional employment.
- Proof of photo ID was evident in staff files.
- There was equipment to restrain a child during an ambulance transfer.
- The registered manager had begun to negotiate a programme of deep cleaning for the ambulance.

Incidents

- The service did not have an incident reporting policy. Any concerns were escalated to the registered manger (RM). The RM told that us they would then deal with the concerns; however, this was not documented or shared with staff to support learning.
- The RM did not appear to have an understanding of root cause analysis and the benefits of investigation for learning.
- The service reported no never events or serious incidents between November 2016 and October 2017. Never events are defined as Serious Incidents that are wholly preventable because 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.
- The service did not have a Duty of Candour Policy; however, the registered manager was able to explain the principle of the regulatory duty to us. Staff we spoke with were unable to tell us the principles of duty of candour.
- The Duty of Candour is a legal on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Clinical Quality Dashboard or equivalent

- The service did not have a clinical dashboard, however, the RM reviewed all of the patient report forms (PRFs) following events and provided an individual debrief with staff. The manager told us this was not a formalised process and there was no record kept of the conversation.

Cleanliness, infection control and hygiene

- The service had an infection prevention and control (IPC) policy, however, this was written in 2015, did not appear to have been updated and there was no date for review. The policy was available in hard copy for all staff.
- There was no evidence that staff had received IPC training; when questioned staff were unable to answer questions about common infectious diseases.
- The equipment bag used for the ambulance was not IPC compliant as it was not wipeable. This meant that it could not be cleansed should bodily fluids fall on it, thus creating an infection risk.
- The volunteers cleaned the ambulance weekly, however, there was no schedule of deep cleaning, and this was on an ad hoc basis if there were any blood spillages.During our unannounced inspection, the RM told us that they had begun negotiations with a company to deep clean the vehicles.
- We found cleaning equipment was stored in the ambulance station, however, there were no single use mop heads to use when cleaning patient areas. The mop heads we saw appeared well used and hung above mop buckets; these should be inverted as best practice.
- Personal protective equipment was available on the ambulance; this included disposable gloves. The RM told us hand sanitiser gel was not freely available but staff had individual dispensers. We were unable to corroborate this at the time of inspection, as we did not observe staff working clinically.
- The service provided staff with a uniform consisting of shirt and high visibility jackets.Staff had to purchase their own trousers. There was a personal hygiene policy which laid out the expectations of staff in their appearance and cleaning instructions of their uniform.

Environment and equipment

- There were no paediatric stretcher restraints. This meant the service could not transport children under 12 on the ambulance stretcher safely. During the unannounced inspection, we found the service had purchased a paediatric restraint. Staff were trained in how to use it the day before.
- We did not see paediatric specific equipment for example child sized pads for the automatic external defibrillators (AED).
- All items associated with the service were stored in the ambulance station. There was a self-contained lockable facility where all of the equipment, drugs and records were kept. The key for this facility was stored in a separate key code lock box.
- Hazardous substances were stored in a locked cupboard; this complied with control of substances hazardous to health (COSHH) legislations.
- The service did not have its own arrangements for the management of clinical waste. The registered locations' site management provided this, however, this was not a formal arrangement. There was no evidence of bags and tags for clinical waste. All sharp objects such as needles and disposable scissors were disposed of correctly. The sharps bins were then disposed of by the medical advisor; the manager told us this was usual practice but was not formalised by a standardised and documented procedure.
- The ambulance had a current ministry of transport test, vehicle licence tax and a complete servicing log.
- The service had access to four AED; three of which had been electronic safety checked. An AED is a portable electronic device with simple audio and visual commands, which through electrical therapy allows the heart to re-establish an organised rhythm so that it can function properly.
- There was two electrocardiograph (ECG) machines at the time of inspection one showed evidence of electronic safety testing and one was faulty. An ECG records the heart's rhythm and activity on a moving strip of paper or a line on a screen.
- There was no formal plan to replenish old equipment.
- The service did not transport mental health patients as part of a contract and therefore there was no concerns regarding ligature risks.

Medicines

- The service had a medicines management policy in place at the time of our inspection. This was written by the medical advisor.
- The service did not carry or use controlled drugs, paramedics did not take their own supply of controlled drugs on site. We found stocks of over the counter medications such as paracetamol, aspirin and antihistamines.
- All medical gasses such as oxygen and nitrous oxide were stored in sealed and tagged bags off the floor in the lockable facility. The service had a contact with an external provider. However, there was no medical gasses sign on the door of the ambulance station or the lockable facility within it.
- Medicines were stored in a locked filing cabinet within the locked staff facility. All medicines were within use by date and were in accordance of the schedule 17 exemption; these are medicines which can be administered by anyone for saving life. This was with the exception of nebulised salbutamol, which the service had prescribed by the medical advisor; however, this should be given under patient group direction (PGD) by paramedics. This was not in place for this drug. During our unannounced inspection, the registered manager provided evidence PGDs were in place for trained personnel to give salbutamol nebuliser, these were signed and dated following our announced inspection date.

Records

- The service did not have formal records management and data protection policies.
- There was no record of staff receiving training about confidentiality and data protection.
- Staff secured paper based records on the station at the end of every event. The RM reviewed all of the patient report forms (PRF) and fed back to staff and volunteers. However there was no documented evidence of this process.
- We reviewed a PRF of one patient journey, however, the service was unable to find the record for the other patient journey. All information was concise, the RM told us the documentation was currently under review and that capacity and consent would be recorded. The documentation at the time of inspection did not record this specifically.
- The service was aware of community do not attempt cardio pulmonary resuscitation (DNACPR) orders.The RM told us they would be included in the special notes sections on the PRF, however, were unable to corroborate this information.

Safeguarding

- There was no documented evidence of safeguarding training with staff and volunteers. We raised this with the RM who said the staff had received awareness sessions from the nominated safeguarding lead. However, they were unable to provide evidence of records of these sessions.
- The service had a designated safeguarding lead qualified to level 2. The 'Intercollegiate Document: Safeguarding Children and Young People (2014) recommends a safeguarding lead trained to level 4. The RM had not assured themselves of the training levels of staff who had substantive employment outside CasCare.
- The 'Intercollegiate Document: Safeguarding Children and Young People (2014) states that all staff providing direct care and treatment to a child should be trained to level 3 safeguarding children and vulnerable adults. Although to date the service had only transported one young person, there was a potential at any event for the provider to be required to treat children.
- We reviewed the safeguarding policy which focused on mental capacity and consent. This meant that staff did not have information on how to make a safeguarding referral including to which local authority. Staff did not have information about child sexual exploitation (CSE), female genital mutilation (FGM) or 'PREVENT' (a government strategy to identify and prevent terrorism).
- There was no formal interview process, which included review of reference; the service was unable to provide evidence of current disclosure and barring service (DBS) checks.
- During our unannounced inspection, the registered manager provided evidence, which showed the safeguarding lead had changed, and the lead was trained to level 3. The service had linked with local

training providers to provide training in line with the intercollegiate document. Training had also been booked for staff members. The service amended the safeguarding policy to reflect best practice, flow charts were available for staff to follow should they be concerned about a child; this included contact numbers of local safeguarding children's teams. Additionally there was a formal interview process in place, which included a scoring system for candidates. Evidence was provided that the service had applied for nine enhanced DBS checks for staff. If any concerns identified in the checking process, the RM had a risk assessment process in place to follow.

Mandatory training

- The service provided induction and training modules for staff based on elements of care to staff., for example these included basic life support and the use of oxygen. The service had a training lead, however, there was no evidence of a central database to identify what training staff received and when.
- Training was not externally moderated; this meant that the content and delivery was not monitored against best practice standards.
- Staff were required to complete booklets to record training in different care modules, however, not all training booklets were present. The RM told us staff often took them home and forgot to bring them back. Of the six training records that were available to us to review re found 30% (two) were fully completed, 30% (two) had six modules signed off, 15% (one) had five modules completed and 15% (one) had no modules signed off.
- There was no central database of staff training, which meant that there was no easily accessible system to identify if staff had completed the competencies in order to provide a specific type of care. During our unannounced inspection, the RM provided evidence a database was being developed to monitor staff training.
- Early identification of sepsis was not included in the elements of care competencies that staff were required to complete.
- There was no process to review continual professional development and training for the paramedic staff that had substantive roles within NHS ambulance service providers. This meant the service could not be assured of staff competence to carry out their paramedic role. During the unannounced inspection, the RM informed us they were undertaking checks on staff that had substantive roles in NHS ambulance services.
- There was no driving assessment for normal road use.Staff had an initial check for the class of vehicles they could drive; however, there was no practical assessment.
- Three members of staff had been trained in driving under emergency blue light conditions. We reviewed certificates and found them to be complete and recent.

Assessing and responding to patient risk

- Each event and transportation booking had a risk assessment completed.We reviewed documentation and found these were thorough and complete. We also reviewed evidence of a pre-event briefing, which included exit routes as required.
- The service did not have documented criteria for the staffing of events and transport of patients in relation to the ratio of volunteers and staff to the number of people expected at the event.
- The service had access to automatic external defibrillators (AED); these were kept in the station secure storage facility and were taken on the transport ambulance as required. We were not assured that all staff had assessments in the use of AEDs, this meant that if there was an emergency and the AED was available, there was a risk that the staff member's present would be unable to use the equipment. The service did not carry drugs which could be used alongside an AED to restart a heart rhythm
- The service did not have protocols and pathways for the transportation of patients with common conditions for example chest pain.
- The service did not have a do not attempt cardio pulmonary resuscitation (DNACPR) policy. We discussed community DNACPRs with the registered manager and they had an understanding about them and the role of the service should a patient require transport and an original form not be available.

Emergency and urgent care services

- All staff received first aid training as part of their induction and ongoing training, this included providing cardiopulmonary resuscitation (CPR) and the use of oxygen in an emergency situation.

Staffing

- The service was contracted on an ad hoc basis; this meant that there was no rota required.Staff provided their availability to cover the demand and if it was felt that more staff were required, the registered manager would employ additional staff from neighbouring independent ambulance providers. However, the service had no process to assess the staff member's training and competence.
- There was no process in place to ensure that staff with substantive employment outside of the service had had enough rest between shifts.
- The length of shift was dependant on the length of the event with the potential to transport patients.there was appropriate numbers of staff on site to allow for one member of the crew to have a break.

Response to major incidents

- The service was not part of local resilience plans and response to major incidents. This meant that there were no major incident plans in place.
- The service did not have a formal business continuity plan, which included a process of calling ahead to A&E and what to do if the unit was on divert.
- The service liaised with event coordinators where there was poor signal coverage. In these instances the service used back to back, radio's provided by the coordinators, who also provide radio antennas.
- Due to the nature of the contracted work if there was adverse weather expected, the event and possible need for transport was cancelled by the organisers.
- During our unannounced inspection the registered manager provided evidence that the service would liaise more closely with NHS ambulance services to identify which hospital was the most appropriate to transfer the patient. This was included within the event and transport plan.

Are emergency and urgent care services effective?

At present we do not rate independent ambulance services. However, during our announced inspection we noted the following for effective:

- Standard care bundles were not in place for the transportation of patients with common complaints such as chest pain and asthma.
- There was no evidence of staff appraisal for both employed paramedic and volunteer staff.
- There was no formal process to check staff and volunteers' driving.
- There was no formal process to audit PRFs
- There was no formal policy or training for mental capacity.
- There was no formal process to obtain and record consent from patients or to treat and transfer a child when parents were not present.

During our unannounced inspection, we found the following improvements had been made for effective:

- The service had plans to liaise with local NHS ambulance trusts to identify the most appropriate unit to transfer a patient.
- The service had a formalised process for chaparoning and caring for children.
- There was a formal process to check driving licence and categories of vehicles staff were able to drive.

Evidence-based care and treatment

- There was no regard to best practice guidance. This included guidance from both the National Institute for health and Care Excellence (NICE) and the Joint Royal College Ambulance Liaison Committee (JRCALC).
- There were no clinical standard operating procedures or care bundles in place when transferring patients if required. This meant that it was unclear if staff were following the most up to date guidance when providing care.

Assessment and planning of care

Emergency and urgent care services

- There were documented pathways in place with regard to the conveying of patients to the most appropriate hospital. The RM told us this was the closest hospital to the location of the event/transfer of patients. During our unannounced inspection, the RM provided evidence that the service would liaise with NHS ambulance services to identify the most appropriate unit for the patient.
- There were no formal pathways for the transport of patients from site. This meant there was not formal documentation that identified to staff when to transport patients and what monitoring they would require.
- The service did not provide transport mental health patients as part of a contract.
- There were no protocols in place for planning care and transporting children. Additionally there were no documented procedures in place to chaperone children when in the ambulance in lieu of a parent or guardian being present. During our unannounced inspection, the RM provided evidence of the process for caring and chaperoning children.

Response times and patient outcomes

- The service was contracted by providers to transport patients from event sites and was not required to audit response times.

Competent staff

- There were no documented processes in place to continually monitor or appraise the skills of volunteer staff or competency-based checklists. The RM said that observation of staff on duty was conducted on a regular basis, with feedback at de-briefing sessions or informally on a one to one basis, but there was no record of this and no system for regular review, appraisal or development. The RM told us some staff were planning or undertaking emergency medical technician (EMT) training but again there was no evidence of this.
- We reviewed the training files for seven people. All files contained a CasCare Training Certificate, updated annually, to verify that all modules had been completed. However, the majority of the booklets had not been fully completed so it was not possible to verify whether the training had been fully completed by all staff with a certificate. This meant we were not assured staff had completed all necessary training to obtain a certificate.
- There was no process in place to complete driving licence checks; it was the expectation of the service that staff would notify the RM of any endorsements on their licence. There were also no checks to verify if the driving licence was current and in date. This meant that staff may be driving with an expired licence and undeclared endorsements which would impact on the service insurance.During our unannounced inspection, the RM provided evidence that checks would take place on an annual basis.
- The service did have information about the categories of vehicles staff were qualified to drive; however, this was not available in staff files. During our unannounced inspection, the RM provided evidence that staff files now contained the categories of vehicles staff were able to drive.
- During our unannounced inspection, a member of staff informed us that training the previous evening included a practical exercise.This involved the team practicing cardio pulmonary resuscitation whilst the ambulance was moving.

Coordination with other providers and multidisciplinary working

- The majority of work was provided on an ad-hoc basis to local event and transport providers.
- Due to the small number of transfers undertaken by this service there was no information available at the time of inspection regarding working with other agencies.

Access to information

- The service had a limited number of policies, which were available at the ambulance station; however, these were not clinical policies.
- Staff were able to communicate with colleagues using radio communications; however, staff also used their personal mobile phone to access information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was no formal process to establish consent for care, treatment and transfer for neither patients nor at times where a child's parents were not present. The

registered manager described to us there was no standard procedure in place. This meant that staff members may not all be using the same process when treating a child without parental consent.

- The service did not have a formal policy or a standard operating procedure for mental capacity, consent, best interest decisions or deprivation of liberty. There was also no evidence of training.
- The safeguarding policy was focused on the information on consent, including consent in children and Gillick competence, and capacity to consent. There were details and definitions of capacity including information on the Mental Capacity Act, deprivation of liberty and restraint. However staff had not received any formal training in these areas and there was no evidence that staff had read the policy or evidence of consent in PRFs

Are emergency and urgent care services caring?

At present, we do not rate independent ambulance services. However, during our inspection we noted the following for caring:

Due to the limited number of transfers and feedback from patients, there is limited evidence to complete this domain. We were unable to speak with patients during our inspection as the service did not provide any direct care or treatment during this period.

Compassionate care

- Staff showed an awareness of the importance of maintaining patients' privacy and dignity at all times. The registered manager told us transport was moved to the patient to minimise transfer through public areas.
- We received feedback from companies the service had contracts with to transport patients from event sites. These were overwhelmingly positive.

Understanding and involvement of patients and those close to them

- Staff demonstrated an awareness of involving patients and their careers in the decision to transport from an event site.

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

At present, we do not rate independent ambulance services. However, during our inspection we noted the following for responsive:

- There was no consideration given to patients who were from different cultures, had different faiths or spoke different languages. The service did not have access to translation services.
- The complaints procedure did not specify the time periods in which a complaint should be responded to. In addition, there was no reference to external bodies such as the Independent Sector Complaints Adjudication Service (ISCAS).

Service planning and delivery to meet the needs of local people

- The service was contracted to cover events and transport people off site; part of the delivery was to work with the organisers on where to place staff depending on the size of the site and the type of the event.

Meeting people's individual needs

- There was no provision to support those with additional needs such as those with learning disability, sensory impairment or those with language barriers and there was little awareness of translation lines or other materials to assist with communication in these circumstances.

Learning from complaints and concerns

- The service displayed "Tell us How We're Doing" posters in vehicles inviting patients to provide feedback on the service provided and this included details of the provider website, phone number and social media Facebook page.
- The provider website displays details of some of the feedback received which is positive although this was not collated, analysed or recorded centrally
- The service had a customer care feedback form available and slips given to those who had received care

or advice with details of the website and contact number. However, at the time of inspection for those patients who had been transferred there was no feedback available.

- There had been no complaints against the service, this meant that we were unable to review any response made to complainants and the timeliness of this response. There was no documented formal process to investigate complaints, although, service users were invited to feedback through the company website. There was no reference to the ISCAS should patients wish to take a complaint further.

Are emergency and urgent care services well-led?

At present, we do not rate independent ambulance services. However, during our announced inspection we noted the following for well-led:

- There was a managing director and no management team supporting them. Should the managing director be absent there was no clear line of escalation.
- There was no documented vision and strategy for the service for staff to be aware of.
- There was a lack of governance within the service. Some important policies were absent or where present inappropriate and not reviewed. There was a lack of robust policy around recruitment and training and a general failure to document and safely store important service information.
- There was no form of organisational risk monitoring within the service.

However;

- There was a positive culture within the service to learn and improve.
- The service was trying to engage with service users and encourage them to provide positive or negative feedback.
- The service was taking positive action to support staff following a traumatic event.

During our unannounced inspection we noted the following for well-led:

- The registered manager was beginning to build a management team to provide some additional support.
- Staff meetings were going to be formalised and minutes and action points recorded.
- Policies had been reviewed and review dates had been added.

Leadership of service

- The leadership team consisted of a general manager who was also the RM. There was no succession plan in place. There were volunteers who had been designated roles such as drugs policy lead and safeguarding lead.
- The RM was present at all events and times of possible transport of patients. This meant they had oversight of the whole organisation; however, if the RM was not available there was no clear line of accountability and escalation in their absence.
- During our unannounced inspection, the RM provided evidence that they were building a management team. This meant that there was additional support and capacity in the leadership team and clear lines of escalation in the absence of the RM.

Vision and strategy for this this core service

- The service did not have a formal vision and strategy. However, the registered manager was able to articulate their key priorities for the service.

Governance, risk management and quality measurement

- There was no clear governance framework in place and no system of quality audit to ensure on-going monitoring of performance or action plans to address required improvements.
- There were no formal meetings of all the staff and volunteers, to discuss incidents, complaints and staffing. The service held weekly training and communication sessions as required.
- There was no formal system in place to identify, mitigate and control risks including organisational, clinical and non-clinical risks. There service did not have a risk management policy or strategy. This meant that we were not assured that all risks had been identified or controls in place to reduce the level of risk where needed.

- The service had completed risk assessments of each event and possible transportation of patients. The RM briefed staff and issues fed back to the organising parties.
- The service had policies, which included medicines management, complaints and health and safety. However, policies and procedures were not always referenced against appropriate best practice guidance. In addition, they did not have dates that had been implemented or on which they should be reviewed. This meant it was unclear if policies were up to date against best practice guidance. During our unannounced inspection, the RM provided evidence that key policies were reviewed and dates added. The safeguarding policy reflected best practice standards
- There was a recruitment policy in place for new staff. The policy did not include proof of identity, driving licence and enhanced disclosure and references. During our unannounced inspection the RM provided evidence that a recruitment process was in place, this included a formal interview record, proof of photo identify check and driving licence. These were all contained within the volunteer agreement and contract. Evidence showed the service had applied for nine enhanced DBS checks.

Culture of the service

- The culture of the service was positive and there was willingness from staff to be supporting and provide good care.
- The volunteers were proud to work for the service. All staff we spoke with were friendly and inviting.

Staff engagement

- The RM informed us staff were invited for training weekly. At these sessions, the RM told us they debriefed over the previous week's event and possible transport of patients as and when required. However, there were no formal minutes for these discussions.
- The service had put in place support for staff following a traumatic event; this included working with a therapist. Staff were also encouraged to support each other.

Public engagement

- A system to obtain patient feedback was in place. This consisted of credit card size documents directing patients to the website and they included details of the first aid training offered by the service. We reviewed the service website and found all comments were positive.

Innovation, improvement and sustainability

- Patient transfers were a very small part of the service provided; however, the registered manager was hoping to increase the offer of transportation of patients from all events the service covers.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had given practical training to staff and volunteers, which involved practicing cardio pulmonary resuscitation (CPR) in a moving ambulance. This meant that staff would be able to practice a key skill in a different environment, as CPR is very difficult to do in a moving environment.

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure they have undertaken all of the required employment checks to comply with the fit and proper person's requirement.
- The provider must take prompt action to ensure all staff and volunteers have current enhanced disclosure and barring service checks.
- The provider must ensure that safeguarding training for children is provided in line with the Intercollegiate Document (2014). This includes staff providing direct care and treatment to patients as well as the safeguarding lead.
- The provider must ensure that there is a system in place to manage risk. This includes a system for identifying, mitigating and controlling risks appropriately.
- The provider must ensure they comply with the requirements of the Duty of Candour Regulation.
- The provider must ensure they have a records management system to maintain securely an accurate, complete and contemporaneous record for each patient.
- The provider must ensure care and treatment of patients is only provided with their consent or in accordance with the requirements of the Mental Capacity Act 2005.
- The provider must ensure that an up to date record of training, skills and competence is kept for all staff members, particularly if they are responsible for providing care and treatment to patients.
- The provider must ensure that all staff have an understanding of the duty of candour regulation.
- The provider must take urgent action to purchase a paediatric restraint, so that children can be transported safely.

Action the hospital SHOULD take to improve

- The service should consider ways in which incidents can be reported and investigated, ensuring all lessons learned are shared with staff and documented.
- The service should consider completing hand hygiene audits to make sure staff are compliant with infection control guidelines and policies.
- The provider should review their management and disposal of clinical waste and sharps to ensure they are operating safely and within the law.
- The service should consider improving communication for patients whose first language is not English or for those with hearing loss or sight impairment.
- The service should consider reviewing their complaints procedure, making sure that advice is given about referrals to an independent complaint adjudicator when needed.
- The service should consider ways to make sure that all policies and procedures are referenced and reflect up to date guidance. In addition, the service should make sure that there are clear dates for review on all of these.
- The service should consider implementing care bundles for the transportation of patients from an event site to include but not limited to chest pain and asthma.

This section is primarily information for the provider

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service did not establish and operate effective systems to ensure that persons employed are of good character, have the appropriate qualifications, competence, skills and experience to undertake a volunteer role. This information was not readily available. The service did not establish and operate systems to independently assure themselves that staff registered with professional bodies had up to date registration without restrictions. Regulation 19. 1(a)(b)(c) 2(a)(b) 3(a)(b) 4(a)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service did not have effective systems and processes in place to protect service users from abuse and improper treatment. The service did not have systems and processes established to effectively prevent abuse of service users. Systems and processes were not established and operated to effectively immediately investigate upon becoming aware of any allegation or evidence of abuse. Regulation 13. 1 2 3

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have systems and processes in place to manage clinical and non-clinical risk. They were not enabled to identify, mitigate and remove risks in a timely way. Systems to maintain records were not robust. Regulation 17. 2(a)(b)(c)(f)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not have effective systems and processes in place to record, training, appraisal, supervision and professional development of staff members and volunteers. Regulation 18. 2(a)