

Kent Central Ambulance Service Ltd

Kent Central Ambulance Service Ltd

Inspection report

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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?

Inspected but not rated



Are services well-led?

Good



Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Staff understood the service's vision and values, and how to apply them in their work. Staff felt supported and valued, and they focused on the needs of patients receiving care. Staff at all levels were clear about their roles and accountabilities. The service engaged well with patients and stakeholders to plan and manage services. Staff were committed to improving services continually.

However:

- The service did not use a standardised risk assessment tool where a disclosure and barring service check identified a record of concern.

We rated this service as good because it was well-led. We inspected safe but did not rate it. We did not inspect nor rate effective, caring and responsive.

Summary of findings

Our judgements about each of the main services

Service

**Patient
transport
services**

Rating

Good



Summary of each main service

Our rating of this service stayed the same. We rated it as good. Please see the overall summary for details.

Summary of findings

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Summary of this inspection

Background to Kent Central Ambulance Service Ltd

Kent Central Ambulance Service Ltd is operated by Kent Central Ambulance Service Ltd. The service provides patient transport services and emergency and urgent care services.

The main service this location provides is patient transport services. NHS non-emergency patient transport services help people access healthcare in England. It is free at the point of use for patients who meet certain medical criteria and are unable to use public or other transport. This service is subcontracted to provide support to primary contract holders that supply this service to the people in Maidstone and the surrounding area including parts of London.

The service also provides high dependency transfers for patients travelling between hospitals. This is the only aspect of the service that is provided under emergency and urgent care.

This service was first inspected using our comprehensive inspection methodology in May 2019, where we found regulation breaches in the well-led question that required the provider to comply with actions related to those breaches. The provider has now met all the compliance actions.

The service has had a registered manager since November 2018. The provider is registered to undertake the following regulated activity:

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

From January 2021 to January 2022, the provider completed 34,487 patient journeys.

We previously rated the patient transport service as good for safe, effective, caring and responsive and requires improvement for well led. The overall rating in May 2019 was good.

We did a short notice announced inspection of this location's patient transport service to see if changed practices were embedded. We inspected well-led and some aspects of safe. We did not inspect effective, caring and responsive. We rated the service as good for well-led and we did not rate safe. The overall rating for the service was good.

How we carried out this inspection

We undertook a short notice announced inspection of this location following our focused inspection methodology. The team that inspected this location comprised of a CQC inspector and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

We reviewed information we had about the provider before the inspection. During the inspection, we visited their base in Maidstone. We spoke with 13 staff including; crew, office staff and management. We reviewed policies, standard procedures, six staff records and various communications with partner organisations. After the inspection, we reviewed further service information such as performance and other documents relating to the running of the service.

We did not speak with patients or observe any patient journeys or transfers because we did not inspect caring.

Summary of this 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 the 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 SHOULD take to improve:

- The service should embed their new process for using the standardised risk assessment tool where a DBS check identifies a record of concern.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inspected but not rated	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Good	Good

Patient transport services

Safe

Inspected but not rated



Well-led

Good



Are Patient transport services safe?

Inspected but not rated



We inspected some aspects of safe, but not all. We did not rate safe.

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 received training appropriate to their role. For example, crew that did patient transport services only, received yearly face-to-face training. This covered topics such as safeguarding children and young people, protecting adults at risk, infection prevention and control, moving and handling, mental capacity and understanding dementia.

At our last inspection, the service did not have an up to date record to show their performance against mandatory training completion. At this inspection, the service had an up to date record which the compliance office monitored. It showed 100% of staff had completed their mandatory training. We reviewed six staff records and all had in date training certificates.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had an identified safeguarding lead to provide support to staff. The registered manager had trained as a designated safeguarding officer at level 3 for both safeguarding children and protecting adults at risk.

Staff received training specific for their role on how to recognise and report abuse. All eligible staff received training in adult safeguarding level 2 and children safeguarding level 1 even though the provider did not work directly with children. This was in line with the intercollegiate safeguarding guidelines. Records showed 100% of eligible staff had completed this training.

The service had a policy for safeguarding adults and children which followed national guidance. The policy was clear, with key contact details and had easy to follow charts showing staff how to report any concerns.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All four crews we spoke with described they would report a concern to the service control room, complete an incident form and return this to base at the end of their shift.

Patient transport services

The service followed their safeguarding policy. It notified relevant local authorities and the care quality commission when they identified a concern of abuse or risk of abuse. The service also reported these concerns to the external agency they subcontracted, using their respective reporting systems.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave staff a full induction.

The service had enough staff to keep patients safe. All crew were employed on various types of contracts; whole-time, part-time, zero-hour or self-employed. Managers told us that since the last inspection, the service had enough work offer crew full-time contracts. Crew reported they liked the flexibility of different contracts to suit their needs.

Managers regularly reviewed and adjusted staffing levels and skill mix. Staff completed an availability form a month in advance of allocation of work to ensure that the shifts were covered, and this worked well for the service and for staff. The service covered all their shifts and did not use agency staff.

The service encouraged and made sure staff took adequate rest periods. Most staff reported they had an adequate break after four hours of work in a shift. The service reported 13 complaints from staff related to inadequate breaks in the last 12 months; all these complaints were raised in December 2021. The registered manager explained this was due to an extremely busy winter and the added pressures of the COVID-19 new variant. The service raised issues about staff breaks with the contractor and checked with staff to make sure they took their breaks. The operations manager sent a reminder to staff about taking adequate breaks and to raise any concerns via a group messaging facility.

The service's recruitment practices kept people safe. The in-date recruitment policy included the need to complete pre-employment checks. This included identity verification, right to work, employment history, criminal record, references and driving licence. We checked six staff files and these all contained the relevant checks completed in line with their recruitment policy.

All new recruits were subject to criminal record checks via an enhanced Disclosure and Barring Service (DBS) check before they could work operationally. The service also required the DBS to be updated every three years. In addition, the registered manager carried out a risk assessment if an enhanced check identified a concern. This was in line with national and service guidance.

Although the service carried out risk assessments for identified concerns, they did not use a standard format to support their assessments. The service therefore, could not be assured they carried out consistent assessments to arrive at an employment decision. We raised this with the registered manager who acted immediately to address our concerns. The service provided an example template they had implemented for immediate use.

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 and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Patient transport services

Staff knew what incidents to report and how to report them, including near misses and serious incidents in line with the service's policy. At the last inspection, staff were unclear on the definition of incidents. At this inspection staff and managers explained the definition of incidents and this assured the service that staff took all opportunities for learning from incidents.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service reported seven serious incidents with no themes or trends. Records showed the service investigated all incidents and worked with other agencies. All investigations included statements from the crew involved, a review of the events and root cause analysis. At the last inspection, managers did not always clearly record their rationale for not carrying out a formal investigation. At this inspection, the service recorded outcomes of all investigations, including reasons for not doing so.

Staff understood the duty of candour. They were open and transparent and gave patients, and families a full explanation when things went wrong.

The service shared lessons learnt from incidents with staff via a notice board, email and virtual group messaging. At the last inspection, staff reported they did not receive feedback from individual incidents that they raised. At this inspection, staff told us they had seen the lessons learnt bulletins and they received feedback from investigation of incidents they raised.

Are Patient transport services well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. The service supported staff to develop their skills and take on more senior roles.

The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a managing director who was the lead for the service. They were also the registered manager with CQC. There was an operations manager that reported to the managing director and an assistant operations manager that reported to the operations manager. There were six office staff with individual roles that reported to the operations manager; these comprised of three controllers, a compliance manager, a data protection and finance officer and a business administrator. The service also had two staff that worked in the garage on maintenance and vehicle preparation.

The operations manager, assistant operations manager and controllers ran the day to day operations. They received request for ambulances to help other providers and would then look for crews to fill these requests. They organised paperwork for crews to let them know which provider they reported to. The crews would then report to the relevant providers' control rooms which would handle the crew's workload during that shift.

Patient transport services

The service gave staff the opportunity to develop in their careers. The compliance officer was promoted to a compliance manager since the last inspection. The compliance manager told us how they were supported to develop their skills and was also working towards being a joint registered manager.

Leaders were visible and approachable. All staff we spoke with reported the management were approachable. They also said that they had approached them with issues and the management had given them support.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them.

The service had a mission statement to “provide high quality compassionate care when patients need it”. This was recently reviewed and contained information about the service’s goals to provide safe and compassionate care. The registered manager told us that their vision for the service was to be the best and safest private ambulance service that had repeat business.

At the last inspection, staff lacked awareness of the service’s vision or strategy. At this inspection, staff had awareness of the service’s vision and knew how to apply them in their roles. We saw these recorded in staff appraisals.

The registered manager told us they had plans and were in discussions with another contractor to jointly run the service. The service had yet to finalise these plans. All staff we spoke with knew about the plan and welcomed it as personal or professional development opportunities.

Culture

Staff felt supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt valued and respected by their managers. Most of the staff we spoke with confirmed this and some said the service felt like a family.

All managers and staff we spoke with told us that they felt proud to work for the service as they were helping people every day

There was a system for reporting concerns. Managers told us that if staff wanted to report an issue but did not want to talk to the managing director, then they would talk to the operations manager. The operations manager would then raise the issue with the managing director on staff behalf. Staff felt comfortable to raise any concerns they had with managers. Managers were calm, supportive and provided clear direction when staff had telephoned to raise concerns.

Governance

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

Patient transport services

At our last inspection, the service did not have a formal governance structure. At this inspection, the service had governance systems that were appropriate and proportionate to their service. They had a system to identify and manage risks, and they took actions to address the risks. For example, there was an incident reporting process and a risk register.

At our last inspection, the service did not hold governance meetings. At this inspection, the senior management team held weekly governance meetings. Minutes from the last three months discussions covered policies, incidents, safeguarding, risks and issues, audits, logistics, driving standards, educational and clinical updates.

Senior managers had a daily briefing and worked closely alongside all staff. Sharing of information occurred at the briefings. They communicated with staff all operational issues and staff could easily access policies and procedures online. Managers and staff knew and understood the issues as they described them well when they provided examples.

The service used a private group messaging facility dedicated for all staff to enable easier communication. Ideas and issues about governance were among various topics exchanged through that channel.

Staff were clear about their roles and understood what they were accountable for, and to whom. The provider had systems to make sure staff worked within their competence. For example, staff carried out risk assessments of patients before accepting bookings.

Management of risk, issues and performance

Leaders and teams used systems to identify risks, planning to eliminate or reduce them, and coping with both expected and unexpected events.

The service used a reporting system to help managers identify, classify and manage risk. We reviewed the current risk register which contained organisation and business risks. Each risk had a named lead, risk score, details of actions and a completion timeline. The senior management team reviewed these risks to identify themes and trends to enable them to manage or minimise the identified risks.

Senior managers undertook audits such as infection prevention and control, vehicle cleanliness and equipment and uniform compliance. The service used information from these audits to improve performance. They also used the information to monitor any potential risks and took actions to address those risks.

The service collected driving performance data and used this to promote safer driving. They also used this system to track their vehicles so that controllers knew the location of crews.

Staff would escalate any risks to a senior manager directly by phone or in person. They said a manager was always available when they were operational.

The service had a business continuity plan that provided guidance on what to do in case of emergencies such as severe weather and staff shortage.

Information Management

The service collected and managed information well to support all its activities, using secure electronic systems with security safeguards.

Patient transport services

The service used secure cloud storage for their records and held a contract in line with national guidance for the storage of clinical records. The service also used this cloud storage to store their operational records. There was a system to provide each person a unique username and password which allowed managers to track who accessed what information. The system also used two-factor authentication to protect their data. This means the person had an additional code sent to the service's office, to gain access when requested with an approved username and password.

The crews completed journey forms daily at the end of each shift. They posted the forms into a locked post box inside the station on their return to base. An administrator accessed the post box and scanned the records onto the service's cloud storage system. The service kept the paper originals in a locked cabinet in an office that had limited staff access. The records were kept for six years in line with their policy.

The cloud service also encrypted emails to prevent them being intercepted between sender and the destination. Managers told us they only needed to include a phrase in the email subject and the system would automatically encrypt the email.

Staff received information governance training at induction to give them a basic understanding. This covered data protection and the European Union general data protection regulations.

The service paper records were kept securely in a locked filing cabinet in a locked office. Staff used a cross-cut shredder to safely dispose confidential records. The provider had a service level agreement with a company to collect confidential waste for safe disposal.

Since the last inspection, the service had implemented and embedded formal governance processes. They kept paper and electronic records to support good governance.

Engagement

The service engaged with patients, staff, and local organisations to plan and manage services, and collaborated with partner organisations effectively.

The service encouraged patient feedback through the completion of a patient survey. The controller handed two patient feedback forms to a randomly chosen crew each day. Patients had the option to complete the feedback questionnaire on paper or electronically on the service's website, after the journey. The service used the feedback to make any improvements to the service.

The service's website provided the public with information on the services provided, their team and key contact details.

At the last inspection, the service did not have a staff survey. At this inspection, the service conducted a yearly staff welfare review. In March 2021, the registered manager told us they did not identify any themes. In addition, the service carried out daily welfare checks in person or by telephone to make sure staff received support if required. The provider also placed a suggestion box in the kitchen area for staff to submit any suggestions for service improvement. All staff had easy access to the suggestion box and to a senior manager when they required welfare support. Staff told us they approached the operations manager if they needed welfare support.

At our last inspection, engagement meetings with stakeholders were not recorded and the service did not engage with all services. At this inspection, the service held engagement meetings with their stakeholders and partner organisations. Responses from these partner organisations showed the service as professional and worked together to achieve service improvements.

Patient transport services

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

The service had listened and acted on staff suggestions. An example was the service displayed patient feedback on the notice board in the staff and training rooms, after staff had suggested it. Staff told us having sight of the positive comments assured them that it was rewarding to see their daily efforts felt appreciated.

Senior managers had reviewed their data of reported vehicle incidents in the past 12 months and identified the need to employ a driving assessor. The aim of this is to provide staff dedicated driving assessment time and to reduce accidental damage to the vehicles. The registered manager told us they had recently approved a business case to initiate the recruitment for a whole-time driving assessor.

The provider was responsive to change and wanted to maintain the company's reputation to continue to offer enough work to their staff yet balancing this with staff wellbeing. After the inspection, the registered manager told us the service had reviewed their contract for staff full-time and had plans to change it from a 50 to 40-hour contract, to promote staff welfare. In the new contract, the registered manager told us staff had the option of working additional hours, if required.

The service took prompt action where concerns were found at this inspection. Our findings at the end of the inspection and information provided to us after the inspection supported this.