

Beverley Ambulance Service

Beverley Ambulance Service

Quality Report

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

Ratings

Overall rating for this ambulance location

Not sufficient evidence to rate



Patient transport services (PTS)

Not sufficient evidence to rate



Summary of findings

Letter from the Chief Inspector of Hospitals

Beverley Ambulance Service Limited is operated by the Beverley Ambulance Service Limited. The service provides a patient transport service for NHS and independent health providers.

Beverley Ambulance Service Limited was not commissioned or contracted to provide patient transport services for any commissioners, NHS or private health providers. Patient transport services were provided on an as required basis.

The service also provided private emergency first aid and medical cover at sporting venues and events, medical repatriations and transport on behalf of insurance companies as well as organ transport. These activities were not regulated by the care quality commission and were therefore not inspected.

We carried out an unannounced inspection of the service using our comprehensive inspection methodology on 8 October 2019.

Following that inspection significant concerns were identified in relation to regulatory compliance. A notice under Section 31 of the Health and Social Care Act 2008 was issued to the provider suspending registration as a service provider in respect of patient transport services from 11 October 2019 until 25 November 2019.

We carried out an unannounced responsive follow up inspection of the service on 21 November 2019 focussing on the issues highlighted in the Section 31 notice.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The decision to update ratings following a focused inspection is dependent on us having sufficient evidence to update the existing rating. It was decided there was not sufficient evidence to update the existing ratings or rate the core services in this inspection report.

Following this inspection, we told the provider that it should take one action to comply with the regulations to help the service improve. Details are at the end of the report.

We did not rate this service following this inspection.

Ann Ford

Deputy Chief Inspector of Hospitals (North East), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Not sufficient evidence to rate

Rating



Why have we given this rating?

Patient transport services was the regulated activity carried out by the provider.

Beverley Ambulance Service Limited was not commissioned or contracted to provide patient transport services for any commissioners, NHS or private health providers. Patient transport services were provided on an as required basis.

Following the unannounced inspection 8 October 2019 significant concerns were identified in relation to regulatory compliance. A notice under Section 31 of the Health and Social Care Act 2008 was issued to the provider suspending registration as a service provider in respect of patient transport services from 11 October 2019 until 25 November 2019.

Beverley Ambulance Service

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Beverley Ambulance Service

Beverley Ambulance Service Limited is operated by the Beverley Ambulance Service Limited. The service opened in 2014. It was an independent ambulance service based in Driffield, East Yorkshire.

Beverley Ambulance service provided a patient transport service primarily serving the communities of the East Riding of Yorkshire. This service was delivered privately on behalf of a local NHS hospital. The service also provided private emergency first aid and medical cover at sporting venues and events, medical repatriations and transport on behalf of insurance companies and organ transport.

The service was previously inspected by the Care Quality Commission in October 2019.

The service employed four staff, which included the registered manager who was also a director and emergency medical technician (EMT), a second director who was an advanced care assistant (ACA), one

emergency care assistant (ECA) who was responsible for the company administration and an advanced care assistant (ACA). The service had an associated clinical/medical director who was the safeguarding lead. They worked on a consultancy basis.

The service had not transported any children in the reporting period July 2018 to July 2019 and they did not transport patients with mental ill health.

All management functions for this service were managed from the providers registered location in Driffield, East Yorkshire.

Beverley Ambulance service was registered for one regulated activity. This was in respect of transport services, triage and medical advice provided remotely.

The registered manager had been in post since December 2014.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector, a CQC

enforcement inspector and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Facts and data about Beverley Ambulance Service

The service was registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

Detailed findings

During the inspection, we visited the providers operational base in Drifffield. We spoke with two staff, the registered manager and a company director.

The service did not use bank or agency staff. The service did not use or store controlled drugs.

At the time of this inspection the service was suspended and was not carrying out any regulated activity.

The service had been inspected in October 2019. Following that inspection significant concerns were identified in relation to regulatory compliance. A notice under Section 31 of the Health and Social Care Act 2008 was issued to the provider suspending registration as a service provider in respect of patient transport services from 11 October 2019 until 25 November 2019.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Not rated	Not rated	N/A	Not rated	Not rated	Not rated
Overall	Not rated	Not rated	N/A	Not rated	Not rated	Not rated

Patient transport services (PTS)

Safe	Not sufficient evidence to rate	●
Effective	Not sufficient evidence to rate	●
Responsive	Not sufficient evidence to rate	●
Well-led	Not sufficient evidence to rate	●
Overall	Not sufficient evidence to rate	●

Information about the service

Patient transport services was the regulated activity carried out by the provider.

Beverley Ambulance Service Limited was not commissioned or contracted to provide patient transport services for any commissioners, NHS or private health providers. Patient transport services were provided on an as required basis.

In the reporting period July 2018 to July 2019, there were 595 patients transported on behalf of a local NHS hospital trust. All the patients were adults. All the patients were low acuity.

The service did not carry out any patient transports on behalf of any private health providers in the reporting period.

This inspection was carried out in response to a notice under Section 31 of the Health and Social Care Act 2008 which had been issued to the provider suspending registration as a service provider in respect of patient transport services from 11 October 2019 until 25 November 2019 following the unannounced inspection of the service using our comprehensive inspection methodology on 8 October 2019.

Summary of findings

At this re-inspection we found the following:

- Staff files contained training certificates for the current employed staff which evidenced they had suitable qualifications to perform the role.
- The service had a safeguarding children and vulnerable adults' policy which identified the safeguarding lead and deputy safeguarding lead and how to contact them for advice.
- The provider had built a purpose made locking shed next to some out buildings which contained all the equipment and cleaning products.
- Consumable items and cleaning products were stored in an external secure shed. The consumable items were stored in lidded plastic boxes to protect them against dirt and dust. The cleaning products were stored separately in plastic crates.
- The provider had a deteriorating patient policy which gave staff evidence-based advice as to how to deal with a patient that deteriorated while being transported.
- The provider had new patient record and patient booking forms.
- The provider had put in place a patient record form and booking form audit as part of the monthly management meeting.

Patient transport services (PTS)

- The provider had a disclosure and barring service policy which provided relevant information for staff in relation to disclosure and barring and when DBS re-checks would be done.
- The patient record forms included information to assess the patients' needs and plan and deliver care.

Are patient transport services safe?

Not sufficient evidence to rate



Mandatory training

- During the inspection on 10 October 2019, we found there was no evidence of a monitoring system to ensure staff received mandatory and statutory training or when refresher training was due. We were therefore unable to evidence if any staff were up to date with their mandatory and statutory training.
- During this inspection we saw evidence in the staff files of training certificates for the current employed staff which evidenced they did have suitable qualifications to perform the role. We also saw evidence of an induction checklist which included a three/six/nine monthly checklist and monitoring to support new staff to ensure their training needs would be met.
- During the inspection on 10 October 2019, we found the providers training policy did not have a date when it commenced. There were references in the document to out of date information.
- During this inspection we saw evidence the provider had a Training Policy which had been reviewed 16 November 2019. It outlined resources and support available to staff for: statutory/mandatory training, continuous professional development (CPD), specific requirements of their post/registration to practice and development for future roles.

Safeguarding

- We saw evidence the safeguarding lead was trained to safeguarding level three.
- The safeguarding lead was general medical council registered and copies of their training qualifications and certificates were on line which allowed the provider to check them.
- During the inspection on 10 October 2019, we found no evidence the director, who was an advanced care assistant (ACA) were trained to safeguarding level three.
- During this inspection we saw evidence the director was trained to safeguarding level three.

Patient transport services (PTS)

- During the inspection on 10 October 2019 we reviewed the providers safeguarding policy and procedures which had a review date of November 2020. The policy content was out of date with references to; working together 2010 and the Criminal Records Bureau (CRB). The policy appeared to have been from an NHS trust policy.
- During this inspection we saw evidence the service had a safeguarding child and vulnerable adults' policy which identified the safeguarding lead and deputy safeguarding lead and how to contact them for advice.
- The policy had been published in October 2019 with a review date of October 2020. The policy outlined the correct reporting procedure for staff and who to report a safeguarding incident to. In the document there was reference to intercollegiate guidance 2018.

Cleanliness, infection control and hygiene

- During the inspection on 10 October 2019 we found the service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection.
- During this inspection we saw evidence the provider had built a purpose made locking shed next to some out buildings which contained all the equipment and cleaning products.
- There was an external tap, inside sink, mops and buckets with disposable heads which followed the British institute of cleaning science and national patient safety (2016) colour coding systems for identifying which cleaning products to use on which areas of the vehicles or buildings.
- The provider was using a recognised national cleaning company to supply cleaning products in dispensers with the correct dilution. Although these had not been installed when we inspected we saw an email from the company confirming they were attending on 22 November 2019 to complete the work. Following this inspection, we have received assurance this has been completed.
- We saw there was a supply of disposable mop heads and other cleaning products.
- We saw the provider had started to use a nationally recognised external provider to carry out vehicle deep cleans. We saw evidence of adenosine triphosphate

(ATP) swab testing of the vehicles conducted on 29 October 2019. The ATP test is a process of rapidly measuring actively growing micro-organisms through detection of adenosine triphosphate, or ATP.

- We saw evidence of a planned cleaning schedule for each vehicle.
- We saw evidence the provider had a yellow locking clinical waste bin which was in the same shed as the cleaning products. We saw evidence of a document which outlined the clinical waste collection and waste transfer process.
- There was a supply of consumable items to replace those used on the ambulances in plastic draws in the shed where the cleaning products were stored.

Environment and equipment

- The providers operating base and environment had not been properly designed and maintained as an ambulance station.
- The providers operating base was a residential farm property. The farm had a yard with a covered area for parking vehicles. The administrative office was in the lounge of the dwelling. Documentation was kept in the lounge in files in a book case or in a locked cupboard. There was a garage at the side of the dwelling but this was too small to park an ambulance in.
- During the inspection on 10 October 2019, we found there was not a consumable item store room or store cupboard at the premises. There was not a store room or store cupboard for cleaning products.
- During this inspection we found consumable items and cleaning products were stored in an external secure shed. The consumable items were stored in lidded plastic boxes to protect them against dirt and dust. The cleaning products were stored separately in plastic crates.
- During the inspection on 10 October 2019 there was no evidence of any consumable item stock control system.
- During this inspection we saw evidence of a stock sign out book used to monitor supplies of consumable items.

Patient transport services (PTS)

- During the inspection on 10 October 2019, we found the provider did not have a medical gases store on the premises where they were based.
- During this inspection we saw evidence the provider had installed a locking metal cage in an outbuilding for the storage of medical gases. The cage was fixed to a wall and in a position where it would not be hit by any vehicles. There was one large oxygen cylinder which was secured by a chain. Smaller cylinders were stacked horizontally and there was a designated section in the cage to store used cylinders. There were notices displayed on the exterior of the cage containing COSHH information. There was also a book for signing out and returning medical gases.
- During the inspection on 10 October 2019, we found when the two PTS ambulances were inspected one carried six oxygen cylinders (one empty, three full and two were a quarter full) and one Entonox cylinder which was full. The other ambulance carried three oxygen cylinders (one full, one empty and one half full) and two Entonox cylinders both three-quarters full.
- During this inspection we inspected the same two PTS ambulances and in both medical gas cylinders were correctly secured and there were no additional cylinders carried on either vehicle.

Assessing and responding to patient risk

- During the inspection on 10 October 2019, we found that there was no policy or process for staff to follow to identify and manage a patient who deteriorated during a patient journey. This was a risk because staff did not have a robust process to follow should a patient's health deteriorate.
- During this inspection we found that the provider had a deteriorating patient policy which gave staff the correct advice as to how to deal with a patient who deteriorated while being transported. The policy included who to contact to seek advice.

Staffing

- During the inspection on 10 October 2019, we found no evidence 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 because the acuity of the patients transported could not be verified because the provider did not use patient record forms.

- During this inspection we saw evidence in the staff files of training certificates for the current employed staff which evidenced they did have suitable qualifications to perform the role.

Records

- During the inspection on 10 October 2019, we found staff did not keep detailed records of patients' care and treatment. Records were not, up to date, stored securely and easily available to all staff providing care.
- People's individual care records, including clinical data were not written and managed in a way that kept people safe.
- During this inspection we saw evidence that the provider had new patient record and patient booking forms which did have a section to record patient risk.
- The provider still did not have a policy regarding the eligibility criteria for patients, however, we saw additional questions had been added to the patient booking form to ensure that all patients were within the scope of practice for advanced care assistant (ACA's). If the patient fell outside the criteria, a medical escort would be requested. If one was not available, the job would be refused.
- We reviewed the revised deteriorating patient policy published October 2019 which provided staff with suitable advice as to how to deal with a deteriorating patient and who to contact for advice.

Medicines

- During the inspection on 10 October 2019, we found the service did not use systems and processes to safely record and store patients' medicines.
- The service did not store medicines and their staff did not carry or use them, however, the provider did have a medicines policy which we reviewed during inspection. It had last been updated in November 2018.
- During the inspection on 10 October 2019 we found the provider did not have a specific policy in relation to patients carrying their own prescribed medication while

Patient transport services (PTS)

being transported. Managers we spoke with told us they would lock the drugs in the safe on the ambulance and hand them back to the patient when they reached their destination. Only one of the PTS ambulances had a safe.

- During this inspection we saw the medicines policy had been reviewed and updated to include patients carrying their own prescribed medication while being transported.
- During the inspection on 10 October 2019 we did not see evidence the service had a policy or risk assessment in relation to the administration and storage of medical gases.
- During this inspection we did see evidence the service had a policy and COSHH risk assessment in relation to the administration and storage of medical gases which was kept next to the medical gas storage cage and easily accessible to staff.

Are patient transport services effective?

Not sufficient evidence to rate

Patient outcomes

- During the inspection on 10 October 2019, we found no evidence the service carried out audits of patient journeys, aborted journeys, cancellations or escalations of patients transported. There was no evidence or information about the outcomes of people's care and treatment both physical and mental where appropriate, being routinely collected and monitored. The provider did not record the response times of collection of patients to their arrival at required destination, before or after their appointment time, and the time waiting for their return. The provider did not take part in any quality improvement initiatives, such as local and national clinical audits or benchmarking.
- During this inspection we found evidence the provider had put in place a patient record form and booking form audit as part of the monthly management meeting. It was agenda item 13 on the standard meeting agenda.

Competent staff

- During the inspection on 10 October 2019 there was no evidence of competencies assessments undertaken for staff. There was no induction course for new staff or a training needs analysis carried out.
- During this inspection we saw evidence the provider had developed a recruitment policy published November 2019 and due for review November 2021. The policy included; recruitment, interviews, post interview, referencing, checks, induction, monitoring and supervision, training and development, refresher training and peer support and promotion.
- During the inspection on 10 October 2019 we found staff files did have DBS checks, however, there was no evidence of any interview notes, scoring or references. Three of the staff files had no proof of identity or eligibility to work in the UK. This was a risk because the provider could not be assured that staff were trustworthy and of good character and eligible to undertake the role.
- During this inspection we saw evidence the provider had a spreadsheet with a matrix for staff files. It covered all aspects of recruitment and staff training and was RAG rated, so it identified areas requiring action. The spreadsheet included DBS checks and eligibility criteria. The spreadsheet would be used as an assurance document at the monthly management meetings for oversight purposes.
- During this inspection we saw evidence the provider had a disclosure and barring service policy which provided relevant information for staff in relation to disclosure and barring and when DBS re-checks would be done.
- During the inspection on 10 October 2019 we reviewed the providers driver policy which was in date due for review November 2020. The purpose of the policy was to draw attention to certain aspects of driving and vehicle care which could result in reduced accidents and lessen risk to patients, other road users and Beverley Ambulance Station personnel. Reference was made to the ambulance emergency response driver's handbook which every member of staff received when they joined the company. There was a section on fitness to drive and a link to the DVLA medical guidance document if

Patient transport services (PTS)

staff needed to seek advice. However, there was no reference to the need of staff to inform the provider if they had acquired driving penalty points and the implication there was on their employment.

- During this inspection we saw evidence the provider had taken print outs from the DVLA website with staff driving licence details. These were stored in staff files.
- During the inspection on 10 October 2019 there was no evidence staff appraisals were carried out or the provider had an appraisal system.
- During this inspection we saw evidence the three employed staff had a current appraisal.

Multidisciplinary working

- During the inspection on 10 October 2019, we found that the service did not use patient record forms so there was no way to evidence if any assessment, planning and delivering of care had been made by staff.
- During this inspection we found the service developed patient record forms which included information to assess the patients' needs and plan and deliver care. However, because at the time of this inspection the service was not carrying out regulated activity we were unable to review any completed patient record forms or review any audit activity in relation to them.
- During the inspection on 10 October 2019, we found no evidence how the service worked with external organisations and providers to make sure that the following was taken account of special notes, advanced care plans / directives, DNACPR orders and Section 136 because they were not commissioned, were totally reactive working on an as required basis and did not keep patient record forms where this information would have been recorded.
- During this inspection we found the provider had an End of Life Care (EOLC) policy and a DNACPR policy which included ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process created a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. The policy was in date and

contained all the information a member of staff would require who was transporting an end of life patient. The policy included Respect information from Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Are patient transport services responsive to people's needs?

Not sufficient evidence to rate



Meeting people's individual needs

- During the inspection on 10 October 2019 there was no evidence the service had a system to identify and meet the information and communication needs of people with a disability or sensory loss. As the provider did not use patient record forms there was no evidence the service was delivered and coordinated to ensure that people who may be approaching the end of life were identified, including those with a protected equality characteristic and people whose circumstances may have made them vulnerable, and that this information was shared. There was no system to record, highlight and share this information with others when required, and gain people's consent to do so.
- During this inspection we saw evidence in the providers patient record forms (PRF's) and patient booking forms patients individual needs would be identified and recorded.

Are patient transport services well-led?

Not sufficient evidence to rate



Managing risks, issues and performance

- During the inspection on 10 October 2019 there was no evidence the service had a control of substances hazardous to health (COSHH) information in relation to cleaning vehicles, and there was no evidence of a system or process whereby staff would be made aware of the information.

Patient transport services (PTS)

- During this inspection we did see evidence the service had information in relation to control of substances hazardous to health regulation (COSHH) 2002 available for staff in relation to the administration or storage of medical gases.

Managing information

- During the inspection on 10 October 2019 we were advised of the booking process where patient names and details would be written on pieces of paper and disposed of following the patient journey. This posed an information governance risk of the paper being lost or disposed of inappropriately. In addition, we reviewed the providers information governance policy which was in date and due for review in November 2019. The policy covered all aspects of information used within the organisation including, patient/client service user information, personnel information and corporate information. The policy covered all aspects of handling information including, structured record systems both paper and electronic, transmission of information including by fax, email, post and telephone. The policy outlined the responsibilities of staff in relation to the management of information. The policy did not include how patient information should be recorded and disposed of.
- During this inspection we reviewed the providers information governance policy published: November 2019 and due for review November 2021. The policy provided relevant information for staff in relation to information governance which was service specific and included policy in relation to the storage/retention of booking forms and PRFs.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider should require staff to inform them if they had acquired driving penalty points and explain what the implications were on their employment.