

# Radmere HQ Radmere Medical Ltd

## Quality Report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Are services responsive?

Good



Are services well-led?

Inadequate



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Radmere HQ Radmere Medical Ltd is operated by Radmere Medical Ltd. The service provides a patient transport service (PTS).

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 18 February 2020. Due to concerns identified at this inspection we carried out a short notice announced follow up visit to the service on 26 February 2020.

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 service understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was patient transport services (PTS).

This was the first time we had inspected this service. We rated it as **Requires improvement** overall.

- Staff did not receive training from an appropriately qualified trainer. Staff were not trained to the appropriate levels of adult and children's safeguarding. The services safeguarding policy do not contain up to date guidance on staff training requirements. The service did not follow its infection prevention and control policy in relation to the storage and use of cleaning equipment. The service did not ensure that equipment was secured appropriately on the ambulances we inspected. Staff did not collect safety information or use it to improve the service.
- The service had no systems for auditing safety or quality over time. The service did not routinely seek feedback from patients or use feedback to improve the service.

However, we also found.

- The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- The service met agreed response times. Staff worked well together for the benefit of patients.
- People could access the service when they needed it and did not have to wait too long for transport.
- The service collected data and analysed it for financial purposes. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Following this inspection, we told the service 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 service with one requirement notice that affected patient transport services. Details are at the end of the report.

**Heidi Smoult**  
**Deputy Chief Inspector of Hospitals**

## Overall summary

The main service was patient transport services. During our inspection on the 18 February 2020 we found concerns in relation to the safety and storage of some

equipment, a lack of quality auditing, governance and risk management. We rated the service as requires

# Summary of findings

improvement for safe, and inadequate for well-led. We rated the service as good for effective and responsive but were unable to rate caring as we did not have enough evidence to rate this domain.

- Staff did not receive training from an appropriately qualified trainer. Staff were not trained to the appropriate levels of adult and children's safeguarding. The service safeguarding policy did not contain up to date guidance on staff training requirements. The service did not follow its infection prevention and control policy in relation to the storage and use of cleaning equipment. The service did not ensure that equipment was secured appropriately on the ambulances we inspected. Staff did not collect safety information or use it to improve the service.
- The service had no systems for auditing safety or quality over time. The service did not routinely seek feedback from patients or use feedback to improve the service.

However, we also found:

- The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- The service met agreed response times. Staff worked well together for the benefit of patients.
- People could access the service when they needed it and did not have to wait too long for transport.
- The service collected data and analysed it for financial purposes. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Summary of findings

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Requires improvement 

# Location name here

Services we looked at: Patient Transport Services

# Summary of this inspection

## Background to Radmere HQ Radmere Medical Ltd

Radmere HQ Radmere Medical Ltd is operated by Radmere Medical Ltd. The service moved to its current location in 2019. It is an independent ambulance service in Huntingdon. The service primarily serves the communities of the Huntingdon and provides transfers across the East of England region.

The service has had a registered manager in post since it moved to its new location in 2019.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in paramedic medicine. The inspection team was overseen by Mark Heath, Interim Head of Hospital Inspection.

## Information about Radmere HQ Radmere Medical Ltd

The service is registered to provide the following regulated activities:

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

During the inspection, we visited Radmere HQ Radmere Medical Ltd. We spoke with four members of staff including the registered manager, administrator, ambulance driver and a paramedic. We spoke with no patients as we were unable to observe any of the service activities due to the ad-hoc nature of the service. During our inspection, we reviewed 10 sets of patient records and inspected five of the service's ambulances.

We received a complaint from a third party service and brought our inspection of the service forward in our inspection scheduled to address any concerns. This was the service's first inspection since registration with the CQC.





We asked the register manager to provide the number of patient transport journeys undertaken in the twelve months prior to our inspection. The registered manager did not provide this detail. They stated that it was sensitive data which may affect their business due to competitors using this detail to undercut their costs and undermine their business.

The registered manager and administrator were the only staff employed directly by the service. Three ambulance drivers and one paramedic worked at the service on a self-employed and ad-hoc basis.

Track record on safety

- Zero Never events
- Zero Clinical incidents
- Two incidents
- Zero serious injuries
- Zero complaints

# Patient transport services

Safe	Requires improvement 
Effective	Good 
Caring	
Responsive	Good 
Well-led	Inadequate 

## Are patient transport services safe?

Requires improvement 

This was the first time we had inspected this service. We rated it as **requires improvement**.

### Mandatory training

**The service provided mandatory training to staff, but the mandatory training was not provided to recognised and certificated standards.**

The registered manager was an accredited trainer and assessor and provided in-house mandatory training to the staff team. Mandatory training was not delivered to recognised and certificated standards which meant we were not assured that staff received training to ensure they were competent within their roles.

All staff had completed the mandatory training programme provided by the register manager in the 12 months prior to our inspection.

Mandatory training included basic life support, moving and handling of patients, use of equipment and safeguarding. We were not assured that the training was adequate for the staff to carry out their roles.

We raised this as a concern at our inspection on the 18 February 2020, and following our inspection, we told the registered manager they must take action to ensure all staff had received an appropriate programme of mandatory training. The registered manager acted immediately and provided evidence that demonstrated all staff were enrolled on an appropriate mandatory training programme.

### Safeguarding

**Staff had not been trained to recognised standards of safeguarding training.**

The service had a safeguarding adult policy; however, it did not refer to the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2018) and the safeguarding policy did not state the level of safeguarding training required by staff. We raised this as a concern with the registered manager and following our inspection, they acted promptly to update the safeguarding policy to ensure it reflected the appropriate guidance and levels of training that staff required.

At the time of our inspection on the 18 February 2020, the registered manager told us they delivered safeguarding training to the staff team. Staff records we reviewed showed that all staff had received safeguarding training in the 12 months prior to our inspection. However, we were not able to ascertain the level of safeguarding training the staff had received.

In addition, the registered manager was unable to provide evidence that they had completed level three safeguarding training. We raised this as a concern with the registered manager and requested they provided evidence of their continued professional development and safeguarding certification.

The registered manager responded to our concern to ensure they were trained to level three safeguarding adults and children. At our follow up inspection on 27 February 2020, the registered manager was able to evidence they had completed safeguarding adults and children to level three. This training had been completed in February 2020, following our initial inspection.

# Patient transport services

Following our inspection on 18 February 2020, we told the registered manager they must take action to ensure all staff had received an appropriate level of safeguarding training. The registered manager acted promptly to ensure all staff were enrolled onto an appropriate level of safeguarding training.

The service had a good understanding of the safeguarding issues likely to be faced within the service and understood the safeguarding reporting systems for the local NHS providers.

Staff had access to an NHS web based safeguarding advice and guidance page, that could be accessed from their mobile phones.

We spoke with two of the staff who knew the process for making a safeguarding referral and felt confident in raising a concern. None of the staff had witnessed any safeguarding concerns but were clear that they needed to follow guidance and call the registered manager or alert the hospital teams if they had any concerns regarding a patient's welfare.

## Cleanliness, infection control and hygiene

### **The service did not control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection.**

The service had an up to date policy on infection prevention and control (IPC). The policy set out the requirements for vehicle cleanliness, and IPC procedures for staff to follow.

The service had a detailed schedule for cleaning ambulances internally and externally. Records we reviewed showed that the service had recorded the deep cleaning of ambulances on a two monthly basis within the twelve months prior to our inspection.

The registered manager explained that they cleaned the vehicles externally when necessary for safety reasons and to keep the vehicles clean. This could be daily if the roads were bad or longer periods dependent on how dirty the ambulance was. The registered manager was responsible for maintaining cleaning records.

The service had appropriate antibacterial and viral protection wipes on its ambulances and hand sanitising gel.

The service's IPC policy set out the standards expected for all cleaning equipment particularly mops and buckets stating these must be clearly marked and used for specific purposes to minimise the risk of any cross-contamination or infection. During our short notice announced inspection on the 18 February 2020, we found the service was not following its IPC policy for the storage and use of cleaning equipment. The equipment was not separated, or colour coded, but was being stored together in an outside covered storage area. We were therefore not assured that cleaning equipment was managed to reduce possible cross infection between cleaning ambulances or equipment.

At our follow up inspection on the 26 February 2020, we found the service had made improvements to the storage of cleaning equipment and had taken steps to separate and colour code the cleaning equipment, therefore reducing the risk of cross contamination and complying with its infection control policy.

Linen was sourced from hospitals and returned to hospitals for cleaning. The service did not have a formal contract in place for this process.

Staff used the local NHS trust vehicle cleaning facilities to deal with any spillages or if they had any concerns regarding a patient who may pose an infection risk which could lead to specific ambulance cleaning requirements.

Staff wore the correct clean uniform on shift which staff washed at home in line with the service's IPC policy. We spoke with two staff who told us they had access to uniforms as and when required. They told us the administrator was always willing to give them new uniforms when required and that the registered manager was keen to ensure they looked smart and clean when on patient journeys. We noted an abundance of staff uniform stock was available within the service offices should a staff member need to replace their uniform during their shift.

## Environment and equipment

### **The service did not manage equipment well to maintain the safety of patients.**

The service stored its ambulances outside in a gated industrial estate, shared with other industries. The registered manager's office was on the first floor of an office block, on the industrial estate. Staff had access to a staff room and toilets with hand washing facilities on the ground floor.



# Patient transport services

During our short notice announced inspection on the 18 February 2020, we found a number of safety issues in relation to equipment on vehicles. During our inspection we inspected two PTS ambulances, a wheelchair adapted vehicle and two high dependency (HDU) vehicles.

The service had no system for the control of substances hazardous to health (COSHH) in place for vehicle cleaning products which meant cleaning products may not be used in line with manufacturer and safety guidance. On our follow up inspection on the 26 February 2020, the service had processes in place for managing COSHH.

The ambulances had hand sanitising gel dispensers and a range of personal protective equipment, such as disposable gloves and aprons. Personal protective equipment (PPE) ensures staff safety and reduces the risk of cross infection.

The service's range of PPE e.g. gloves, varied between PTS vehicles, with one size only being available on one of the PTS vehicles. On our follow up inspection on the 26 February 2020, PPE had been standardised across the service's ambulances.

We found oxygen cylinders were not fully secured on all five of the ambulances we inspected. Oxygen cylinders were not restrained tightly with straps, placed loosely underneath stretchers or in an overhead compartment within the ambulance. This may cause patient or staff injury if an ambulance had to stop suddenly and the cylinder struck someone or exploded due to not being secured.

On two of the ambulances we inspected we found CD oxygen cylinders were stored underneath patient stretchers. The most frequently used oxygen cylinders on transport are sizes D, CD, and F. Staff used a hydraulic lift to raise and lower the height of the stretcher. The CD oxygen cylinder could be damaged during the stretcher being lowered as it could cause compression on the cylinder. At our follow up inspection on the 26 February 2020, we found the service had taken action to ensure oxygen was stored appropriately on all of the ambulances we inspected.

Checks on the defibrillator on one of the HDU ambulances showed that although the defibrillator had been serviced, the shock time had not been calibrated. This meant there was a five-hour difference between the shock time and the time printed out when the defibrillator was checked. The defibrillator had been safety checked in the twelve months

prior to our inspection. This meant the equipment would show any test shocks or when the equipment was used as being five hours behind the actual time of shock, leading to inaccurate records being produced. On our follow up inspection on the 26 February 2020, this issue was ongoing, and we advised the service that they must take action to ensure the equipment was calibrated and the registered manager informed us on the 5 March 2020 that the equipment had been calibrated to show the correct time.

The service used a local garage to carry out repairs on any ambulance defects and was a member of a national breakdown service in case of ambulance breakdowns. Staff we spoke with told us that if the ambulance broke down, they contacted the office and a spare vehicle could be sent from the ambulance base.

The registered manager was on site daily, including at weekends where necessary and had oversight of all the ambulances on a day-to-day basis. Staff reported any ambulance faults directly to the registered manager and these were immediately repaired, or the ambulance was removed from service for more significant repairs.

We observed a staff member preparing an ambulance for a journey who followed guidance on the service's daily journey log. This included checking key areas of the ambulance, for example, tyres, window screen, engine oil level, coolant level and equipment checks amongst other areas. Staff then signed the log to say they had completed the checks and reported any issues to the registered manager.

All of the ambulances had up to date servicing, Ministry of Transport (MoT) certification and current vehicle road tax. The registered manager maintained a detailed schedule of ambulance servicing and requirements for MoT and road tax.

The service used an external company to check all of its electrical equipment and ambulance equipment. All of the equipment had been serviced within the twelve months prior to our inspection.

The service offered transport for patients who were morbidly obese and had appropriate equipment to support this activity.

# Patient transport services

We reviewed a range of consumable single use items including oxygen masks, and bandages amongst others. All items were stored appropriately and were within their expiry date.

The service did not routinely transport children under the age of 18 years. However, they did occasionally transport children and had appropriate safety belts for supporting children during a journey.

## Assessing and responding to patient risk

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

The service did not have an exclusion or inclusion policy at the time of our inspection. The registered manager told us they accepted journeys on an ad-hoc basis from local NHS services. The registered manager liaised with the NHS provider prior to accepting a journey to ensure they had appropriately trained staff and the correct vehicle required for the journey.

The service did not have a written policy for the care of a deteriorating patient. The service covered the care of deteriorating patients as part of its staff induction process, were all staff were trained to provide initial first aid and call for the urgent and emergency care service.

All staff had completed basic life support training which was delivered to staff by the registered manager. Basic life support training was not accredited by an external agency. Evidence provided by the registered manager showed that during the training staff covered areas including basic cardiovascular resuscitation (CPR), airways management and checking for signs of life. Following our inspection, we asked the service to take action and ensure all staff had received appropriate basic life support training. The registered manager provided evidence following the inspection to demonstrate that all staff were enrolled on the appropriate training programmes.

Staff we spoke with knew how to deal with a deteriorating patient and the actions to take should a patient deteriorate during a transfer. Staff would call emergency services and provide basic first aid or life support. In the case of high dependency unit (HDU) patient the service would always

ensure a driver qualified, who would be a paramedic to drive under “Blue Lights” would drive the vehicle and transfer the patient to the nearest urgent and emergency department.

A qualified paramedic was always assigned to HDU ambulances. Local NHS providers would also be required to provide an additional escort for any patients where a complex health issue could affect the patients’ needs during transport.

The service accepted PTS transfers from hospitals, to the patients own home or care home for patient that had been assessed by the hospital as safe for transfer. Staff we spoke with told us they never transported any patients that were not deemed fit to travel by the referring hospital and that patients were well and required minimal support with the transfer.

The registered manager was clear on the risks associated with transporting patients. For example, staff would not be allowed to take obese patients up or down stairs due to concerns for the patient and staff safety. The registered manager completed a separate risk assessment for transporting patients that were obese.

The service did not routinely transport children under the age of 18 years. However, they did occasionally transport children. For these journeys the NHS trust provided a qualified healthcare professional as an escort for the child, who took responsibility for the care of the patient on the journey.

The service recorded all of the patients details on a patient booking and care record. Patient records we reviewed shows that the service recorded any specific issues likely to affect the patient during the transport, for example their do not attempt cardiopulmonary resuscitation (DNACPR).

## Staffing

**The service had enough staff however we were not assured that staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The registered manager and administrator were the only staff directly employed within the service.

# Patient transport services

Three ambulance drivers and one paramedic worked for the service on a self-employed basis and were deployed based on the demands within the service. This enabled the service to deliver an ad-hoc service that included antisocial hours.

The service did not use agency staff to cover any vacant shifts. The registered manager covered any short-term staff sickness or put out a request for existing staff to cover a shift.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

The service had systems and processes in place to record patient information and staff had access to this information in a timely way. Staff completed paper booking forms for planned patient journeys. The booking information included the patients' pick-up address and drop off address, patient mobility needs and any additional information such as whether the patient had a condition such as dementia. We reviewed ten patient transport service booking forms and noted all forms were completed appropriately, signed and dated.

We found patient identifiable information stored on two of the ambulances outside Radmere HQ Radmere Medical Ltd. We drew this to the attention of the registered manager who immediately removed this from the vehicles.

Patient information was taken from the booking forms and recorded on an electronic password protected spread sheet. Once the details were transferred to the electronic record the paper based record was shredded in an industrial shredder.

The registered manager kept paper records within locked filing cabinets in the office which was locked when managers left the office. We observed that draws were locked during our inspection to maintain record safety and patient confidentiality.

## Medicines

**The service did not store or administer medicines, however it used medical gases.**

The service did not store or administer any controlled medicines on site or on ambulances for the use of patient transport services.

The service carried medical gases, such as oxygen and nitrous oxide on ambulances to support patients that were prescribed medical gases. The service did not have a policy for staff to follow in the event of a patient requiring medical gases and patients were required to self-administer unless the service's own paramedic was deployed on the journey.

If patients required medicines as part of their HDU transfer the NHS service would prescribe medicines for the patient to take or for a nurse or escort to administer during the journey. Staff we spoke with told us that they checked prescriptions for hospital discharge to make sure they were for the right person.

Paramedics supported patients in line with their own professional standards, registration and guidance, for example the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance. Any medicines prescribed to the patient for the journey would be reconciled at the end of the journey with the accepting NHS trust.

## Incidents

**The service managed patient safety incidents. Staff recognised incidents and near misses and reported them appropriately. The registered manager investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support.**

We reviewed two incidents in relation to the service which had occurred in the twelve months prior to our inspection. One incident related to a road traffic incident and another was a concern from an NHS provider in relation to patient information control. Both incidents had been investigated by the registered manager, information had been shared with interested parties and the details had been shared with the appropriate staff members.

We spoke with two members of staff, both were clear on how to report incidents and knew that the service had an incident policy in place. Staff told us the registered manager would speak with them frequently, usually when they were collecting an ambulance for a journey. At these times the registered manager would tell them if there were

# Patient transport services

any changes in the service or any events they needed to be aware of. For example, if an ambulance was not fit to use due to a fault, if a hospital was very busy due to demand or any issues likely to affect the journey.

Staff we spoke with did not understand the duty of candour. The registered manager did say they would be open and transparent and give patients and families a full explanation if and when things went wrong.

## Are patient transport services effective? (for example, treatment is effective)

Good



This was the first time we had inspected this service. We rated it as **good**.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. The registered manager checked to make sure staff followed guidance.**

We reviewed a range of up to date policy documents such as but not limited to, infection control, health and safety and whistle blowing. All staff were required to sign records showing they had read and understood the service's policies and procedures. All policy documents were inclusive of all patient groups such as patients with protected characteristics and related to national and local guidance.

The service did not have a dedicated policy in relation to the Mental Capacity Act. The Act was referenced in the services safeguarding policy, but there was no specific guidance for staff to follow. This meant we were not assured that staff had the required skills to meet the needs of some patients. Following our inspection, the service was required to provide staff with additional training in supporting patients living with dementia and gaining consent.

Staff had access to policies at the ambulance base in a dedicated policies folder and the service. stored policies on its IT system.

Paramedics had access to copies of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) for clinical guidance.

Staff used paper based patient records which gave staff clear guidance on how to meet the patients' needs. Records referred to mental capacity and protected characteristics to ensure patients' rights were protected by staff.

### Nutrition and hydration

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

The registered manager recorded patients who may need additional nutrition or access to drinks during a journey as part of the booking process. However, the registered manager told us that transfers generally took no longer than 30 minutes.

Fresh bottled water was available for patients on all the ambulances we inspected. Staff we spoke with told us they would always offer drinks to patients when it was safe to do so, but most of the journeys were very short and patients rarely required this.

### Pain relief

The service did not use any medication on its ambulances other than medical gases.

For patients using high dependency transport, paramedics would support the patients to take their own medicine which would be prescribed to the patient by the NHS trust. Paramedics supported patients in line with their own professional standards, registration and guidance, for example the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance if they administered pain relief.

### Response times / Patient outcomes

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients.**

The service did not have any key performance indicators set by those who commissioned services, for example the NHS providers. The registered manager recorded all patient journey times on the patient transport booking and care

# Patient transport services

plan form. The registered manager had oversight of the agreed pick up and drop off times and monitored these to ensure patients were on time for appointments. The appointments we noted were on time and if any appointment was late staff rang to inform the registered manager of the reason for the delay, for example the patient not being ready or road works.

Staff we spoke with during the inspection told us if they were running late due to traffic, or other reasons they would contact the registered manager and inform the location where the patient was travelling to, so they were aware of the delay.

Where there had been delays the registered manager told us they would discuss these with staff to establish the reason for the delays and make adjustments to the service. However, the service had no formal audit process for improving the service based on response times. As the service set its own response times, and the journeys were booked on an ad-hoc basis, journeys were managed to ensure they met agreed response times.

The registered manager shared the patient journey times with the local service commissioners, for example the NHS, as part of the service's financial system.

As all the services patient transport work was completed on an ad-hoc basis to NHS services, they were unable to compare their services with other services.

The service did not hold formal regular meetings with the transport managers within each NHS service to provide feedback on services or look at ways to improve. They did speak with local NHS bed and transport managers to agree ad-hoc transfers. We spoke with two local NHS providers during our inspection who told us the service was responsive to requests and were their first choice service and were highly satisfied with the services provided.

## Competent staff

### **Managers appraised staff work performance and held appraisal meetings with them.**

All new staff received an induction which included the completion of mandatory training delivered by the registered manager. Staff we spoke with told us they had a good induction to the service which covered safeguarding, infection control, and handling and moving amongst other training.

The service required all new staff to complete a probationary period where the registered manager monitored the staff members' performance and suitability for their role.

The service completed disclosure and barring service (DBS) checks for all staff every three years. Managers kept records of staff DBS checks with the reference numbers for these checks. Records we reviewed showed that all staff had completed these checks within the last three years.

The registered manager had a staff induction checklist in place to set out the roles and responsibilities of staff at all levels in the induction process. Staff records we reviewed showed all staff had completed this process.

The service checked staff driving licences prior to employment and a copy of each employee's driving license was kept within their employee records. The service gave staff clear guidance on driving license checks and maintaining the required driving standards. Staff were required to inform the service if there was any change to their licence.

At the time of our inspection the staff appraisals rate was 100% and all staff appraisals had been completed within the last 12 months.

Staff who were required to drive under "Blue lights" completed additional training every two years with an advanced driving instructor. Records showed that the staff who required this training had all completed the training within the required timeframes.

## Multidisciplinary working

### **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Staff worked with other stakeholders, for example the local NHS services, to take patient journey bookings and confirm information about patients to ensure the correct equipment and staff were available to undertake the journey based on the information provided.

Frontline staff worked with care homes, local NHS services and other private services. Staff we spoke with told us they collected patients from local care homes and hospitals regularly and had developed positive working relationships with these services.



# Patient transport services

## Health promotion

The service did not offer any additional health promotion advice as part of its patient transport service.

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

### Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff had access to patient details, for example if they were living with dementia or had a mental health condition. This was recorded at the time of the transport booking on the paper based patient transport booking forms. Staff we spoke with told us they assumed patients had capacity to make their own decisions unless they had evidence that a patient lacked capacity.

The service did not have a separate mental capacity act policy, but this was referenced within the services safeguarding policy. Staff we spoke with told us the registered manager discussed mental capacity, consent and dementia during safeguarding refresher training.

Following our inspection on the 18 February 2020, we asked the service to take action to ensure all staff had received appropriate mandatory training in dementia awareness. The registered manager provided evidence following our inspection to demonstrate that all staff were enrolled on the appropriate training programmes.

Staff we spoke with told us they would report any concerns relating to mental capacity to the NHS service when transferring a patient and the registered manager to ensure patients got the correct level of support.

## Are patient transport services caring?

This was the first time we had inspected this service. We were unable to rate this domain as we were unable to gather evidence due to the ad-hoc nature of the service. The service did not collect feedback from patients, or their family. Instead it displayed information within its ambulances asking anyone who was not satisfied with their care to let the service know why the service did not meet their expectations.

## Compassionate care

Staff we spoke with during the inspection explained how they promoted patient dignity and comfort during a transfer.

## Emotional support

Staff we spoke with during the inspection explained they would provide reassurance to patients who may be upset during the journey. Sometimes the patients were agitated, and staff talked to the patient and encouraged them to talk and feel at ease during the journey.

## Understanding and involvement of patients and those close to them

Patient feedback was not formally monitored or evaluated.

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

Good 

This was the first time we had inspected this service. We rated it as **good**.

## Service delivery to meet the needs of local people

### The service planned and provided care in a way that met the needs of local people and the communities served.

The service worked with local health care services to provide ad-hoc services to fulfil unmet needs in the local area. The service did not have any contracts. The registered manager told us they would only accept transfers if staff were available to safely undertake the transfer.

The service often supported patients that would have been stranded at hospital when other contracted services were unavailable to undertake a transfer. This supported local NHS providers to discharge patients in a timely manner.

The registered manager did not have regular meetings with NHS services to discuss the service provision. However, the registered manager had daily contact with local NHS providers when they contacted the service to discuss their needs.

## Meeting people's individual needs

# Patient transport services

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

The patient booking process captured information about patients with complex needs such as patients living with learning disabilities or dementia.

Staff we spoke with told us they transported patients living with learning disabilities or dementia. They told us that they encourage family members or carers to escort patients to provide additional reassurance and comfort where necessary.

The service offered bariatric services. PTS ambulances could carry a stretcher designed for use by obese patients.

Staff had access to a translation services through the local NHS providers for patients and families whose first language was not English.

Staff were flexible to patients' individual needs. Staff we spoke with told us that they listened to patients and made reasonable adjustments where possible and where it was safe to do so. For example, one member of staff explained how they had used a blanket to help a patient feel more comfortable during a journey, and the blanket gave them reassurance and calmed them during the journey.

The service did not routinely convey more than one patient at a time. However, the service made sure that patients with complex needs were conveyed without other patients in the same vehicle.

Staff had access to symbolised cards to promote communication with patients who had learning difficulties or disabilities to help them feel more comfortable and understand what was happening.

## Access and flow

**People accessed the service when they needed it, and received the right care in a timely way. However, the service did not have an exclusion policy.**

The registered manager was responsible for the management of bookings. The service mainly accepted journeys arranged with local NHS providers. The service provided ad-hoc patient transport services, which meant bookings were often completed on the day of transport.

The registered manager kept a spread sheet, which included details of pick up and drop off times for all patient journeys. This meant the registered manager could monitor the progress of all journeys.

The service did not have an exclusion policy at the time of our inspection. The registered manager told us they accepted journeys on an ad-hoc basis from local NHS providers. The registered manager was responsible for liaising with the NHS provider prior to accepting the journey to ensure they had sufficiently qualified staff and the correct vehicle for the journey. Staff told us the local NHS trust that requested shift cover from the service would only allocate journeys for low risk patients.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

The registered manager was responsible for ensuring complaints were responded to and investigated where appropriate.

The service had processes in place to manage complaints and concerns about the service and publicised its complaints process on its website. In addition, there were posters in vehicles advising patients how they could make a complaint about the service.

The service aimed to ensure that 95% of any complaints received were acknowledged within one working day and ensure that at least 80% of any complaints were fully resolved within 40 working days. We were unable to corroborate this during our inspection as the service had received no complaints in the 12 months prior to our inspection.

Complaints regarding the service were stored by the registered manager in a complaints folder and electronically. We reviewed the folder and found the service had actioned previous complaints and where appropriate liaised with the local NHS trust to provide feedback to the complainants.

Staff we spoke with during the inspection said they knew the service had a complaints policy, and copies of the policy were available in the staff room and that posters were on all of the ambulances advising patients of how to complain. They had never dealt with a complaint but said the registered manager would tell them if there were any issues they should be aware of.

# Patient transport services

## Are patient transport services well-led?

Inadequate 

This was the first time we had inspected this service. We rated it as **inadequate**.

### Leadership

**The registered manager was visible and approachable in the service for patients and staff. They supported staff to develop their skills.**

The registered manager was the lead for the service and was supported by an administrator. The registered manager was also a qualified paramedic and provided clinical oversight of patient activities.

The registered manager was visible and worked alongside the staff team supporting patient transport and participating in patient transfers and had regular face-to-face contact with the public.

Staff understood their roles and responsibilities. Staff knew the process to escalate concerns and who they reported to.

The overall culture of the service was informal with a number of processes being completed ad-hoc and not formalised in policy.

### Vision and strategy

**The service had no written vision or strategy.**

The service did not have a formally documented vision or strategy for future development.

The service's website stated that Radmere Medical aimed to provide the right care at the right time and in the right place for all its patients and would work to quality standards by which they would be measured.

Staff we spoke with said the registered manager always encouraged them to provide good care to patients, but they were not aware of any service vision.

### Culture

**Staff felt respected, 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.**

We spoke with two members of staff who told us they really enjoyed working for the service. They told us the registered manager was easy to get along with and the service had a family feel to it.

Staff were not afraid to discuss any concerns with the registered manager and found them very approachable. Staff told us that if they had any issues the registered manager was responsive and listened to their concerns.

Staff had regular contact with the registered manager and told us they encouraged good standards within the service. The registered manager expected staff to wear appropriate uniform and provide a good service when on a journey to maintain the company's reputation.

The service had an up to date whistle blowing policy, we had not received any whistle blowing concerns from the services staff team in the 12 months prior to our inspection.

### Governance

**Leaders did not operate effective governance processes.**

The registered manager had no formal governance process.

Due to the ad-hoc nature of the service and not all staff being available at any one time the service did not hold staff meetings. The registered manager saw the staff daily when they were handing over ambulances and used this time to share information about the service.

The service had no formal audit process. The service collected data, for example journey times, and vehicle cleaning schedules. There was no formal process for reviewing this or to demonstrate how this had been used to improve quality.

This was a small service that had recorded two incidents in the 12 months prior to our inspection. Opportunity to learn from incidents was therefore limited.

### Management of risks, issues and performance

**The registered manager and teams did not use systems to manage risks, issues and performance effectively.**

The service had no overarching risk register and had not recorded any specific risk in relation to the quality of its service.



# Patient transport services

The registered manager had not identified the risks in relation to the storage and transportation of oxygen, infection control and control of substances hazardous to health (COSHH). This was due to not having formal governance and audit processes in place to enable the registered manager to monitor risk and safety or to make improvements within the service.

We asked the register manager to provide the number of patient transport journeys undertaken in the twelve months prior to our inspection. The registered manager did not provide this detail.

The service had a business continuity plan to deal with any emergency likely to affect the running of the business, for example poor weather conditions.

The register manager was a qualified paramedic who had clinical oversight of the service and reviewed policies, procedures and safeguarding.

The service did not collect patient feedback to monitor the quality of the service or to implement improvements where necessary.

## Information management

### **The service collected data and analysed it for financial purposes.**

The service collected information to monitor journey times, staff development and performance. Paper based patient records were stored securely in locked filing cabinets within the office. The relevant patient details, for example journey times, and location were uploaded onto a password protected electronic data base by the services administrator and the paper based record shredded once used.

The service used satellite navigation systems and staffs own mobile phones to ensure staff could be contacted to share key information. For example, changes in schedule or patient transfer locations.

## Public and staff engagement

### **The registered manager did not routinely engage with patients, staff, the public and local organisations to plan and manage services.**

The service did not have planned engagement with NHS services. Instead the registered manager or the service's administrator took booking requests on a daily basis from NHS services.

The service had a public website with information that could be accessed for the public.

The registered manager engaged with staff daily through routine activities for example, handing over vehicles and training days.

The registered manager did not hold formal group staff meetings due to the size of the workforce and the ad-hoc nature of the service.

The service did not seek feedback from patients. However, the service displayed information on ambulances advising patients how to feedback to the service.

## Innovation, improvement and sustainability

We found no evidence of innovation within the service. The registered manager was clear that the aim of the business was to provide a service to patients and ensure the business was financially viable in the future.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The service must implement an overarching safety and audit system to monitor the quality of the service. (Regulation 17).
- The service must investigate and carry out further analysis to understand risk and safety issues within the service. (Regulation 17).

### Action the provider **SHOULD** take to improve

- The service should ensure all staff continue to complete mandatory training to an appropriate standard. (Regulation 18).

- The service should ensure all staff are trained to the appropriate safeguarding levels at all times. (Regulation 18).
- The service should ensure ambulances and equipment are maintained and safe for use at all times. (Regulation 17).
- The service should ensure that its safeguarding policy reflects current best practice in relation to safeguarding and reflects the training requirements for staff. (Regulation 17).
- The service should ensure it implements a policy specifically to support patients who may lack mental capacity. (Regulation 17).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service had no overarching quality or safety auditing system, effective governance processes and did not use information to routinely improve its service.</p>