

Thames Valley Ambulance & Paramedic Service
Limited

Thames Valley 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

We carried out a focused unannounced inspection on 24 May 2016 to follow up on the service's actions to address concerns found on the last inspection in December 2015. As this was a focused inspection, we did not inspect every key line of enquiry under the three key questions we inspected (safe, effective and well led). We have not rated the three key questions inspected. Whilst improvements had been made in a number of areas, further work was required to demonstrate full compliance with some of the breaches of regulations identified at the last inspection. The regulations that were breached during the last inspection were regulations 12, 13, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

On this inspection, we found that the service demonstrated compliance with regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Are services safe at this service

During the last inspection, there were serious concerns that care and treatment were not being provided in a safe way for patients. During this inspection, we found:

- Generally, some improvements had been made to address some of the safety concerns that had been identified at the last inspection.
- Policies and procedures within the service generally had improved and were relevant for the staff groups employed.
- The service generally had an appropriate understanding of safeguarding vulnerable adults and children, and had a policy and procedure surrounding this.
- Medicines management had improved and all medicines were kept securely.
- Equipment storage and suitability had been reviewed and all items of single use equipment were in date and stored correctly on vehicles.
- Environmental risk assessments, including fire safety, had now been completed by the service.
- Oxygen storage facilities had improved since our previous inspection, and that all cylinders were appropriately stored.

Some concerns raised during our previous inspection had not been fully resolved including:

- Not all vehicles were secure meaning there was a risk of tampering to equipment contained within them. The premises where vehicles were stored was secure.
- Infection control concerns were still apparent within some vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.
- Regular audits were not undertaken and therefore learning did not take place from review of procedures and practice.
- There was no assurance that vehicle repairs and maintenance were carried out by suitably qualified staff.
- Whilst staff within the service had attended some appropriate mandatory training for their role, not all staff had had the required level of mandatory training.
- Not all patients using the service had had a robust risk assessment completed.

Are services effective at this service

During the last inspection, there were concerns that there were not systems in place to ensure staff were suitable, experienced and competent for their role. During this inspection we found:

- Recruitment procedures had improved to ensure that competent and experienced clinical staff were employed by the service to care for patients. However, there were not effective processes in place for ensuring non-clinical staff were suitable for their role.

Summary of findings

However, some concerns raised during our last inspection had not been fully resolved including:

- There were no systems in place to ensure staff were suitably appraised or received clinical supervision.
- There were not effective processes in place for ensuring non-clinical staff were suitable for their role.

Are services caring at this service

This was a focused inspection and we did not consider this as part of the inspection.

Are services responsive at this service

This was a focused inspection and we did not consider this as part of the inspection.

Are services well led at this service

During our last inspection, we had significant concerns regarding the governance and risk management processes within the service. During this inspection, we found that:

- Several new policies and procedures had been put into place to support staff in their role.

However, some concerns raised during our previous inspection had not been fully resolved including:

- There were not effective, robust systems in place to assess, review and monitor risks

within the service. An audit process was not in place to allow oversight of quality and safety within the service.

- There was still no registered manager or nominated individual in place to ensure regulatory oversight of the service.
- The policy for safeguarding adults and children did not provide staff with clear guidance on how to make a referral and to whom.

The service must take action to ensure that:

- Robust governance and risk management systems are in place and understood by all staff.
- Staff are supported in their roles by effective supervision and appraisal systems and ongoing training.
- Effective processes are in place for ensuring non-clinical staff are suitable for their role.
- Vehicles servicing and security must be maintained.
- Appropriate infection control procedures are in place to minimise the risk of acquired infections.
- Ensure that a registered manager is in place to provide regulatory oversight of the service.
- All staff receive appropriate mandatory training for their role.
- All patients' using the service have a risk assessment completed to identify any potential risks to their health and safety.

Importantly, the provider must take action to ensure compliance with regulations 7, 12, 15, 18, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Professor Sir Mike Richards

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?

As this was a focused inspection, we inspected, but did not rate, elements of safe, effective and well-led key questions. We did not inspect caring and responsive key questions. Whilst some improvements had been made in a number of areas, further work was required to demonstrate full compliance with all of the breaches of regulations identified at the last inspection. We found that:

- Generally, some improvements had been made to address some of the safety concerns that had been identified at the last inspection.
- Policies and procedures within the service had generally improved and were relevant for the staff groups employed.
- The service generally had an appropriate understanding of safeguarding vulnerable adults and children, and had a policy and procedure surrounding this.
- Medicines management was appropriate and medicines were kept securely.
- Environmental risk assessments, including fire safety, had now been completed by the service.
- Oxygen storage facilities had improved since our previous inspection, and all cylinders were appropriately stored.
- Equipment storage and suitability had been reviewed and all items of single use equipment were in date and stored correctly on vehicles.

However, we also found that:-

- There was no appraisal or clinical supervision systems in place: this was being considered by the service.
- Not all vehicles were not secure meaning a risk of tampering to equipment contained within them.

Summary of findings

- Infection control concerns were still apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.
 - Regular audits were not undertaken and therefore learning did not take place from review of procedures and practice.
 - There was no assurance that vehicle repairs and maintenance were carried out by suitably qualified staff.
 - There was still no registered manager in the service.
 - Not all staff had had the required mandatory training for their role.
 - Not all patients had had a robust risk assessment carried out.
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Thames Valley Ambulance Service

Detailed findings

Services we looked at

Patient transport services (PTS).

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to Thames Valley Ambulance Service	7
Our inspection team	7
How we carried out this inspection	7
Facts and data about Thames Valley Ambulance Service	7
Our ratings for this service	8
Action we have told the provider to take	19

Background to Thames Valley Ambulance Service

Thames Valley Ambulance & Paramedic Service Limited is an independent ambulance service providing patient transport services and ambulance work for events, on both a regular and occasional basis. The service has one location based in Milton Keynes.

The service is registered for the regulated activities of transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury.

The service was last inspected in December 2015 and concerns were found about the safety and quality of care

and treatment provided. The provider was requested to take action to ensure compliance with regulations 12, 13, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this basis, the registered provider had conditions placed on their registration to ensure safe working practices and that patients were protected.

We inspected, but have not rated, elements of three of the five key questions including, safety, effectiveness and well-led.

Our inspection team

Lead Inspector: Charlotte Walker

Our inspection team comprised of three inspectors.

How we carried out this inspection

We undertook an unannounced focused inspection on 24 May 2016.

We spoke with one non-clinical member of staff and two managers during the inspection. We looked at seven vehicles and reviewed a range of documents including, policies and procedures, daily vehicle checklists used by staff, deep clean records and training records.

Facts and data about Thames Valley Ambulance Service

Thames Valley Ambulance Service is registered to provide treatment for disease, disorder and injury and transport services, triage and medical advice provided remotely.

Detailed findings

The service has a fleet of 11 vehicles used to transport patients to and from a variety of settings including NHS hospitals. The service also provides transport for disabled children who require medical transport to and from school. Sporting events are also covered by the service.

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	N/A	Not rated	Not rated
Overall	Not rated	Not rated	N/A	N/A	Not rated	Not rated

Patient transport services (PTS)

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

Information about the service

Thames Valley Ambulance Service is an independent ambulance service providing patient transport services and medical cover for events throughout the country. Transport and event cover is provided by emergency medical technicians and first aid trained staff using private ambulances. A variety of cover is provided including patient transport for NHS ambulance services, sporting games and community events. We were not provided with information to show how many patients are treated by the service each year.

We undertook an unannounced focused inspection to follow up on concerns found at the last inspection.

Summary of findings

As this was a focused inspection, we inspected, but did not rate, elements of safe, effective and well-led key questions. We did not inspect caring and responsive key questions. Whilst improvements had been made in some areas, further work was required to demonstrate full compliance with all of the breaches of regulations identified at the last inspection. We found that:

- Generally, some improvements had been made to address some of the safety concerns that had been identified at the last inspection.
- Policies and procedures within the service had improved and were relevant for the staff groups employed.
- The service generally had an appropriate understanding of safeguarding vulnerable adults and children, and had a policy and procedure surrounding this.
- Medicines management was appropriate and medicines were kept securely.
- Environmental risk assessments, including fire safety, had now been completed by the service.
- Oxygen storage facilities had improved since our previous inspection, and that all cylinders were appropriately stored.
- Equipment storage and suitability had been reviewed and all items of single use equipment were in date and stored correctly on vehicles.

However, we also found that:-

Patient transport services (PTS)

- There was no appraisal or clinical supervision systems in place: this was being considered by the service.
- Whilst staff within the service had attended some appropriate mandatory training for their role, not all staff had had the required level of mandatory training.
- Not all vehicles were not secure meaning a risk of tampering to equipment contained within them.
- Infection control concerns were still apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.
- Regular audits were not undertaken and therefore learning did not take place from review of procedures and practice.
- There was no assurance that vehicle repairs and maintenance were carried out by suitably qualified staff.
- Not all patients had had a robust risk assessment carried out.

Are patient transport services safe?

Not sufficient evidence to rate



We have not rated the patient transport service for safety. This was a focused inspection and elements of this key question were not inspected. Whilst some improvements had been made in some areas, further work was required to demonstrate full compliance with all of the breaches of regulations identified at the last inspection. We found that:

- Generally, improvements had been made to address some of the safety concerns that had been identified at the last inspection.
- Environmental risk assessments, including fire safety, had now been completed by the service.
- The service had implemented appropriate policies regarding the handling, storage and disposal of medicines, including controlled drugs following concerns raised at the last inspection.
- Medicines storage was appropriate and only qualified staff had access to medicines.
- Equipment storage had improved and all items of single use equipment were in date and stored appropriately on vehicles.
- The service had an appropriate understanding of safeguarding vulnerable adults and children, and had a policy and procedure surrounding this.

However, we also found that:

- We observed poor infection control practices and unclean vehicles across the service. There were no infection prevention control audits conducted to ensure good standards of cleanliness.
- Whilst staff within the service had attended some appropriate mandatory training for their role, not all staff had had the required level of mandatory training.
- We were not assured qualified staff would always carry out the necessary vehicle repairs.
- The safeguarding policies required additional detail to provide staff with clear guidance on reporting safeguarding concerns.
- Not all patients had had a robust risk assessment carried out.

Incidents

Patient transport services (PTS)

- We did not gather evidence for this as part of the inspection.

Mandatory training

- Some improvements had been made since the last inspection. All staff within the service had attended some appropriate mandatory training for their role. We saw staff attended training modules including basic life support, fire safety and first person on scene (FPOS) and it was clear when they were due to complete further training.
- However, staff were not provided with training in relation to infection control, manual handling or medicines management/administration. There was no policy in place to describe what training each member of staff should complete annually.
- Whilst some improvements had been made, not all staff had had sufficient mandatory training which meant there was still a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 18 (2)(a): staffing.

Safeguarding

- Improvements had been made since the last inspection. Safeguarding arrangements and policies were now in place. The service had an appropriate understanding of safeguarding vulnerable adults and children, and had a policy and procedure surrounding this.
- The safeguarding adults and children policy had been reviewed after the last inspection and included guidance on how to identify potential abuse as well as staff responsibilities. However, the policy did not include a clear process to be followed in making a safeguarding referral. We were unable to speak to any clinical staff in relation to their understanding of the safeguarding policy and how to report a concern.
- The service had copies of safeguarding protocols for local authorities within the region, which could be referred to with the relevant contact details for safeguarding authorities.
- All staff had received level two safeguarding adults and children's training.
- The improvements made meant there was no longer a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 13: safeguarding.

Cleanliness, infection control and hygiene

- Some improvements had been made since the last inspection. An infection control policy had been implemented within the service since the last inspection and this generally reflected national guidance.
- We saw no evidence that staff had received training in infection control and prevention; we were unable to speak to clinical staff to confirm their understanding of infection control practices within the service.
- We found concerns regarding the cleanliness of vehicles and equipment on the last inspection. Whilst there was some improvement generally in infection control measures, we found some areas of concern on this inspection.
- We inspected seven vehicles during this inspection and found six of them to be visibly unclean, with dirt present inside kit bags, cupboards and in the front cabs.
- Managers told us that, at the beginning and end of each shift, it was the crew members' responsibly to ensure the vehicles were cleaned. This was not recorded by the service for monitoring purposes.
- We spoke to a member of staff who had responsibility for conducting deep cleans on vehicles and they informed us there was no schedule for cleaning and these deep cleans were completed on an 'as and when' basis. We saw from the service's deep clean record that these deep cleans were not regular and did not document what had been cleaned or checked. It was also not clear from records which vehicles were off the road/not in use, and therefore it appeared vehicles had gone an extensive period of time with no thorough clean. The service did not have a policy in place for vehicle cleaning or maintenance to suggest how often deep cleans should be carried out.
- We asked what chemicals were used for cleaning vehicles and we were told that regular shop bought pine disinfectant was used to mop the floor, and an air disinfectant system used during each clean. Regular disinfectants are acceptable for low risk cleaning following patient contact, however chlorine based cleaning products should be available in case a high-risk bodily fluids are present, in line with national guidance.
- We did not see evidence that the member of staff responsible for vehicle cleaning had received appropriate training for their role in line with national guidance.
- There should be a mixture of clinical waste bags used in the service to allow separation of offensive, clinical/ infectious and highly infectious waste. Only one type of

Patient transport services (PTS)

clinical waste bag was used by the service which meant segregation of clinical waste could not be carried out in line with Hazardous Waste Regulations and Department of Health guidance (HTM 07-01). There was not a policy in place for disposal of clinical waste.

- In all vehicles inspected, we found appropriate personal protective equipment, including aprons and sleeve protectors, available for staff use for the prevention of infectious diseases.
- We found the fabric to three seats in the rear of the vehicles was torn, presenting infection control risks. We had raised this during our previous inspection. The provider had obtained fabric chair covers for some torn seats, however these were not compliant with infection control guidance, and there were no washing schedules in place to ensure they were cleaned following patient use.
- The service was not carrying out infection control audits to ensure infection control measures were being monitored and being used to make improvements.
- Following our inspection, we requested reassurance from the provider that steps would be taken to ensure infection control procedures were suitable and vehicles were clean and suitable for use. The provider responded to our concerns by stating that they would improve cleanliness, but we were not provided with evidence of how this would be done, or any supporting policies or operating procedures.
- Whilst we saw some improvements, there was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12 (2)(h): safe care and treatment.

Environment and equipment

- Following concerns regarding the safety and suitability of the premises and equipment found on the last inspection, we found the service had taken some steps to address some but not all of these concerns.
- We were told that vehicle maintenance and repairs were carried out either by a member of staff employed for general cleanliness and maintenance, or by a local mechanic. We requested evidence of the repair history for all the vehicles, including information as to who had completed the repair, but this was not provided by the completion of the inspection. We asked for a policy or procedure to clarify who would be suitable to carry out repairs and at which point a qualified mechanic would need to be consulted. The service was unable to provide

this to us so we could not be assured the appropriate person was carrying out vehicle repairs and maintenance. We found there was not a robust system or effective arrangements in place to give clear oversight of the ongoing servicing and maintenance of the vehicles.

- We saw improvements in the site security as on our arrival the front gates were locked, limiting access to visitors and members of the public.
- Vehicles and the equipment inside were not always secure, as we found that four out of seven vehicles were open and unlocked. Inside these four vehicles we found equipment, including defibrillators, oxygen cylinders and airways equipment, first aid and dressing packs which were all accessible and at risk of being tampered with. This concern was raised during our previous inspection and evidence had been provided following that inspection of service maintenance checks on all vehicles in use. The premises where vehicles were stored had a main gate, that was kept closed, and also had CCTV systems to monitor the parking areas and buildings.
- We found that appropriate risk assessments, including fire safety, had been conducted on all aspects of the environment and premises.
- Whilst the service had improved the overall security of storage facilities on the premises, during this inspection we found a cleaning store room, containing hazardous chemicals was left open. Whilst we were told that it was only open during the hours the cleaning staff worked, they were not always within or near this storeroom leaving it unattended. This posed risks to the health and safety of staff and visitors to the site.
- We found that the equipment stock room smelled strongly of damp and was visibly unclean. This was a concern raised during our previous inspection which the service had addressed at the time. We found some equipment was stored on the floor and the plastic bags with the equipment in were unclean. Managers told us stock checks were in the process of being conducted but had not yet been completed. There were faulty items of equipment also stored within the room, with no label or identifying information to advise staff it was not suitable for use. We were told that work was still being conducted into ensuring improvements of storage, but we saw no action plans in place to demonstrate what was intended to occur.

Patient transport services (PTS)

- We found oxygen storage facilities had improved since our previous inspection, and that all cylinders were appropriately stored.
- On reviewing the daily vehicle inspection checklists (which should have been completed each time before a vehicle was used), we found that there had been a significant improvement in their completion. From 1 March 2016 to 22 May 2016, all but two of 112 vehicle checklists had been completed.
- All equipment that we inspected had been safety checked within the appropriate time period, making it safe and suitable for use.
- We found all medical single use equipment was stored within its sterile packaging as per manufacturer's guidance, and stored appropriately on vehicles.
- On all vehicles inspected, we found that equipment, including trolleys, wheelchairs, and medical devices were stored appropriately reducing the risk of items becoming loose and injuring staff or patients.
- During our inspection, we saw staff smoking in various places on the premises, including whilst cleaning vehicles. This was in the same vicinity as flammable gases. We raised this as a concern to the service who told us they would implement specific smoking areas for staff away from vehicles and equipment.
- In addition, there were dogs loose on the service site and they were allowed to freely roam around areas where equipment was stored and where vehicles were being cleaned. We saw one vehicle that had dog hair present on the seats and smelt strongly of dog odour. We raised this as a concern to the service, who stated that action would be taken to address this.
- Whilst we saw some improvements, there was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 15 (a)(b)(d)(e): premises and equipment.
- There were no effective stock check and audit systems in place in relation to medicines. Managers were not able to provide evidence of regular and comprehensive medicine order requests, regular stock balance checks and medication audits, including checking the expiry dates of medicines. We were told that the service did not dispose of any medicines but retained them for training purposes: the volume of medications used in this way was not monitored. All training materials and medicines were kept in a locked room that we did not access during our inspection as keys were not available as training was not currently being carried out.
- There were no systems in place to assess ongoing staff competencies in administering medication or evidence they had the correct knowledge to ensure medicines were administered appropriately without risk. This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12 (2)(g): safe care and treatment

Records

- We did not review clinical patient records as part of this inspection.

Assessing and responding to patient risk

- Risk assessments were not consistently completed for patients who were transported by Thames Valley Ambulance Service. A standard assessment / plan of care form was used to record details about the patients' medical needs, mental health needs, medication, risk assessment as well as their Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status.
- We reviewed five booking records for patients who had been transported by the service in April 2016. We found that the assessment / plan of care section had not been completed for three of the patients and there was minimal detail about why the patients required transport. For example one patient was listed as having, 'cardiac problems' but there was no further information about their needs, therefore there was a risk the appropriate level of staff member may not be provided to transport the patient. We were unable to speak to any staff to assess their understanding of patient acuity and care requirements.

Medicines

- Some improvements had been made since the last inspection. The service had implemented appropriate policies regarding the handling, storage, and disposal of medicines, including controlled drugs following concerns raised at the last inspection.
- During the inspection, we found all medicines to be stored correctly and the amount of controlled drugs was reflected in the stock book. The number of medicines kept by the service had been reduced so only medicines that staff could use in the course of the work were kept.

Patient transport services (PTS)

- Due to the failure to carry out risk assessments on all patients using the service, this meant that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014: regulation 12(2)(a): safe care and treatment.

Staffing

- We saw that rotas and shift patterns were aligned to demand. We were told that there were six crew members employed by the service as well as administrative staff at the time of inspection. The service also employed bank staff, although bank staff had not been required recently.
- We reviewed a sample of rotas and found that staff worked within the working time directive with an adequate break in between shifts (11 hours), although we noted one person had worked a 15.5 hour shift in April 2016; however, this was not consistent practice.

Major incident awareness and training

- We did not gather evidence for this as part of the inspection.

Are patient transport services effective?

Not sufficient evidence to rate

We have not rated the patient transport service for effective. This was a focused inspection and elements of this key question were not inspected. Whilst improvements had been made in some areas, further work was required to demonstrate full compliance with all of the breaches of regulations identified at the last inspection. We found that:

- Recruitment procedures were sufficient to ensure that competent and experienced clinical staff were employed by the service to care for patients. However, there were not effective processes in place for ensuring non-clinical staff were suitable for their role.
- There were no system in place to ensure staff were suitably appraised or received clinical supervision.

Evidence-based care and treatment

- We did not gather evidence for this as part of the inspection.

Assessment and planning of care

- We did not gather evidence for this as part of the inspection.

Nutrition and hydration

- We did not gather evidence for this as part of the inspection.

Patient outcomes

- We did not gather evidence for this as part of the inspection.

Competent staff

- Some improvements had been made since the last inspection. There were arrangements in place for recruitment of staff. The service had implemented a recruitment policy in December 2015, following the last inspection.
- The policy outlined requirements and processes for recruiting staff. This included authority to recruit as well as pre-employment checks. However, the policy was unclear on how to manage employment arrangements if disclosure and barring system (DBS) check had not been returned prior to a person commencing work. Managers told us that staff would not be permitted to work until their DBS check had been returned, however the policy did not clearly document this. The policy referred to permanent staff only and not bank staff who were used by the service from time to time.
- We reviewed a sample of six staff files and found that relevant employment checks had been made for staff working for the service. This included references, identity checks, DBS checks, as well as confirmation of a full and valid driving licence. However, the service did not hold a staff file for a member of domestic/maintenance staff, who had access to all areas of the location and to areas where personal files, patient information and equipment was kept. They also carried out vehicle maintenance work. We were told by the service this member of staff was subcontracted and self-employed. We asked for assurance that the service knew this member of staff was suitable for their role and of good character, however this was not provided to us.
- There was no effective appraisal or clinical supervision system in place. This meant that we could not be assured of staff's continuing competency in their role. Managers told us that an appraisal process was in the process of being established.

Patient transport services (PTS)

- Whilst we saw some improvements, there was a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 18(2) (a) staffing and regulation 19: fit and proper persons employed.

Coordination with other providers

- Some improvements had been made since the last inspection. There were arrangements in place for recruitment of staff. The service had implemented a recruitment policy in December 2015, following the last inspection.
- The policy outlined requirements and processes for recruiting staff. This included authority to recruit as well as pre-employment checks. However, the policy was unclear on how to manage employment arrangements if disclosure and barring system (DBS) check had not been returned prior to a person commencing work. Managers told us that staff would not be permitted to work until their DBS check had been returned, however the policy did not clearly document this. The policy referred to permanent staff only and not bank staff who were used by the service from time to time.
- We reviewed a sample of six staff files and found that relevant employment checks had been made for staff working for the service. This included references, identity checks, DBS checks, as well as confirmation of a full and valid driving licence. However, the service did not have any record of competency checks or character checks for the domestic/maintenance staff, who had access to all areas of the location and to areas where equipment was kept. They also carried out vehicle maintenance work. We were told by the service this member of staff was subcontracted and self-employed. We asked for assurance that the service knew this member of staff was suitable for their role and of good character, however this was not provided to us.
- There was no effective appraisal or clinical supervision system in place. This meant that we could not be assured of staff's continuing competency in their role. Managers told us that an appraisal process was in the process of being established.
- Whilst we saw some improvements, there was a continuing breach of the 19: fit and proper persons employed.

- We did not gather evidence for this as part of the inspection.

Multidisciplinary working

- We did not gather evidence for this as part of the inspection.

Access to information

- We did not gather evidence for this as part of the inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We did not gather evidence on consent during the inspection.

Are patient transport services caring?

This was a focused inspection and we did not gather evidence for this key question.

Compassionate care

- We did not gather evidence for this as part of the inspection.

Understanding and involvement of patients and those close to them

- We did not gather evidence for this as part of the inspection.

Emotional support

- We did not gather evidence for this as part of the inspection.

Supporting people to manage their own health

- We did not gather evidence for this as part of the inspection.

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

This was a focused inspection and we did not gather evidence for this key question.

Service planning and delivery to meet the needs of local people

Patient transport services (PTS)

- We did not gather evidence for this as part of the inspection.

Meeting people's individual needs

- We did not gather evidence for this as part of the inspection.

Access and flow

- We did not gather evidence for this as part of the inspection.

Learning from complaints and concerns

- We did not gather evidence for this as part of the inspection.

Are patient transport services well-led?

Not sufficient evidence to rate

We have not rated the patient transport service for being well-led. This was a focused inspection and elements of this key question were not inspected. Whilst improvements had been made in some areas, further work was required to demonstrate full compliance with all of the breaches of regulations identified at the last inspection. We found that:

- Policies and governance arrangements had been improved since our previous inspection, however not all policies and procedures were fully completed to enable staff to follow guidance and mitigate risks.
- An updated scope of practice was provided by the service; however, this lacked sufficient details and there was still no clear strategy in place for the service.
- A lack of audits meant that the quality and performance of services were not assessed to ensure correct processes were understood by staff, applied in practice and patients were not put at risk.
- There were no systems in place to assess, monitor and improve the safety and quality of the care and treatment provided.
- There was no registered manager in place.

Vision and strategy for this service

- An updated statement of purpose was provided by the service; however there was no clear vision or written

service development plan within the service. Managers told us that due to reduced workload following our last inspection it was difficult for them to establish how the service would move forward.

- The statement of purpose, which outlines what a service does and who it provides the service to, did not contain sufficient details regarding the type of care and treatment that the service provided for both regulated activities: patient transport services and treatment of disease, disorder or injury.

Governance, risk management and quality measurement

- Whilst improvements had been made in a number of areas, further work was required to demonstrate full compliance with all of the breaches of regulations identified at the last inspection.
- There were no systems in place to assess, monitor and improve the safety and quality of the care and treatment provided.
- We found that some policies had been created to support staff within the service, including medicines' management, staff recruitment and safeguarding. However, not all of the service's policies were fully completed and were still being reviewed by the service. We were told that the updating of policies was an ongoing process for the service.
- There were still concerns in relation to quality assessment and monitoring throughout the service. Audits in relation to medicines, infection control and records were not being completed. We asked for reassurance following our inspection that quality monitoring would be improved to ensure compliance with safety standards; however this was not provided to us.
- Risk assessments had now been completed in the service regarding the premises and fire safety, including the storage of oxygen.

Leadership and Culture

- During our previous inspection we were informed that the registered manager (RM) had been absent for the service for over a year and that an application had been made to register another manager in the interim, this process had still not been completed by the service during this inspection. We advised the service on the need to notify the CQC in the absence of a RM and that this should be done immediately as a significant

Patient transport services (PTS)

amount of time had passed. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 7; requirements relating to registered managers.

Innovation, improvement and sustainability

- We did not gather evidence for this as part of the inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Appropriate infection control procedures are in place to minimise the risk of acquired infections with effective monitoring systems to ensure all vehicles are clean for use.
- Appropriate systems are in place regarding the management of medicines, including a clear audit trail from ordering to disposal.
- Staff handling medicines have the competency to do so.
- Vehicles servicing and security must be maintained.
- Robust governance and risk management systems are in place and understood by all staff.
- Staff are supported in their roles by effective supervision and appraisal systems and

ongoing training.

- Effective processes are in place for ensuring non-clinical staff are suitable for their role.
- Ensure that a registered manager is in place to provide regulatory oversight of the service.
- All staff receive appropriate mandatory training for their role.
- All patients' using the service have a risk assessment completed to identify any potential risks to their health and safety.

Action the hospital **SHOULD** take to improve

- Review the policy for safeguarding adults and children to ensure all staff have clear guidance on how to make a referral and to whom.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service failed to meet this regulation because:</p> <ul style="list-style-type: none">• Risk assessments for patients were not always completed.• There were ineffective infection control practices in place to ensure vehicles were clean and prevented the spread of infection.• Deep clean schedules were not in place to ensure regular thorough cleans of vehicles.• There was no evidence staff had received training on preventing and controlling the spread of infection.• There were no effective stock check and audit systems in place in relation to medicines. Managers were not able to provide evidence of regular and comprehensive medicine order requests, regular stock balance checks and medication audits, including checking the expiry dates of medicines.• There were no systems in place to assess ongoing staff competencies in administering medication or evidence they had the correct knowledge to ensure medicines were administered appropriately without risk.
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service failed to meet this regulation because</p> <ul style="list-style-type: none">• Adequate audit, risk management and control systems were not in place to allow oversight of quality and safety within the service.

This section is primarily information for the provider

Requirement notices

- There were no systems in place to assess, monitor and improve the safety and quality of the care and treatment provided.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The service was not meeting this regulation because:-

- Vehicles were not always secure, meaning that emergency equipment was at risk of tampering and potentially putting patients at risk.
- There was insufficient evidence relating to vehicle maintenance and repair, including the qualifications of those carrying out repairs and servicing of vehicles.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The service did not comply with this regulation because :-

- There were not effective processes in place for ensuring non-clinical staff were suitable for their role.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service was failing to meet this regulation because:-

- There was no clear appraisal and clinical supervision system in place.
- Not all staff had had all the required mandatory training for their role

This section is primarily information for the provider

Requirement notices

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers

Why the service was not meeting this regulation:

- There was no registered manager in the service