

Oak Tree Reliance Head Office

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

Are services safe?

Are services effective?

Are services well-led?

Overall summary

Oak Tree Reliance Head Office is operated by Oak Tree Reliance Ltd. The service provides a patient transport service.

We carried out a short notice announced focused follow up inspection on 15 September 2020. This inspection was to review compliance with four warning notices, served under Section 29, following our inspection undertaken on 10 March 2020. We looked at the key questions safe, effective and well led. As we did not look at all key questions, we did not rate this service at this inspection.

During this inspection, we did not find evidence that significant improvement had taken place and the provider had not complied by the deadline set in the warning notices. We found the following issues the service provider needed to improve:

- We were still not assured that care and treatment was provided in a safe way for service users and that the service did all that was reasonably practical to mitigate risks.
- We were still not assured that the provider shared learning from incidents with staff and that staff understood lessons learned.

Summary of findings

- All policies were under review at the time of the inspection and we were still not assured policies referenced nationally recognised guidance.
- Staff files we reviewed did not contain the information required as specified in Schedule 3 of the Health and Social Care Act 2008.
- Systems and processes were still not established or in place to identify risk, manage performance and ensure governance of the service was followed.

However;

- Staff had received training in safeguarding adults and children to an accredited level and most staff we spoke with understood their responsibilities and knew how to recognise and report abuse.

We did not rate this service following this inspection as we did not look at all key questions.

Nigel Acheson

Deputy Chief Inspector of Hospitals (Acute), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating Summary of each main service

Oak Tree Reliance is a patient transport service, which included the transfer of patients between health care providers for patients who were unable to use public or other transport due to their medical condition. The provider was sub-contracted by another private ambulance provider to provide a service for NHS patients.

This inspection was a focused follow up to assess the providers compliance with four warning notices served following an inspection on 10 March 2020 when the location was rated inadequate overall. The provider was not compliant with three of four warning notices. They did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients.

Summary of findings

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Summary of this inspection

Background to Oak Tree Reliance Head Office

Oak Tree Reliance Head Office is operated by Oak Tree Reliance Ltd. The provider was registered in 2018. It is an independent ambulance service based in Stanmore, North West London. The service primarily serves the communities of North London. The provider is sub-contracted by another private ambulance provider to provide services to the NHS primarily for outpatient appointments for adults. The service does not transport patients under the age of 18 or those detained under the Mental Health Act 1983.

The service has had a registered manager in post since 19 February 2020, who was also the nominated individual for the provider since 20 April 2018.

This was the second inspection of this location. Following the first inspection in March 2020, the provider was rated as inadequate and was served four warning notices requiring them to make improvements. This inspection was to assess the provider's compliance with the four warning notices, as the deadline set for the provider to make the improvements had past. We found the provider was compliant with one of the four warning notices but there were still areas of concern identified and the provider was not compliant with the other three warning notices.

Our inspection team

The team that inspected the service comprised of two CQC inspectors. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services

Safe

Effective

Well-led

Information about the service

The main service provided by this ambulance service was a patient transport service. The service is registered to provide the following regulated activities:

- Transport service, triage and medical advice provided remotely.

During the inspection we visited the registered location which was also the providers operational base. We spoke with three members of staff, the registered manager, governance consultant and a controller. Following the inspection, we spoke with six employees including patient transport drivers and administration staff by telephone.

The service had previously been inspected once before in March 2020. At this inspection we found that the service was not meeting all standards of quality and safety it was inspected against. Following the previous inspection, the provider was served with four warning notices and was asked to comply with these warning notices by 21 May 2020 for Regulation 12 (Safe Care and treatment) and Regulation 19 (Fit and proper persons employed), and 28 May 2020 for Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 17 (Good governance).

Are patient transport services safe?

Safe was not rated

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.

- During this inspection we found staff received training in safeguarding adults' level two and safeguarding children level three. We reviewed nine of 25 employee files. All nine files had evidence that the individual had completed safeguarding training and had a certificate in

their employee file. The registered manager submitted a sample of training certificates as evidence before the onsite inspection. This showed the registered manager had completed safeguarding adults' level four training, as the safeguarding lead and two members of staff had completed safeguarding adults' level three training. This had improved since our last inspection when we were not assured of the level of safeguarding training staff completed, including the safeguarding lead was not trained to safeguarding level four.

- Following the onsite inspection, we spoke with six members of staff via telephone. We found that five of six members of staff had an understanding of safeguarding and their responsibilities to report abuse they identified when providing care and treatment. They were able to give examples of the types of abuse they were aware of, knew who the safeguarding lead was and told us how they would report any concerns identified. Five of six members of staff we spoke with had received additional training with the registered manager where they discussed different examples and actions they would take. One member of staff had been employed for under a month and had not yet received the training with the manager. However, they told us they had completed the online training. This was an improvement from our previous inspection when we were not assured staff understood the term safeguarding or how to refer patients.
- The safeguarding policy had been updated since our previous inspection. The provider submitted the safeguarding policy as evidence before our onsite inspection. We reviewed this and found it referenced nationally recognised guidance and legislation and outlined the level of training required for specific roles. This was an improvement from our last inspection. During the inspection we were advised policies were subject to review by the governance lead and if required changes would be made to the safeguarding policy. Following the inspection, we were advised the safeguarding policy we reviewed had not been amended and was currently in use.

Patient transport services

Assessing and responding to patient risk

Staff did not complete risk assessments for each patient to remove or minimise risks.

- The provider did not carry out risk assessments relation to the health, safety and welfare of the people using the service and did not have a plan for managing risks. During the inspection the registered manager told us a risk assessment form, which had been submitted as evidence before the onsite inspection, was not in use and they did not carry out a risk assessment for patients accepted by the service. The provider was given information about patients by the main contractor, but this information was not verified or assessed. This meant the provider was still not assured that they could meet the needs of patients they were transporting, placing patients at risk of harm.
- The provider did not have an eligibility criteria for which patients they would accept for patient transport as they could safely meet their needs. During the inspection the registered manager told us the provider worked to the contractor's eligibility criteria. However, this was not a formal written criteria and was reported not to be used at the point of booking, to assess whether a patient was suitable for the service. The lack of criteria meant patients may be accepted by the service whose specific needs could not be met by the service placing them at risk of harm.
- We observed a telephone booking during our onsite inspection. Minimal information was taken at the point of booking, this only included the patients name and location. No further information was obtained. Therefore, we were not assured the provider knew whether they could meet the needs of the patient or if the patient's needs had changed if they had previously used the service.

Records

Staff recorded the care and treatment provided to patients whilst in the care of the provider.

- During the inspection we observed care records from journeys completed the day before our onsite inspection. The provider had introduced a new way of recording patient care since our last inspection. Staff told us the new system prompted them to enter the care given at the end of the patient's journey. There was a list of options to select, including, no care given. Other

options referred to care provided, and a free text box allowed drivers to write further information. The driver could not complete the journey and access the next booking until the care record had been completed on their personal digital assistant (PDA). This had improved since our previous inspection when we found drivers did not record care given.

Incidents

The service did not manage patient safety incidents well and did not always share lessons learned with staff.

- The registered manager had completed root cause analysis training to develop their skills and knowledge to investigate incidents. During the inspection we reviewed an incident report they had completed and found that a detailed investigation into the incident had not taken place. It did not include actions to improve the service or learning to share with staff. We were still not assured incidents would be investigated thoroughly and lessons learnt to prevent a similar incident occurring in the future.
- The provider did not have an embedded process to share learning from incidents with staff. The registered manager told us plans to hold team meetings had been paused due to social distance restrictions during the COVID-19 pandemic. The provider had created a staff newsletter as an additional way to communicate with staff. This was shared with staff via a mobile telephone application. We reviewed the first edition of the newsletter which was sent to staff on 31 August 2020. We found it included information about an incident and lessons learnt, However, not all staff we spoke with had read the newsletter and were not aware that information about an incident had been shared in this way. Not all staff were aware of the incident that had recently been investigated. Drivers we talked with, who were aware of the incident, described different lessons learnt including, not leaving vehicle doors open and collecting patients living with dementia last. Therefore, we were still not assured learning from incidents was clearly communicated with staff and that staff understood the actions taken, including any changes to policies, practice or procedures, to prevent it happening again.
- During the inspection we spoke with the registered manager about the service's accident and incident

Patient transport services

reporting standard operating procedure (SOP) and the incident and accident policy which had been submitted as evidence of compliance before the inspection. We found the SOP and policy did not clearly outline a procedure for drivers to follow. We were told the policy and standard operating procedure were under review and subject to change. At the time of our inspection we were not assured policies and procedures were in line with current legislation or available for staff to follow.

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

Effective was not rated

Evidence-based care and treatment

The service did not provide care and treatment based on national guidance and evidence based practice.

- During the inspection the registered manager and governance consultant told us all policies and guidance were under review. The registered manager had provided a policy register as evidence before the onsite inspection and highlighted which policies had been updated to reflect nationally recognised governance and legislation. This showed, since our previous inspection, six of 20 policies had been updated. The provider did not have a schedule in place for the review of the other 14 policies or how they had been prioritized for review. The registered manager told us they had developed new policies but at the time of the inspection the new policies had not been signed off by the board and the registered manager was not able to share them with us. Therefore, we were still not assured staff had access to policies that referred to nationally recognised guidance about delivering safe care and treatment and care may not be delivered in line with best practice.

Competent staff

The service did not obtain references from previous employers for staff they employed and did not obtain information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not obtained written references for all members of staff. The registered manager told us they had requested references from staff members previous employers with limited success. We reviewed nine of the 25 staff files and found that only one included a reference which covered employment from October 2019. The employee did not include an end date for this employment it was not clear the length of time this reference covered. A risk assessment had not been carried out to mitigate risks when references had not been obtained. Therefore, we were not assured all employed staff were of good character and competent for the role for which they were employed.
- During the inspection we reviewed nine of 25 staff files and found that none of the files contained all information required as specified in Schedule 3 of the Health and Social Care Act 2008 such as. Missing information included, a full employment history with an explanation for any gaps in employment and the reason why previous employment had ended where a staff member had been employed in health or social care. However, we reviewed a matrix which showed the provider had seen and logged a disclosure barring service (DBS) check for all staff and the employee files we reviewed contained copies of photographic identification to confirm their identity.
- We were not assured there were effective recruitment procedures in place to ensure that staff employed by the service were suitable for the role they were employed for. The recruitment policy submitted by the provider prior to this inspection we reviewed did not include who could provide a reference or the time frame references should cover. The policy did not refer to references being applied for retrospectively for existing staff members and it was not clear what action would take if references could not be obtained. The governance lead told us the recruitment policy was under review, but the provider did not have a timeframe this would be completed by.

Are patient transport services well-led?

Well Led was not rated

Governance

Patient transport services

Leaders did not operate an effective governance process throughout the service. There were limited opportunities to meet, discuss and learn from the performance of the service.

- During the inspection we were advised by the registered manager and governance consultant that the governance structure and all policies were under review. The risk management and quality of governance policy submitted as evidence of compliance with the warning notice before the onsite inspection, described a governance structure that did not reflect the service. The registered manager told us the committee structure and the board assurance framework described in the policy did not exist and the provider was working on a policy that was reflective of the service. Therefore, at the time of our inspection, we were not assured there were effective governance systems and processes in place.
- The registered manager told us a new meeting structure was in the process of being established. The governance consultant told us the first management meeting was due to take place the week after our inspection and changes would be made to the existing meeting structure. We reviewed a new standing agenda that had been developed and included discussion points such as incidents, performance and risk. However, at the time of the inspection this meeting had not taken place and we were not able to review the minutes of the discussion held or actions identified.

Management of risks, issues and performance

Leaders did not use systems to manage performance effectively. They did not have a process in place to identify risks and issues or identify actions to reduce their impact.

- During the inspection the audit register provided by the registered manager was not a schedule of all planned audits but a timetable of the audits the governance consultant would review and when. This register had recently been developed and the first review had not been carried out at the time of the inspection. It was not clear what audits were being carried out, the frequency and how they were being used to improve the service.
- The provider submitted two different risk registers as evidence of compliance with the warning notices before the onsite inspection. The first risk register submitted was a list of risk assessments and not a register of risks

to the service. It did not include current risks surrounding the COVID-19 pandemic. The registered manager told us the first risk register submitted had been reviewed by the governance consultant who had developed the second risk register. The governance consultant told us the second risk register had been developed to accurately reflect the risks to the service. As improvement work continued, he expected further risks identified to be added. We reviewed the risk register and found all risks had been added on 30 August 2020. It listed risks to the service and had identified actions to take to mitigate risk. However, the risk register had not been in use long enough to have identified all risks or have established updates. Therefore, we were still not assured the provider was fully aware of all risks to the service and at the time of the inspection could not produce evidence of updates for actions identified.

Information management

The service collected data but did not analyse it and it was not used to understand performance or make decisions and improvements.

- During the inspection we reviewed the new IT system that had been implemented since our previous inspection. The registered manager had told us the new system would be used to identify themes, trends and areas to improve performance. However, at the time of our inspection the provider did not have an established system to review data. The registered manager and governance consultant told us, data was currently not being used to improve performance and this was an area for development. The provider did not have an action plan or timeframe to show how this would be developed. Therefore, we were still not assured the provider was assessing and monitoring the quality and safety of the services provided.
- The registered manager told us they communicated with staff using a mobile telephone application. The provider had not carried out a risk assessment prior to using this tool. The registered manager told us patient identifiable information was not shared this way. However, the provider did not have a standard operating procedure or policy for staff to follow when using this application. Therefore, we were not assured there were systems in place to meet the confidentiality of people using the service.

This section is primarily information for the provider

Enforcement actions

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

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

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