

Invictus Medical Services Limited

Invictus Medical Services Limited

Quality Report

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Date of inspection visit: 27 November 2018
Date of publication: 30/01/2019

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

Inadequate



Emergency and urgent care services

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

Invictus Medical Services Limited is operated by Invictus Medical Services Limited. The service provides an emergency and urgent care ambulance service by conveying patients from event sites to the local acute NHS trust. Invictus Medical Services Limited was not commissioned by other organisations to deliver services. Work was acquired through tendering processes with event organisers. Although the provider told us they would provide patient transport services, if the opportunity arose, at the time of the inspection they were only delivering emergency and urgent care services.

We inspected this service using our comprehensive inspection methodology. We gave the service two weeks' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 27 November 2018. We had not carried out any inspections of the service previously.

The service had one emergency ambulance used to carry out the regulatory activities.

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 service provided by this service was emergency and urgent care.

We found the following issues that the service needs to improve:

- The registered persons did not make sure all staff working for the service were of good character, had the qualifications, competence, skills and experience necessary for the work to be performed. They did not keep records about staff who worked for them.
- The registered persons did not make sure all equipment required to deliver safe care and treatment was available, in working order, in date and undamaged.
- There was no process to ensure all staff working for the service had completed appropriate mandatory training.
- The registered persons could not be assured about the quality of care and treatment staff gave to patients; there were no systems to supervise staff who worked for the service.
- The registered persons did not make sure that patients were not at risk from the risk of cross infection.
- The registered persons did not make sure patient records were fully completed.
- The registered persons did not make sure there was safe management of medicines that complied with national guidelines and legislation.
- There was no governance process to support systematic improvement of service quality and safeguarded high standards of care.
- There were no systems in place to identify risks, and to plan or to eliminate risks.
- The service did not have policies and procedures that were relevant to the service being delivered, or accurately detailed current legislation and national guidance.
- The registered persons did not consider national guidance to determine what level of children's and young people's safeguarding training that staff working for the service needed complete.
- The registered persons did not have processes in place to support staff to identify and respond to patient risks.

Summary of findings

- The registered persons did not make sure that staff who worked for the service, where required, considered patients' capacity to consent to care and treatment.
- The registered persons had not carried out the fit and proper persons process for all company directors.
- The directors and leaders of the service did not demonstrate a good understanding of their legal responsibilities towards the Health and Social Care Act.
- The registered persons did not ensure all staff who worked for the service had a good understanding about their responsibilities and obligation towards the Duty of Candour legislation.

However, we found the following areas of good practice:

- The service took account of national guidance and local legislation to ensure there were sufficient numbers of staff deployed for event work. This included ensuring there were sufficient staff to convey patients from the event to the local acute hospital.
- Staff had access to an online translation service.
- The service deployed on occasions staff, such as a learning disability nurses, to meet the needs of the patient groups.

Following this inspection, we told the service that it must take some actions to comply with the regulations.

The service was rated as inadequate overall. I am placing the service into special measures.

The service has also been subject to urgent enforcement action. Following this inspection we have used our enforcement powers to suspend the registration of Invictus Medical Services Limited to protect the safety and welfare of patients. The suspension will continue until 28 February 2019. Further details are shown in the table at the end of this report.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating

Inadequate



Why have we given this rating?

We have rated safe, effective and well led as inadequate. Responsive is rated as requires improvement. We have not rated Caring, as we were not able to inspect this key question because we did not observe any care.

There was no effective leadership of the service. There were no systems to identify and manage risks to the service, there were no systems to improve the service and ensure patients received high standards of care and records to support the running of the service were not kept. Lack of records meant there was no assurance that staff working for the service had the relevant qualifications, skills and capabilities to deliver safe care and treatment. There was no process to ensure essential lifesaving equipment was available and in working order. Policies and procedures were not relevant to the present service delivered, and in some policies the information was out of date and did not reflect current national and professional guidance.

Inadequate



Invictus Medical Services Limited

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to Invictus Medical Services Limited

Invictus Medical Services Limited is operated by Invictus Medical Services Limited. It is an independent ambulance service in Ryde, Isle of Wight. The service primarily serviced the communities of the Isle of Wight.

The service was registered by the Care Quality Commission (CQC) in January 2018. Previously, it had only provided paramedic and first aid services to events, a service which is not regulated by CQC. The service was registered with CQC so it can convey patients from event sites to the local acute NHS hospital. Conveyance of patients outside event sites is regulated by CQC.

Invictus Medical Service Limited is not commissioned by other organisations to provide services. The service obtains work through tendering processes with event

organisers. Although the provider told us they would deliver patient transport service if the opportunity arose, at the time of the inspection the only service delivered was emergency and urgent services. This was what we inspected and reported on.

The service has had a registered manager in post since registration with CQC on 26 January 2018. A registered manager is a person who has registered with CQC to manage a service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in paramedic services. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We gave the service two weeks'

notice of our inspection to ensure that everyone we needed to talk to was available. We carried out the inspection on 27 November 2018. We had not carried out any previous inspection of this service.

Detailed findings

During the inspection, we visited the office at the registered services address and the site where the one ambulance and associated equipment was kept. We spoke with two of the three directors, one of which was the managing director and the other the registered manager.

The service did not directly employ any staff in addition to the registered manager, however they recruited self-employed staff as and when needed to deliver the

service at events where they may be required to convey patients to the local acute hospital. We were not able to speak to any of these staff. We were not able to observe any care being delivered to patients or speak with them as there was no one receiving care during our inspection.

During our inspection, we reviewed the records for the two patients that had been conveyed to hospital since the service was registered with the Commission.

Facts and data about Invictus Medical Services Limited

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which, at that time, found that the service was meeting all standards of quality and safety it was inspected against.

Activity

In the reporting period 26 January 2018 to 27 November 2018 there were two emergency and urgent care patient journeys undertaken.

There were no registered paramedics, no paramedic technicians and no patient transport drivers employed by the service, other than the registered manager who was a

registered paramedic and one of the directors who worked as a paramedic technician. The service recruited staff working as self employed staff to fulfil their work contracts. The service had been assessed at registration as not requiring an accountable officer for controlled drugs (CDs) and this situation had not changed.

Track record on safety

- No Never events
- No reported clinical incidents
- No reported serious injuries






No reported complaints

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Inadequate	Inadequate	N/A	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Inadequate	N/A	Requires improvement	Inadequate	Inadequate

Emergency and urgent care services

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

Information about the service

Invictus Medical Services Limited is an independent ambulance service located on the Isle of Wight, Hampshire. The service provides emergency and urgent services by conveying patients from event sites to the local acute NHS trust. Invictus Medical Services Limited is not commissioned by other providers or services to provide an ambulance service. Work is acquired through a tendering process with event organisers. Although the provider told us they would deliver patient transport services if the opportunity arose, at the time of the inspection the only service delivered was emergency and urgent services.

The service is registered with the CQC to provide transport services, triage and medical advice provided remotely, and treatment of disease, disorder or injury.

The service's only employed members of staff were the three directors. The service recruited self-employed paramedics and emergency ambulance technicians to deliver the service. The service had one ambulance to convey patients to the local acute NHS trust.

Summary of findings

We found the following issues that the service needs to improve:

- The registered persons did not make sure all staff working for the service including those self-employed were of good character, had the qualifications, competence, skills and experience necessary for the work to be performed. They did not keep records about staff who worked for them to deliver their services.
- The registered persons did not make sure all equipment required to deliver safe care and treatment was available, in working order, in date and undamaged.
- There was no process to ensure all staff working for the service including those self-employed had completed appropriate mandatory training.
- The registered persons could not be assured about the quality of care and treatment staff gave to patients as there were no systems to supervise staff who worked for the service.
- The service did not make sure patients were not at risk from the risk of cross infection.
- The service did not make sure patient records were fully completed.
- The registered persons did not make sure there was safe management of medicines that complied with national guidelines and legislation.

Emergency and urgent care services

- There was no governance process that supported systematic improvement of service quality and safeguarded high standards of care.
- There were no systems to identify risks, and to plan or to eliminate risks.
- The service did not have policies and procedures that were relevant to the service being delivered, or accurately detailed current legislation and national guidance.
- The registered persons did not consider national guidance to determine what level of children's and young people's safeguarding training that staff working for the service needed complete.
- The registered persons did not have processes in place to support staff to identify and respond to patient risks.
- The registered persons did not make sure that staff who worked for the service, where required, considered patients' capacity to consent to care and treatment.
- The registered persons had not carried out the fit and proper persons process for all company managing directors.
- The directors and leaders of the service did not demonstrate a good understanding of their legal responsibilities towards the Health and Social Care Act 2012.
- The registered persons did not ensure all staff who worked for the service including those self-employed had a good understanding about their responsibilities and obligation towards the Duty of Candour legislation.
- The service deployed additional staff, such as additional learning disability nurses, to meet the needs of the patient groups.

We found the following areas of good practice:

- The service took account of national guidance and local legislation to ensure there were sufficient numbers of staff deployed for event work. This included ensuring there were sufficient staff to convey patients from the event to the local acute hospital.
- Staff had access to an online translation service.

Emergency and urgent care services

Are emergency and urgent care services safe?

Inadequate



Incidents

- **There was not an effective incident reporting and management process in place.**
- The service had a Serious Incident Policy and procedure that was dated for review in December 2019. There was detail about the action staff needed to take to report an incident and descriptions of the type of incident they were required to report. However, the policy lacked sufficient detail. For example, one of the objectives was to “Learn from all incidents and prevent recurrence as far as reasonably practicable.” There was no detail in the document about how this was to be achieved.
- The policy referenced the services and staff’s responsibilities towards the Duty of Candour legislation. However, discussion with the registered manager, who was the nominated person responsible for Duty of Candour on behalf of the service, indicated a lack of knowledge about these legal responsibilities. They told us that Duty of Candour was about being open, honest and transparent with people who used the service, but had to be prompted about the requirement to give a formal written apology to the patient.
- The policy referenced staff roles involved in the investigation of incidents, such roles did not exist in the company. These included head of legal, head of governance and assurance, communications manager, medical managing director and a family liaison officer.
- The policy referenced never events. Never events are serious patient safety incidents that should not happen if healthcare services follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. However, the service had failed to update the policy to detail the 2018 list of never events published by NHS improvement. The policy listed never events for 2014 and 2015.

- The managing director and registered manager told us there had been no reported incidents since they were registered with the Care Quality Commission (CQC).
- They explained they received information about learning from incidents shared nationally via updates from professional organisations, such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), the British Medical Journal (BMJ) and the National Institute for Health and Care Excellence (NICE).

Mandatory training

- **The registered persons did not provide mandatory training and did not make sure staff they deployed had completed any mandatory training in key skills.**
- The service had no process to ensure staff working for them had completed any relevant mandatory training, or that the training was up to date.
- The service relied on the staff working for them to have completed mandatory training at their main place of work, the local acute NHS trust. The service did not follow any process to evidence that staff had completed the local acute NHS trust mandatory training.
- The service did not have a policy or any guidance about what mandatory training they required staff to have completed.

Safeguarding

- **The registered persons did not ensure staff understood how to protect patients from abuse.**
- The three managing directors had completed level 2 adults and children’s safeguarding training. One of the managing directors, who was nominated as the safeguarding lead, had completed level 3 children’s safeguarding training. Discussion with the two managing directors showed they had a good understanding about safeguarding adults and children.
- The service did not provide safeguarding adults or children’s safeguarding training for staff working for them. The service did not check whether staff who worked for them had completed relevant safeguarding training at their main place of employment. The service did not have any guidance about what level of safeguarding training they required staff working for

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them to have completed. There was no evidence they had considered the training guidance detailed in the Safeguarding Children and Young People: roles and competencies for health care staff intercollegiate document (2014).

- The service had a Safeguarding Children and Young People Policy and a Safeguarding Adults at Risk Policy. Review of these policies showed both were due to be reviewed by the service in December 2019, but there was no start date for the policies.
- We found that, although the objectives for both policies detailed “to ensure all (staff) can recognise signs of suspected abuse,” there was no detail in either policy to support staff in identifying signs of abuse. The Safeguarding Children and Young People policy detailed the different types of abuse, however there was no such detail in the safeguarding Adults and Risk policy. Both policies detailed that the service would ensure all staff had appropriate adult and children’s safeguarding training.
- There was no reference in the safeguarding policies about female genital mutilation. The managing director and registered manager told us it was unlikely for staff to encounter female genital mutilation in the areas that the company operated. However, absence of information in the safeguarding policies meant there was no guidance for staff to follow if they suspected a patient had been subject to female genital mutilation or if a patient disclosed they had been subject to this practice
- Although the policies referenced referrals to the local authority, there was no clear direction in the policies to support staff to carry out such a referral. However, reporting forms held in the ambulance did include these details.

Cleanliness, infection control and hygiene

- **The service did not control infection risks well.**
- The service did not provide infection prevention and control training. The service did not check whether staff working for them had completed relevant infection prevention and control training at their main place of employment.
- The service had not carried out any infection prevention and control audits. They gave the reason that as they

had only carried out two patient conveyances since registration, there was currently insufficient data for effective audit. However, there was no evidence they had considered or reviewed the effectiveness of infection control practices for the two patients that had been conveyed.

- We inspected the service’s one ambulance. We found on the infant restraint system a strap that was dirty and looked stained, the suction machine was dusty, and there was an out of date hand sanitiser gel dispenser on the vehicle.
- There were records to evidence the vehicle was cleaned and deep cleaned at regular intervals. The registered manager and the managing director informed us that the vehicle was checked and cleaned before use at each event

Environment and equipment

- **The registered persons did not ensure there was suitable equipment available for the delivery of the service.**
- The office location was shared with an estate agent. The office was only used for storage of records and medicines. The office was not attended by visitors or the staff working for the service.
- We inspected the service’s one ambulance. A number of single use pieces of equipment were past their expiry date. This including dressings that expired July 2018, August 2018 and April 2017 and breathing filters for face mask that expired June 2018 and February 2017.
- The bags for three pieces of sterile equipment were torn which meant the equipment was no longer sterile. The bags for three pieces of sterile equipment (suction catheters), were stained in brown fluid possibly iodine) which had soaked through to the inside of the paper package, rendering the equipment unsterile.
- The managing director said a full equipment check was carried out prior to each event the ambulance goes to. The last event was in September 2018 and we found equipment that had expiry dates prior to September 2018.
- The service provided us with the two most recent vehicle and equipment check forms. These were dated 2 September 2018 and 7 September 2018. The equipment

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checks consisted of a visual and 'shock test' (where appropriate) of the defibrillator, visual check for volume of the oxygen cylinder and visual check for the presence of response bags. Staff completing the forms ticked the box to indicate there was no missing equipment on the vehicle.

- We were not assured that the service made sure the defibrillator was in working order or that all necessary equipment for use of the defibrillator was available. The check list did not give opportunity for staff to detail whether they had carried out a shock test of the defibrillator or not, as there was only one tick box for the statement, "Defibrillator (visual/shock test where appropriate). The managing director and the registered manager said they did not carry out 'shock tests' and there was no evidence to demonstrate staff carried out 'shock tests'. There were no paediatric defibrillation pads.
- There was no evidence that staff carried out checks of the defibrillator in line with manufacturer instructions. The managing director said calibration of the defibrillator was a manual process where you had to click several buttons, and that the manufacturers instruction book, detailed how to do it. However the manufacturer's instructions were not readily available for staff. The instructions were not located with the defibrillation equipment.
- It was not possible to identify whether all required equipment was on the vehicle. There was no check list or proforma detailing what equipment was on the vehicle and where it was located. The managing director said that all cupboards were labelled so staff would know where equipment was. However, we saw equipment was mixed in some cupboards and did not always match the labelling on the cupboards. For example, in the linen cupboard there was cleaning equipment and oral medicines were in several different cupboards. For one piece of equipment, the registered manager had to look in multiple cupboards before locating it in the incorrect cupboard.
- There was no paediatric Bag Valve and Mask (BVM) on the vehicle. Whilst on inspection the registered manager looked for a paediatric BVM on the vehicle and could not find one.

- The patient trolley had the facility to secure the patient with the straps however there was not a non-slip mattress. This meant, in the event of the driver needing to break suddenly, there was a risk the mattress would slip down the trolley and a risk of harm to the patient from being dragged and being caught by the restraining straps.
- The infant restraint mechanism for use on the ambulance trolley had a frayed strap. We were not assured the system could securely restrain an infant on the trolley, which would put an infant at risk of harm.
- The ambulance and an associated trailer with equipment were held at one of the managing director's home addresses. We found the ambulance and trailer were locked. The location of the property was not easily visible to the public, which supported the security of the vehicles and their equipment.

Assessing and responding to patient risk

- **There was no evidence that the service had processes to assess and respond to patient risk.**
- There was no evidence that the service had processes to assess and respond to patient risk.
- Review of the patient records for the two patients the service had conveyed since registration showed staff did not complete the initial assessment (primary survey) of airway, breathing and circulation.
- A review of one patient's records, showed there was a delay of one hour and ten minutes between staff arriving to the patient and completing a first set of observations.
- A review of the second patient's records showed that they had a very high pain score and a very high pulse rate. The record showed the patient had the high pain score and high heart rate for a period of 45 minutes with no associated treatment provided by staff.
- The service did not have policies or procedures to support staff to identify patients with sepsis. The managing director relied on staff having had training about the identification and management of sepsis from their main place of employment, but did not check whether this had happened.
- The managing director and registered manager said that if a patient presented with a mental health crisis

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they risk assessed whether it was safe for the staff working to convey that patient to the hospital emergency department. If the assessment indicated risk to staff, or the patient refused to be conveyed, they would seek the support of the police force.

- In the event of a patient deteriorating, the service had no formal arrangements to obtain professional clinical support.

Staffing

- **The registered persons did not ensure staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The managing directors and the registered manager of the service worked at some events. The service did not employ staff, staff were recruited on a job by job basis to work at named events.
- The managing director explained the process for identifying the number and skill mix of staff required at an event, which included staffing to enable conveyance of patients to the local acute NHS trust.
- The service took account of relevant legislation, health and safety executive legislation and the guidance provided in the Events Industry Forum's purple guide when planning staffing numbers of events.
- There was no recorded induction process for staff when they started working for the service. The service gave all new staff working for them the company's policies and procedures which were stored on a computer disc, but kept no records to evidence staff had received or read these policies.

Records

- **The registered persons did not keep complete records of patients' care and treatment.**
- Staff completed patient records on paper forms. We found the records for the two patients conveyed to hospital since the services registration with CQC were incomplete.
- In the first patient record we reviewed, incorrectly dated as 1989, the dispatch time, en-route time, on scene time, transporting/left scene time was not completed. The primary survey (airway, breathing, circulation

assessment) was not completed. The record detailed that only one ambulance personnel was present rather than the two members present for conveyance to the acute hospital. The recording of times was inaccurate. The record detailed the patient received 250mls of fluid at 9.50pm, but the record also recorded the patient's care was handed over to the hospital staff at 9.30pm.

- For the second patient record we reviewed, dated 31 August 2018, dispatch time, en-route time, on scene time, transporting/leaving the scene time, and arrival at hospital time were not completed. The primary survey (airway, breathing, circulation assessment) was not completed. The record detailed that only one ambulance personnel was present rather than the two members present for conveyance to the acute hospital.
- There was a process to store records securely at event sites. In the event of a patient being conveyed to the local acute NHS trust, staff photocopied the patient record so the trust had a copy of the patients care and treatment.
- After an event staff returned patient records to the office. The records were stored in a locked filing cabinet in the basement of the office. Only the directors had access to the filing cabinet.
- The registered manager and managing director said patient records were audited and they gave feedback to the staff who had completed the records. However, they confirmed they did not keep records of the audits they carried out or of the feedback they gave to staff.

Medicines

- **The registered persons did not manage medicines in line with national guidance and legislation.**
- The service had several policies that related to the management of medicines.
- Our review of the patient records for the two patients conveyed to hospital showed that, although staff initialled to show they had administered medicine to the patient, they did not indicate the staff members grade or position.
- The service provided us all of their medicine policies, some before and some on our request after the inspection. Our review of these policies showed they did provide clear guidance to staff about the management

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of medicines. The detail did not accurately reflect the management of medicines systems that the registered manager had described and described job roles and facilities that did not exist. This included job roles such as duty station office, medical managing director, and logistics staff and facilities such as emergency operations centre, hospital pharmacy and distribution centre.

- The service's "Procedure covering the issue and use of medication by staff and company" detailed that medicines should be delivered to the address detailed on the order and that this should preferably be the address of the person who had responsibility for managing medicines, the registered managers address. The registered manager described that the managing director ordered the medicines and that the medicines were delivered to either to one of the director's home addresses or the office.
- The service held a small stock of medicines at the office base. These were stored in a pin coded safe behind two locked doors in the basement, that the estate agent office staff did not have access to. We checked these medicines and found all were within date. However, we found medicines on the one ambulance that were out of date.
- The service's "Procedure Covering the Issue and use of Medications by Staff and the Company" detailed, "The company does not provide drugs routinely to all paramedic staff, we expect all registered paramedics to possess their own drugs bags." Conversations we had with the registered manager during the inspection indicated this was different in practice, and the company had provided medicines except controlled drugs(CDs) to paramedics.
- The service had a policy and procedure for the ordering, storage, use and destruction of controlled drugs within the company.
- The managing director and registered manager told us they did not store CDs other than those that were used by the registered manager in his role as the only paramedic employed by the company. Additionally, we were told that paramedics had their own supply of CDs as allowed under schedule 17 of the Human Medicines Regulations 2012. However, the service did not carry out an assessment of how the CDs were stored when on the

ambulance to identify any risk this practice may pose to patients or the public. There was no recorded process to give assurance that paramedics working for the service had appropriate CDs that were in date and that they stored them correctly.

- At the time of the registration of the service with CQC in January 2018, the registered manager was told the service should have a patient group directive (PGD) in place for paramedics to administer salbutamol to patients. Salbutamol is a medication that opens airways in the lungs. It is used by patients who have asthma, including when they have an asthma attack. Salbutamol in both nebuliser solution and inhaler format is a Prescription Only Medicine, that is not covered by Schedule 17 or 19 of the Human Medicines Regulations 2012. This meant a PGD is legally required if the medicine was administered from their own stock to a patient. At the inspection we checked if this PGD was in place and being followed. The managing director said a PGD had been drawn up, but as it had not yet been authorised by a medical practitioner and pharmacist it was not being used.
- We noted that the service held a small stock of salbutamol. This meant that, without a relevant authorised PGD, the service was supporting staff to work outside their legal capacity.

Are emergency and urgent care services effective?

Inadequate



Evidence-based care and treatment

- **The registered persons did not ensure staff deployed to work for them provided care and treatment based on national guidance.**
- Policies and procedures referenced some professional and national guidance, however that guidance was not always the current guidance. The serious incident policy and procedure detailed an out of date list of Never Events. The safeguarding Children and Young People Policy incorrectly detailed Fraser competency was formally known as Gillick competency.

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- None of the policies we reviewed referenced relevant National Institute for Health and Care Excellence (NICE) guidance.
- The registered manager and managing director said there were no policies or pathways for clinical conditions, as staff were expected to follow the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, that reflected current professional and best practice guidelines.
- The service had only carried out conveyance of two patients since their registration with CQC in January 2018 and so, at the time of the inspection, had insufficient data to carry out meaningful audits of compliance with national guidelines for care and treatment of patients.
- The service provided staff with a computer disc copy of policies and procedures. The registered manager and service told us a file containing paper copies of some policies and procedures and essential paperwork was provided on the ambulance when it was in use.
- The managing director and registered manager said the geography of the local area and the location of the local acute hospital, meant that staff could convey to hospital in a timely manner and meet national guidance for time critical treatments. However, since the service was registered in January 2018, staff had not attended to patients who required time critical treatment.

Pain relief

- **There was no assurance that patients' pain was managed effectively.**
- For one of the two patient records we looked at, the record evidenced staff had poorly managed the patients pain. The record detailed that at 5.55pm the patient had a pain score of ten out of ten, following which the patient was administered paracetamol. The patient's pain score was reassessed at 6.15pm and was recorded as eight out of ten, which is still a very high score. The patient was conveyed and handed over to staff at the emergency department at the local acute trust at 7pm. During this period of 45 minutes the patient was not offered or administered any alternative pain relief and remained in severe pain for 45 minutes whilst under the care and treatment of Invictus Medical Services Limited.

Response times

- The service did not monitor response times. They did not provide a service that had response times targets.

Patient outcomes

- The service did not have any process to monitor patient outcomes. There was no audit programme. The managing director and registered manager said audits, for example of patient records, took place but these were not documented.

Competent staff

- **The registered persons did not make sure staff were competent for their role.**
- There was no evidence that the service ensured the staff were of good character, and had the qualifications, competence, skills and experience necessary for the work to be performed and were able, by reasons of their health after reasonable adjustment, to properly perform their work tasks. The registered manager and the managing director told us they knew the staff working for them, they had worked alongside them at the local acute trust, they were friends and socialised together. This did not give assurance that staff were competent to carry out their roles.
- The registered manager and the managing director told us that the local acute trust would have done Disclosure and Barring Service (DBS) checks and deemed the staff, who worked for Invictus Medical Services Limited, as suitable to work in a health care environment. The registered manager and the managing director told us they did not see evidence that staff working for them and carrying out regulated activities on behalf of the service had a completed DBS check.
- There was no evidence that the service completed checks that paramedic staff working for them were registered on the Health and Care Professions Council (HCPC) register. The registered manager and the managing director told us they completed a check against the HCPC when someone first worked for the service. This was not recorded and there was no process to check whether the staff working for the service continued to be registered with the HCPC.
- There was no evidence that the service had checked that staff working for them were legally able to drive the ambulance. The registered manager and the managing director said they checked the driving licences of staff

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but that they did not keep a record of those checks. They did not follow a process to periodically recheck the driving licences of staff working for them to ensure they were still legally able to drive the ambulance.

- The service had no process to supervise staff. Lack of supervision meant the service had no process to give assurance that staff were providing safe and effective care and treatment to patients.
- There was no provision of training for staff working for the service. The service's website detailed "Our staff are trained to the highest levels in order to effectively assess, diagnose and treat patients in a range of medical and traumatic emergencies and provide advice and support to members of the public." However, the service had no process to ensure this statement was accurately reflected in practice.
- The service expected staff to have completed mandatory training and any additional training at their main place of work. However, the service did not seek or hold any evidence that staff had completed relevant training at their main place of work.

Multi-disciplinary working

- The managing director and the registered manager told us they worked well with event organisers and other services that supported events, such as independent fire services and the police.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **The registered persons did not ensure staff understood their roles understood their roles and accountability under the Mental Capacity Act 2008.**
- The service had a policy for Consent to Examination or Treatment. This included information about the Mental Capacity Act and the action staff needed to take if they suspected a person did not have the capacity to consent to treatment.
- The policy included information about the legality of children consenting to their own treatment. The safeguarding children and young people policy also provided detail about the legality of children consenting to their own treatment. This policy provided incorrect information about the two guidelines used for children consenting to treatment. The policy had a section titled

"Fraser Competency (Formally known as Gillick Competency)." This was incorrect as Fraser guidelines and Gillick competence are two independent pieces of guidance. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

- The service did not have evidence that staff working for them had completed training about their responsibilities towards the Mental Capacity Act and associated deprivation of liberty safeguards.
- One of the two patient records we reviewed did not evidence staff considered consent or the patient's capacity to consent to treatment. The record detailed the patient was heavily intoxicated and semi-conscious. The patient record form providing prompts for staff to record consent and consider assessing patient's capacity to consent. Neither were completed despite the patient being semi-conscious.
- However, discussion with the registered manager and the managing director, evidenced they had a good understanding about consent and their responsibilities towards the Mental Capacity Act.

Are emergency and urgent care services caring?

We were not able to inspect this domain. The service had only conveyed two patients since registration and there was no activity occurring on the day of inspection.

Are emergency and urgent care services responsive to people's needs?

Requires improvement



Service delivery to meet the needs of local people

- **The registered persons tendered for and planned services to meet the conveyancing needs of the local population at events.**
- The service was not commissioned by any other organisations to provide an ambulance service. The

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service tendered for business at events held mainly on the Isle of Wight. It was from these events, that the service conveyed patients to the local acute NHS hospital.

- The registered manager and managing directors planned staff numbers and skill mix in response to the need to have capacity to convey patients to the local NHS hospital from the events they were contracted to provide a service for.

Meeting people's individual needs

- **The service took some action to take account of patient's**
- The registered manager and the managing director gave examples where they supported or how they planned to support people's individual needs. This included for a forthcoming event for people with learning disabilities, recruiting a learning disability nurse in addition to the required number of staff.
- Staff working for the service had access to an online translation service to support patients whose first language was not English.
- The service did not have equipment to support conveyance of bariatric patients. The local NHS ambulance service was used if a patient was assessed as needing bariatric equipment to be conveyed safely.
- The registered manager and the managing director said their service did not convey patients experiencing a mental health crisis who were agitated or refused conveyance. The service sought the support of the police services to ensure these patients were safely conveyed to the local NHS acute hospital and mental health services.

Access and flow

- **The registered persons did not monitor access or flow of their service.**
- The service only worked at events for which they had been awarded the contract to provide the medical or first aid services. Since registration with the Care Quality Commission (CQC) the service had only conveyed two patients to the local acute NHS trust. The service had assessed that at the present time there was no need to

monitor the access and flow to their service. They said there had been no delay in handing over the care and treatment of the two patients at the local acute NHS trust

Learning from complaints and concerns

- **There was no assurance that patients knew how to make a complaint or that the service would treat concerns and complaints seriously.**
- The service had a complaints and feedback policy that set out the actions and timescales for investigating and responding to complaints. However, detail in this policy was not fully relevant to the service delivered. This described job roles, such as head of patient experience and patient experience officers, that did not exist in this service. The policy detailed that the service worked collaboratively with a designated advocacy service, but did not include details of the advocacy company or how they could be contacted.
- The managing director and the registered manager told us they had not received any complaints from either of the patients they had treated, or from event organisers they were contracted to work for.
- The service had a patient satisfaction survey to get positive or negative feedback about the service, but no patients had used the survey. The ambulance had the CQC's leaflet about to make a complaint about a health or social care services. The service had added their own contact details so patients could make a complaint directly to the service.

Are emergency and urgent care services well-led?

Inadequate



Leadership of service

- **The leaders of the service did not have the necessary skills, knowledge or experience to effectively manage and develop a service registered with CQC.**
- The company had three directors. The service's organisational chart described the different responsibilities for each of the directors. One director

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had the role of managing director and was present at the time of the inspection. A second director was described on the organisational chart as Operations director and Nominated Manager (CQC). This person was the manager registered with the Care Quality Commission (CQC). The third director was described as having responsibilities for personal and business services.

- Throughout the inspection, neither of the two directors present demonstrated a good understanding of their responsibilities towards the Health and Social Care Act. There was lack of evidence they had acted to comply with many of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At the time of the registration of the service with CQC in January 2018, the registered manager was advised by CQC to ensure that all the fit and proper person requirements had been met with regard to the directors.
- The managing director said that all directors had completed a DBS check but no further checks had been made against the directors. They stated relevant checks would have been carried out by Companies House when registering the company in 2016 and they were using those checks as assurance that the directors were fit to carry out the regulated activities. They said that if new managing directors were appointed they would carry out the full fit and proper persons checks before appointing them.
- They were not able to evidence that appropriate systems and processes were in place to ensure that all new and existing directors were, and continued to be, fit and that no appointments met any of the unfitness criteria set out in Schedule 4 of the regulations. They were not able to demonstrate that the appointments of existing directors had been secured through a robust and thorough appointments processes.

Vision and strategy for this service

- **The registered persons did not have a developed vision or strategy for what it wanted to achieve.**
- There was no recorded vision, plan or strategy for the service. The managing director described a vision that included wanting to expand the event service on the Isle of Wight, to carry out more work on the mainland, to carry out private conveyancing, to carry out

repatriations and to carry out transfers for the local acute NHS trust. He explained he had consulted with the local acute trust and the local airports, but there was no formal plan to achieve the vision. He described it as an evolving process.

Culture within the service

- We were not able to speak with staff who worked for the service, so were not able to assess their views about the culture of the service.
- To demonstrate a positive working culture, the registered manager and the managing director said they always had double the number of staff needed at an event wanting to work for them.

Governance

- **There were no systems to improve service quality and safeguard high standards of care.**
- The service did not carry out any documented audits of the service. There was no record of document audits, which meant areas for improvement were not identified or monitored. We were not assured vehicle checks ensured all necessary equipment was available on the vehicle.
- There was no process or programme to ensure policies and procedures were reviewed. All policies and procedures we looked at were in date and had a review date on them. The managing director said he went through all the policies individually annually, to check they were current and included guidance that reflected national guidance.
- Our review of thirteen policies and procedures showed some had information and guidance in them that was out of date. This included an out of date list of Never Events in the serious incident policy and procedure and incorrect information about Fraser Guidelines and Gillick competency in the safeguarding children and young people policy.
- Our review of policies and procedures showed that they were not written for the current needs of the service. Throughout the policies there were descriptions of the responsibilities of job roles that did not exist in the service. This included heads of legal, heads of

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governance and assurance, communications manager, family liaison officer, medical managing director, head of patient experience, senior managers, and line managers.

- Some policies described functions such as pharmacy and emergency control centres that did not exist in the service.
- Each of the policies listed the objectives of the policy. However, the detail in the policies did not always fulfil the listed objectives. The managing director said he had written the policies in anticipation of the business expanding, rather than for the business as it was at the time of inspection.
- The service did not follow any documented processes to ensure staff who worked for them had the necessary skills and competencies to carry out their role.
- The service did not have any processes to review or audit the quality of care provided to service users. The lack of supervision of staff meant there was no oversight of the quality of care and treatment delivered to patients. (There was a patient satisfaction survey, but no patients had used this).
- There were very few recorded governance meetings. Since registration with CQC there had been four recorded meetings in February, June, July and September 2018. Records of these meetings showed that the ambulance vehicle and unpaid invoices were the only topics of discussion recorded. No other reviews or assessments of the running of the service were recorded. The three directors met regularly and had informal discussions about the running of the service which were not recorded. They relied on the information being remembered, rather than recorded.

Management of risk, issues and performance

- **There was no system to identify risks and plan to eliminate or reduce risks.**
- The service did not formally monitor risks to the service. When we asked what were the top risks, the managing director replied that it was probably suboptimal care, lack of business, upsurge in work they could not deliver and financial risks.

- The managing director said risks were discussed at informal management meetings, but there was no record of monitoring of the risks and no evidence of what action the service was taking to reduce the impact of any risks.
- Risks we identified during the inspection which related to the skills and competence of staff working for them, equipment availability, and completeness of patient care records, had not been identified as a risk to the service by the service.

Information Management

- **The registered persons did not keep records to support all activities of the service delivered.**
- Patient records were stored at the office. However, lack of completeness of records meant we could not be assured records accurately detailed the care and treatment patients received.
- There was no accurate record held of which staff carried out which roles at events. Task sheets for events recorded the role each staff carried out. However, these were destroyed once the service had been paid for the event.
- Access to electronically held records was password protected. However, we were not assured patient records held at the office were stored securely.
- Lack of recruitment records for staff working for the service meant there was no assurance staff had the appropriate qualifications and skills.

Public and staff engagement

- **There were no effective processes to engage with staff and stakeholders.**
- The service did not have any formal processes to engage with staff who worked for them. The registered manager and the managing director explained they socialised and worked alongside these staff but did not have any processes to gain their views about working for the service.
- The service had a patient satisfaction survey, but no patients had used this.

Innovation, improvement and sustainability

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- There was no information about innovation at the service. The managing director said they did not deliver an innovative service, but just tried to deliver a service

that was safe and sustainable. He described the vision that would support sustainability of the service. However, there were no formal plans to deliver this vision.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The service must take prompt action to address the number of significant concerns identified during the inspection.
- The service must ensure and have evidence that all staff working for the service are of good character, have the qualifications, competence, skills and experience necessary for the work to be performed.
- The service must ensure and be able to evidence that all equipment required is available, is in working order, in date and is not damaged.
- The service must ensure and evidence that all staff working for the service have completed appropriate mandatory training.
- The service must have and follow systems to supervise staff who work for the service so the service is assured about the quality of care staff deliver to patients.
- The service must ensure that patients are not at risk from the risk of cross infection.
- The service must ensure patients records are fully completed.
- The service must ensure there is safe management of medicines which complies with national guidelines and legislation.
- The service must consider the risk posed to patients having an asthma attack due to the practice of not having salbutamol as a stock medicine.
- The service must ensure there is a governance process followed to support systematic improvement of service quality and safeguards high standards of care.

- The service must ensure there are systems in place and followed to identify risks, and to plan or eliminate risks.
- The service must ensure all policies and procedures are relevant to the service delivered and they accurately reflect current legislation and national guidance.
- The service must consider national guidance to determine what level of children's and young people's safeguarding training that staff working for the service must complete.
- The service must make sure processes are in place and followed by staff to identify and respond to patient risks. This includes the identification and management of sepsis.
- The service must make sure patient's pain is managed effectively.
- The service must ensure staff who work for the service, where required, consider patients' capacity to consent to care and treatment.
- The service must ensure the fit and proper persons process is followed for all company managing directors.
- The service must ensure all staff working for the service have a good understanding about their responsibilities and obligation towards the Duty of Candour legislation.

Action the hospital **SHOULD** take to improve

- The service should consider developing a formal written vision, values and strategy for the service.
- The service should consider methods to seek feedback, both positive and negative, about the service provided from stakeholders.

This section is primarily information for the provider

Enforcement actions

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure equipment was available to ensure the safety of the service and patients. The provider did not ensure medicines were managed safely. The provider did not ensure patients were protected from the risk of cross infection. The provider did not have any evidence that they acted to ensure staff had the appropriate skills, experience and knowledge to provide safe care and treatment to patients
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was limited governance of the service.
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not carry out any recruitment checks on the self-employed staff who carried out the regulated activities on their behalf.