Heart Medical HQ

Quality Report

Spa Street Works
Spa Street
Ossett
West Yorkshire
WF5 0HJ
Tel:01924 272279
Website:www.heartmedical.org.uk

Date of inspection visit: 10 December 2019
Date of publication: 24/02/2020

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Not sufficient evidence to rate
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Heart Medical HQ is operated by Heart Medical Limited. The service is registered to provide a patient transport service and urgent and emergency care.

The service provided medical and first aid support at events and worked on behalf of insurance companies in relation to medical repatriations. Both these services are not activities regulated by CQC and were not inspected, however, the transfer of urgent and emergency care patients to hospital from events is regulated and this element was inspected.

At the time of the inspection Heart Medical HQ was not commissioned or contracted to provide patient transport services for any commissioners, NHS or private health providers. Patient transport services were provided on an as required basis for a local NHS hospital trust. The provider was also registered with an external company which was a digital market place where independent ambulance companies could bid for patient transport work.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 10 December 2019.

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

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

We rated this service as **Requires improvement** overall because;

- The provider did not use patient record forms for patient transport patients.
- Staff did not complete and update risk assessments for each patient, removing or minimising risks because they were totally reliant upon the risk assessment carried out by the provider requesting the patient transport.
- Staff did not keep detailed records of patients' care and treatment as they used patient booking forms which contained patient details supplied by the provider requesting the patient transport.
- The provider did not carry out any hand hygiene audits of staff.
- The provider did not have an audit process for reviewing patient record forms for patients transferred from an event to hospital.
- The providers safeguarding policy did not have any reference to the current 2018 intercollegiate guidance.
- The provider did not have a patient eligibility criteria policy, so we could not evidence if staff had the correct level of training to deal with the level of acuity of the patient transported.
- There were limited opportunities for staff to learn from the performance of the service or the standards of care provided because the service did not have key performance indicators or used patient record forms.
- It was not clear at which meeting the information from the risk register was discussed at or for how long the risks had been active.
- The risk register was not a standard agenda item on the provider's monthly quality report.
- There was no evidence the business continuity had been tested either in response to an incident or by way of an exercise.

However, we did find the following good practice;

Summary of findings

- All staff were up to date with statutory, mandatory and safeguarding training.
- There was evidence of regular vehicle deep cleans and infection prevention control audits.
- The provider adhered to the national patient safety (2016) colour coding systems.
- Medical gases were stored in accordance with health and safety executive legislation 1998.
- We saw evidence staff who had worked for the company for over a year had an annual appraisal and those who had not were booked to receive one in January 2020.
- We saw evidence of disclosure and barring service checks for staff and when DBS re-checks would be done.
- The provider published a quarterly quality report which was shared with staff which covered incidents, records, infection prevention control and any other business.

Following this inspection, we told the provider that it should make seven improvements and must make four other improvements to help the service improve. The provider was issued with one requirement notice. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Requires improvement 	The transfer of urgent and emergency care patients to hospital were all from events. In the reporting period April 2019 to November 2019 there were four emergency and urgent care patient journeys undertaken. All the patient transports were adults. There were no patients aged under 18 years transported in the reporting period.
Patient transport services	Requires improvement 	Patient transport services (PTS) was the main regulated activity carried out by the provider. At the time of this inspection patient transport services were provided on an as required basis for a local NHS hospital trust. The provider was also registered with an external company which is a digital market place where independent ambulance companies could bid for work. In the reporting period April 2019 to November 2019 there were 88 patient transport journeys undertaken, five of which were informal patients with mental ill health. All the patient transports were adults. There were no patients aged under 18 years transported in the reporting period.

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at
Emergency and urgent care Patient transport services

Summary of this inspection

Background to Heart Medical HQ

Heart Medical HQ is operated by Heart Medical Limited. The service opened in 2016. It is an independent ambulance service in Ossett, West Yorkshire. The service primarily serves the communities of North East and North-West England.

We first visited this provider in March 2019, due to several concerns raised with CQC about the cleanliness of vehicles and the culture within the service. Following this inspection, we carried out urgent enforcement action and served a notice under Section 31 of the Health and Social Care Act 2008 to suspend the registration of the service provider in respect of the regulated activities: Transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury. We took this action because we believed that a person would or could have been exposed to the risk of harm if we did not take that action. Following the action, the service was not allowed to carry out any regulated activity until they had improved.

We undertook two further visits to the location, in May and June 2019. At the May 2019 inspection, we did not receive assurance that services had improved sufficiently, and the provider agreed to voluntarily suspend regulated activity. At the June 2019 inspection we received adequate assurance and the provider was able to provide regulated activities again.

The provider submitted an action in relation to the five requirement notices following the June 2019 inspection. The providers response to the requirement notices is included in this report.

The service has had a registered manager in post since July 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,a CQC inspection manager and a CQC inspector. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Heart Medical HQ

The service is registered to provide the following regulated activities:

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

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice since its registration, and the most recent inspection took place in June 2019.

The service had a managing director who was the registered manager and an operations director. They were supported by a clinical advisor and non-executive director who worked on a consultancy basis.

At the time of this inspection, the service did not employ any operational staff. The provider had three urgent care assistant staff (UCA`s) and two ambulance care assistants (ACA`s) who were on zero hours contracts and had registered their interest to work for Heart Medical and would be offered work at short notice.

The service did not hold controlled drugs or medicines apart from medical gases.

Summary of this inspection

During the inspection, we visited Heart Medical HQ at Spa Street Works, Spa Street, Ossett, West Yorkshire WF5 0HJ which was the provider's operating base. We spoke with the managing director who was also the registered manager and the operation's director. We were unable to speak with any patients. During our inspection, we reviewed four sets of patient records and 12 PTS booking forms.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Activity (April 2019 to November 2019)

- In the reporting period April 2019 to November 2019 there were four emergency and urgent care patient journeys undertaken. None of the patients were aged under 18 years.
- There were 88 patient transport journeys undertaken five of which were informal patients with mental ill health.
- All the patient transports were adults. There were no patients aged under 18 years transported in the reporting period.

Track record on safety

- No Never events reported
- No clinical incidents with no harm, low harm, moderate harm, severe harm or death reported.
- No serious injuries reported.

No complaints recorded.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We found the following areas that needed further improvement;

- The provider did not use patient record forms for patient transport patients.
- Staff did not complete and update risk assessments for each patient and removed or minimised risks because they were totally reliant upon the risk assessment carried out by the provider requesting the patient transport.
- Staff did not keep detailed records of patients' care and treatment as they used patient booking forms which contained patient details supplied by the provider requesting the patient transport.
- The provider's safeguarding policy did not reference the 2018 intercollegiate guidance.
- The provider did not have a patient eligibility criteria policy, so we could not evidence if staff had the correct level of training to deal with the level of acuity of the patient transported.
- The provider did not carry out any hand hygiene audits of staff.

Are services effective?

Requires improvement

- We could not evidence if the service provided care and treatment based on national guidance and evidence-based practice because the service did not use patient record forms.
- We could not evidence if staff protected the rights of patient's subject to the Mental Health Act 1983 because the service did not use patient record forms.
- Due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider they had no key performance indicators including response times.

Are services caring?

Not sufficient evidence to rate

Caring was inspected but not rated.

Are services responsive?

Requires improvement

- The service was not planned, and we could not evidence that care was provided in a way that met the needs of local people and the communities served or the service worked with others in the wider system and local organisations to plan care.

Summary of this inspection

- This was due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider. The work they did was unplanned and totally reactive.
- There was no evidence the service was inclusive and took account of patients' individual needs and preferences or the service made reasonable adjustments to help patients access services.
- We could not evidence if people could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Are services well-led?

Requires improvement

We found the following areas that needed further improvement;

- It was not clear at which meeting the information from the risk register was discussed at or for how long the risks had been active.
- The provider did not have any key performance indicators.
- The risk register was not a standard agenda item on quality report.
- During inspection we could not evidence how staff recorded, assessed and mitigated patient risk because they did not use patient record forms.
- There were limited opportunities for staff to learn from the performance of the service or the standards of care provided because the service did not have key performance indicators or used patient record forms.
- There was no evidence the business continuity had been tested either in response to an incident or by way of an exercise.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement
Patient transport services	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement

Notes

Requires improvement

Emergency and urgent care

Safe	Requires improvement
Effective	Requires improvement
Caring	Not sufficient evidence to rate
Responsive	Requires improvement
Well-led	Requires improvement

Are emergency and urgent care services safe?

Requires improvement

We rated **Safe** as **requires improvement**.

Mandatory training

See information under this sub-heading in the patient transport section.

Safeguarding

See information under this sub-heading in the patient transport section.

Cleanliness, infection control and hygiene

See information under this sub-heading in the patient transport section.

Environment and equipment

See information under this sub-heading in the patient transport section.

As there was no regulated activity being carried out in relation to urgent and emergency care at the time of the inspection none of the urgent and emergency care ambulances were prepared for deployment and were therefore not inspected.

Assessing and responding to patient risk

See information under this sub-heading in the patient transport section.

Staffing

The provider did not employ or have registered to work for the company any paramedics. The registered manager told us if the service had been successful in bidding to provide medical cover at an event and the provision of urgent and emergency care was a condition of the contract they would sub-contract a paramedic from another independent ambulance company to work.

Records

During inspection we reviewed four patient record forms for patients transferred from an event to hospital.

Three had not been signed by the member of staff providing the care and three had no handover information.

Medicines

See information under this sub-heading in the patient transport section.

Incidents

See information under this sub-heading in the patient transport section.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Requires improvement

We rated **Effective** as **requires improvement**.

Evidence-based care and treatment

See information under this sub-heading in the patient transport section.

Requires improvement

Emergency and urgent care

Pain relief

See information under this sub-heading in the patient transport section.

Response times

See information under this sub-heading in the patient transport section.

Patient outcomes

See information under this sub-heading in the patient transport section.

Competent staff

See information under this sub-heading in the patient transport section.

Multidisciplinary working

See information under this sub-heading in the patient transport section.

Health promotion

See information under this sub-heading in the patient transport section.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See information under this sub-heading in the patient transport section.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

Caring was not rated.

Compassionate care

See information under this sub-heading in the patient transport section.

Emotional support

See information under this sub-heading in the patient transport section.

Understanding and involvement of patients and those close to them

See information under this sub-heading in the patient transport section.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Requires improvement

We rated **Responsive** as requires improvement.

Service delivery to meet the needs of local people

See information under this sub-heading in the patient transport section.

When the service tendered to provide medical support at an event this could range from first aid support to providing urgent and emergency care with the ability to treat a patient en route to hospital.

Meeting people's individual needs

See information under this sub-heading in the patient transport section.

Access and flow

See information under this sub-heading in the patient transport section.

Learning from complaints and concerns

See information under this sub-heading in the patient transport section.

Are emergency and urgent care services well-led?

Requires improvement

We rated Well-Led as **requires improvement.**

Leadership

See information under this sub-heading in the patient transport section.

Vision and strategy

See information under this sub-heading in the patient transport section.

Requires improvement

Emergency and urgent care

Culture

See information under this sub-heading in the patient transport section.

Governance

See information under this sub-heading in the patient transport section.

Management of risks, issues and performance

See information under this sub-heading in the patient transport section.

Information management

See information under this sub-heading in the patient transport section.

Public and staff engagement

See information under this sub-heading in the patient transport section.

Innovation, improvement and sustainability

See information under this sub-heading in the patient transport section.

Requires improvement

Patient transport services

Safe	Requires improvement
Effective	Requires improvement
Caring	Not sufficient evidence to rate
Responsive	Requires improvement
Well-led	Requires improvement

Are patient transport services safe?

Requires improvement

We rated **Safe** as **requires improvement**.

We found the following areas that needed further improvement;

- The provider did not use patient record forms for patient transport patients.
- Staff did not complete and update risk assessments for each patient when required and removed or minimised risks because they were totally reliant upon the risk assessment carried out by the provider requesting the patient transport.
- Staff did not keep detailed records of patients' care and treatment as they used patient booking forms which contained patient details supplied by the provider requesting the patient transport.
- The provider's safeguarding policy did not reference the 2018 intercollegiate guidance.
- The provider did not have a patient eligibility criteria policy, so we could not evidence if staff had the correct level of training to deal with the level of acuity of the patient transported.
- The provider did not carry out any hand hygiene audits of staff.

However, we found the following areas of good practice;

- All staff were up to date with statutory, mandatory and safeguarding training.
- The vehicles we inspected and equipment in them were visibly clean.
- There was evidence of regular vehicle deep cleans and infection prevention control audits.
- All essential emergency equipment on both ambulances had been checked and the next service date was displayed on a sticker.
- The provider adhered to the national patient safety (2016) colour coding systems for identifying which mops, buckets and cleaning products to use on which areas of the vehicles or buildings.
- Staff had access to equipment required to protect patients and comply with national guidelines and legislation.
- Medical gases were stored in accordance with health and safety executive legislation 1998.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

We saw evidence the provider had a training matrix covering clinical skills over 15 areas on day one and statutory/mandatory training covering 15 areas on day two.

During inspection we reviewed the provider's compliance tracker spreadsheet which showed the five staff registered to work for the company were up to date with mandatory and statutory training.

Safeguarding

Staff we spoke with understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Requires improvement

Patient transport services

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 13: Safeguarding, service users from abuse and improper treatment because the provider did not ensure that staff providing care or treatment to patients had the correct level of safeguarding training, competence, skill or experience to prevent abuse and protect vulnerable patients.

During this inspection we saw staff providing care or treatment to patients did have the correct level of safeguarding training, competence, skill and experience to prevent abuse and protect vulnerable patients.

We saw evidence the registered manager, who was the safeguarding lead, and the operations director, who was the deputy safeguarding lead, were trained to safeguarding level three.

The registered manager was on-call 24 hours per day for staff to contact if they required safeguarding advice. If he was working or needed a night off the operations director would cover.

There was a number for staff to ring when out of hours if went to the safeguarding lead's mobile phone.

We saw evidence in the vehicle folders copies of safeguarding referral forms and a safeguarding reporting flowchart for staff to follow.

We saw evidence from August 2019 to date, five safeguarding referrals had been made by staff, three were for neglect, one was physical abuse and one was emotional abuse. All were from five different staff members which evidenced staff understood what a safeguarding matter was and how to report it.

The provider had a safeguarding people policy and supporting guidance documentation. The policy had been active since March 2016 and was due a review in April 2020.

At time of inspection the provider did not reference 2018 intercollegiate guidance in their safeguarding policy. Following the post inspection feedback and after the provider had reviewed the draft inspection report prior to publication they did submit a revised safeguarding policy which included 2018 intercollegiate guidance.

The policy did provide advice for staff as to how to recognise and report safeguarding matters. The document also had an extensive list of local safeguarding contacts.

Heart Medical used a safeguarding level two approved course syllabus which was delivered by a trainer qualified in preparing to teach in the lifelong learning sector (PTTLS) and held a level three certificate in safeguarding.

This training was supplemented using the NHS certificate which is also a level two safeguarding equivalent and online training, again at level two safeguarding standard.

The safeguarding training included the mental capacity act (MCA) and deprivation of liberty standards (DoLS) which was certificated through an online training platform.

During inspection we reviewed the provider's compliance tracker spreadsheet which showed the five staff registered to work for the company were up to date with safeguarding training. All were trained to level two safeguarding.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

During inspection we inspected two patient transport vehicles. The exteriors and interiors of both vehicles, including the cab areas were visibly clean and tidy. Hand-cleansing gel, personal protective equipment (PPE) and decontamination wipes were available in both vehicles.

There was evidence in both vehicles they had been subject to regular deep cleans by a nationally recognised cleaning company. Both vehicles had been deep cleaned in July, September, November and December 2019 with the next deep clean scheduled for January 2020.

The service used a computer-based system in the vehicles with a built-in cleaning checklist with mandatory fields which staff had to complete when the vehicle was being used. This had to be completed before the vehicle left the operating base. The cleaning records for both vehicles were checked and found to be complete and up to date.

We saw evidence in one vehicle we inspected it had been subject to an infection prevention control audit once in October and four times in November 2019 and the other vehicle in September, October, November and December 2019. The audits covered 22 areas and both vehicles were recorded as meeting compliance in all areas in each audit.

Requires improvement

Patient transport services

At time of the inspection the provider could not provide evidence of hand hygiene observations or hand hygiene audits.

Following the post inspection feedback and after the provider had reviewed the draft inspection report prior to publication they did submit a hand hygiene audit form with five staff observed washing their hands in February 2020.

In the garage was a sluice room which was used to store cleaning equipment and products.

There was a sink, mops and buckets with disposable heads which followed the British institute of cleaning science and national patient safety (2016) colour coding systems for identifying which mops, buckets and cleaning products to use on which areas of the vehicles or buildings.

Cleaning products were wall mounted in dispensers which guaranteed the correct dilution rate.

There was a supply of replacement mop heads.

There were bins in the sluice room labelled as to which waste to put in them. There were notices displayed in the sluice room which explained to staff as to which colours identified which cleaning products and should be used for which areas of the building or vehicles. There were notices displayed on the walls which explained how different types of waste should be disposed of.

There were notices above sinks with advice for staff on correct handwashing techniques.

There were two large yellow locked clinical waste bins in the garage and a designated area for vehicle cleaning. We saw evidence of a how and when the waste would be collected.

All infection prevention control audits and vehicle cleaning were recorded on the providers compliance tracker spreadsheet which we reviewed and found it to be up to date and complete.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The operational base was on an industrial estate on the outskirts of Ossett, West Yorkshire. The building had a ground floor meeting room and accessible toilet facilities. The first floor had an office with desks and work stations.

There was a separate garage building which was large enough to park multiple ambulances in. The garage was visibly clean and well laid out. On a wall in the garage was a white board with vehicle keys on next to vehicle registration numbers.

Within the garage was a separate store room for equipment and consumables, a sluice room which contained cleaning materials and the medical gases storage cage.

There was a crew room for staff to use with welfare facilities.

The buildings had key pad entry locks and were alarmed.

During inspection we inspected two patient transport vehicles. Both vehicles externally were clean and undamaged, and the lights and doors were operating correctly.

The re-usable equipment in both vehicles were visibly clean. The trolleys were clean and the mattresses covering them were intact. There was supply of clean linen in both ambulances.

At the time of the inspection both vehicles were not in use, so the mobile phones were not in the vehicle and were being charged.

All essential emergency equipment on both ambulances had been checked and the next service date was displayed on a sticker on the equipment. Defibrillators from each vehicle had been taken out, as the vehicles were not in use, and were being charged. The defibrillators were inspected and had been serviced and portable appliance tested (PAT).

Each vehicle had harnesses/chairs available including those for safely transporting children.

There were no medicines or patient record forms kept on either vehicle. Medical gases on both vehicles were stored securely and were in date.

In both vehicles there was a folder which contained aids to assist communication with patients whose first language was not English, or they were suffering from hearing, visual or cognitive impairment. The folders also had leaflets which provided patients with information as to who to provide feedback in relation to the service provided.

Requires improvement

Patient transport services

In the garage was a store room for equipment and replacement consumable items. The room was spacious, visibly clean and well laid out.

There was shelving to store first aid bags used at events and electrical items such as portable defibrillators.

Following the inspection in May 2019 the provider was given a requirement notice in relation to Regulation 12: Safe care and treatment because the service did not ensure that staff had access to equipment required to protect patients and comply with national guidelines and legislation.

During this inspection we saw evidence staff did have access to the equipment required to protect patients and comply with national guidelines and legislation.

Consumable items were stored in plastic labelled trays protected from dust and dirt. Ten consumable items were selected at random all were in date.

We saw evidence of a stock control system to ensure supplies of replacement consumable items did not run out.

Following the inspection in May 2019 the provider was given a requirement notice in relation to Regulation 12: Safe care and treatment because medical gases were not stored consistently in line with guidance.

During this inspection we saw medical gases were stored in accordance with health and safety executive legislation 1998.

The medical gases were stored in the garage in a locking metal cage used for empty cylinders and a metal cupboard for full cylinders. The cage and cupboard were fixed to a wall and in a position where it would not be hit by any vehicles and both had number combination locks.

There were notices displayed on the exterior of the cage containing COSHH information. There was also a book for signing out and returning medical gases.

The provider had a medical devices policy which went live in April 2016 and was due for review in February 2020.

The policy described what a medical device was and how they would be managed including tagging, calibration, maintenance and the asset register.

We saw evidence of an asset register with 80 items recorded including when they were last checked or serviced. All were in date at the time of the inspection being marked active. Equipment not in use was marked as not active.

The provider had a fleet management policy which went live in April 2016 and was due for review in February 2020. The document covered the key points of transport and safety legislation applicable to vehicles. The policy covered the equipment, medical gases and devices carried on the vehicles.

All Heart Medical ambulances were fitted with a tracker which also had back office software attached. This software would track when service checks, ministry of transport (MOT) tests or motor vehicle excise duty were due and generate and email to the relevant manager one month before it was due.

The provider had a compliance spreadsheet with all the relevant dates on when the vehicle servicing, MOT`s or motor vehicle excise duties were due. The local garage where the vehicles were serviced and MOT`d held these dates as well and reminded the provider when the work was due on the vehicle.

Assessing and responding to patient risk

Staff did not complete and update risk assessments for each patient when required and removed or minimised risks because they were totally reliant upon the risk assessment carried out by the provider requesting the patient transport.

Following the inspection, the provider submitted a blank mental health booking form. We were unable to comment as to how the forms had been completed by staff or how accurate the information contained in the forms was. The forms did contain a section for recording risk assessments.

At time of the inspection there was no evidence of a patient eligibility criteria policy so we could not evidence if staff had the correct level of training to deal with the level of acuity of the patient transported. Following the post inspection feedback and after the provider had reviewed the draft inspection report prior to publication they did submit a patient eligibility criteria policy.

Requires improvement

Patient transport services

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as there was limited evidence that the service had a process to assess and respond to patient risk.

During this inspection we saw evidence of a policy in relation to dealing with deteriorating patients.

Staff identified and quickly acted upon patients at risk of deterioration. We saw evidence where staff had acted quickly and intervened regarding a patient they were transporting who began to suffer chest pain.

The provider had a fatal incident and resuscitation policy which went live in February 2016 and was due for review in May 2020.

The policy explained if a patient deteriorated on board a non-emergency PTS ambulance, crews should pull the ambulance over to a safe place and dial 999. First aid should be administered while awaiting the NHS Ambulance.

Staffing

During the inspection the registered manager told us the service currently had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Due to the intermittent work managers were unable to review and adjust staffing levels and skill mix.

At the time of this inspection, the service did not employ any operational staff. The provider had three urgent care assistant staff (UCA`s) and two ambulance care assistants (ACA`s) who were on zero hours contracts and had registered their interest to work for Heart Medical. They would be offered work at short notice.

At the time of the inspection because the provider was not contracted or commissioned by an NHS or private provider the service only responded to “as required” requests for patient transport and they did not operate a full-time staff rota or shift system.

The registered manager told us the challenge was to ensure there were enough staff available at short notice.

Records

Staff did not keep detailed records of patients’ care and treatment. They did not use patient record forms but used patient booking forms which contained patient details supplied by the provider requesting the patient transport.

In the garage there were three wall mounted, locked labelled metal letter boxes for staff to leave either suggestions/feedback, patient care records or call log sheets.

These were emptied daily by the registered manager or operations director. The information from the forms would be added to the compliance spreadsheet.

Medicines

At the time of the inspection the provider did not store or administer medicines.

The provider had a medicines management policy which went live in March 2016 and was due for review in February 2020.

The purpose of the policy was to provide advice and guidance to Heart Medical staff concerning their responsibilities in relation to the safe and secure handling, storage, supply, administration and disposal of medicines.

Incidents

The provider had a policy, systems and processes in place for the recording, investigation and sharing of learning from incidents, however, because the provider had not recorded any incidents we were unable to evidence if the policy had been followed.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance there was not an effective incident reporting and management process in place.

During this inspection we saw there was an effective incident reporting and management process in place.

We saw evidence the provider had recorded four non-clinical incidents all of which were closed. It was clear to understand what control measures had been put in place and if a root cause analysis report had been required or not and who had been responsible for investigating/ reviewing the incident.

The provider had an incident learning policy including lessons learnt which went live in June 2016 and was due for review in May 2020. The policy covered 22 different areas.

Requires improvement

Patient transport services

The aim of the policy was to create a learning process for managing issues related to incidents that was separate from any disciplinary procedures.

Incident learning forum had been established to collectively provide assurance that Heart Medical was reviewing adverse incidents to identify and share learning opportunities and to support the development of organisational knowledge.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as the service did not ensure that all staff had a good understanding of their responsibilities and obligations to fulfil the duty of candour requirements.

During this inspection the staff we spoke with understood their responsibilities and obligations to fulfil the duty of candour requirements. There was evidence staff had received duty of candour training.

The provider had a duty of candour policy. Staff we spoke with knew what duty of candour principles were and how to apply them even though the provider had never had to apply the principles.

The duty of candour places a legal responsibility on every healthcare professional to be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress and to apologise to the patient or, where appropriate, the patient's advocate, carer or family.

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

Requires improvement

We rated **Effective** as **requires improvement**.

Evidence-based care and treatment

We could not evidence if the service provided care and treatment based on national guidance and evidence-based practice because the service did not use patient record forms.

We could not evidence if staff protected the rights of patient's subject to the Mental Health Act 1983 because the service did not use patient record forms.

Nutrition and hydration

There was no evidence nutrition was provided to patients.There was evidence in the two ambulances we inspected of bottled drinking water for patients.

Pain relief

The provider had nitrous oxide gas available for pain relief for patients.

Response times

Due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider they had no contractual key performance indicators including response times.

The journey times were recorded on the patient booking forms for re-charge purposes but not the response times.

The service did not audit their activity to identify where improvements could be made.

Patient outcomes

Due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider and did not use patient record forms patient outcomes were not recorded.

The service was unable to audit the outcomes of patients they had transported to identify where improvements could be made.

On the booking forms there was no evidence of any patient handover information being recorded.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 12 Safe care and treatment because the provider did not ensure that staff providing care or treatment to patients had the correct competence, skill, training or experience to do this safely.

During this inspection we saw evidence staff providing care or treatment to patients did have the correct competence, skill, training and experience to do this safely.

Requires improvement

Patient transport services

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 12: Safe care and treatment because the provider did not ensure that staff working in the service received an annual appraisal.

During this inspection we saw evidence the provider had an appraisal system. At the time of the inspection three of the five staff who had qualified for an annual appraisal had received one, as they had worked for the provider for over a year. We saw evidence the other two staff had dates in January 2020 when they would have their annual appraisal.

Following the inspection in May the provider was given a requirement notice in relation to Regulation 17 Good governance as the service did not have a process in place to ensure all staff had reviewed operational policies and procedures and that this review was recorded centrally, and the service did not ensure that staff working away from the base station had access to current policies and procedures.

During this inspection we saw evidence the provider used a computer-based system to store policies and procedures for staff to access. The provider invited all staff to use this.

In the crew room there was a computer for staff to use so they could access policies and procedures while on base. Hard copies of the policies and procedures were kept in the crew room. We saw evidence in the vehicle files there were a list of all policies, safeguarding reporting flow chart and a list of procedures.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 18: Staffing as the provider did not ensure that staff providing care or treatment to patients had the correct competence, skill, training or experience to do this safely.

During this inspection we saw evidence staff providing care or treatment to patients did have the correct competence, skill, training or experience to do this safely.

We saw evidence of a corporate power point presentation covering the induction process for new staff.

There was evidence of a staff handbook which contained information about the company and the policies which was given to new staff on joining the organisation.

We saw evidence of a programme of themed continuous professional development days for staff organised by the registered manager.

We saw evidence of disclosure and barring service checks (DBS) for staff and when DBS re-checks would be done on the compliance spreadsheet.

The provider had a recruitment and selection policy which went live in May 2019 and was due for review in May 2020.The policy covered 29 different areas in the staff recruitment and selection process.

During inspection we reviewed an example recruitment interview record dated 6th June 2016 which covered seven different areas of assessment.

The provider had a staff handbook which went live June 2016 and was due for review June 2020. The handbook had been written by an external legal company. The handbook covered policies and procedures, but these were generic and not service specific.

Two of the trainers have completed a "train the trainer" course and delivered assessment of capacity to consent course to staff from an NHS ambulance trust.

We saw evidence any staff member who was required to drive for Heart Medical must have undergone the relevant pre-employment checks as defined in the recruitment and selection policy section 26.2, which stated drivers must have held a licence for two years, have no more than six penalty points and be 21 years of age.

The provider carried out driver vehicle licensing authority (DVLA) checks on staff driving licences, taking a photocopy which was kept in staff files.

Staff were instructed not drive vehicles outside of their driving licence category however the provider only operates one vehicle which cannot be driven on a B class licence and drivers were familiarised with this during induction.

Staff driving licence details were recorded on the providers compliance tracker spreadsheet.

We saw evidence experienced staff were paired with new recruits and the provider used competency books which were completed by peer evaluation to support staff development.

Multidisciplinary working

Requires improvement

Patient transport services

The provider had a fatal incident and resuscitation policy which went live in February 2016 and was due for review in May 2020.

The policy included information for staff about patients who had a do not attempt cardio respiratory resuscitation order (DNACPR) in place. The policy provided staff with all the information they required to deal with a patient with such and order in place.

The policy also covered advanced directives and living wills and provide appropriate advice for staff to deal with patients with advanced directives and living wills in place.

When the provider took a patient booking if there was a protection plan in place this would be clearly marked on the booking form the provider received form the provider requesting the patient transport.

Health promotion

The provider did not take part in health promotion.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

We could not evidence if staff supported patients to make informed decisions about their care and treatment or if they followed national guidance to gain patients' consent because the provider did not use patient record forms and relied on information on the patient booking form provided by the service requesting the patient transfer.

We saw evidence on the compliance tracker all staff had received training in consent, mental capacity act and deprivation of liberty safeguards and the refresher training was due in 2022.

The registered manager told us the service did transport some informal patients with mental ill health, but they felt these had a zero risk of absconding or self-harm.

We were told and saw evidence on patient booking forms of risk assessments supplied by the provider requesting the transport.

The registered manager told us staff could ring the hospital where the patient was being transported from to get more details and if they felt it was necessary. If the crew arrived to transport the patient and they felt they had not been properly risk assessed they would perform a dynamic risk assessment, but this was not documented.

Following the post inspection feedback and after the provider had reviewed the draft inspection report prior to publication the provider submitted a blank booking form and blank transport care form. As they were blank we were unable to comment as to how they had been completed by staff and how accurate the information contained in the forms was.

Are patient transport services caring?

Not sufficient evidence to rate

Caring was inspected but not rated

Compassionate care

Due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider we were unable to speak to any patients.

However, we were able to review ten patient feedback forms. All were on Heart Medical headed paper. Some of the comments were; 'very nice crew very helpful. Made my journey a lot easier. Very smooth ride. Would definitely recommend `, 'I had a long journey and the crew were more than happy to allow me a comfort break, they bought me a drink from the service station and allowed me to get some fresh air as I had been on a plane and inside an airport for over 24 hours and ' very pleased to see staff on arrival, very patient as they waited for my tablets to arrive'

All ten forms had positive feedbacks about the crew, vehicle, journey, no negative comments. All had no ticks against any negative statements.

Emotional support

Not inspected or evidenced.

Understanding and involvement of patients and those close to them

Not inspected or evidenced.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Requires improvement

Patient transport services

Requires improvement

We rated **Responsive** as requires improvement.

Service delivery to meet the needs of local people

The service was not planned, and we could not evidence that care was provided in a way that met the needs of local people and the communities served or the service worked with others in the wider system and local organisations to plan care.

This was due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider. The work they did was unplanned and totally reactive.

Meeting people's individual needs

There was no evidence the service was inclusive and took account of patients' individual needs and preferences or the service made reasonable adjustments to help patients access services.

This was due to the fact the provider did not use patient record forms and relied upon information on patient booking forms supplied by the service requesting the transport.

We were therefore unable to evidence if staff had used their own training and judgement to take account of patients' individual needs.

The vehicle folders had leaflets inside which provided patients with information as to how to provide feedback in relation to the service provided.

Access and flow

We could not evidence if people could access the service when they needed it, in line with national standards, and received the right care in a timely way.

This was due to the fact the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider and the work they did was unplanned and totally reactive. The service had no control over access and flow.

Learning from complaints and concerns

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

We could not evidence if the service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations because they had not recorded any complaints in the reporting period.

The provider had a complaint, concern, comments and compliments policy which went live March 2016 and was due for review May 2020.

The purpose of the policy was to enable Heart Medical to; learn and improve in the work that it carries out, provide a unified approach for employees to handle service user feedback including concerns raised, contribute to providing a safe and quality service to its customers and service users, provide employees with guidance on how to obtain service user feedback, including concerns raised, and what to do when they receive them and ensure the organisation carries out its statutory obligations and ensure regulatory compliance.

We could not evidence any learning from complaints being shared with staff as the provider had not recorded any.

The managing director carried overall accountability for ensuring implementation of the complaints policy and could delegate certain matters to an appropriately competent 'responsible person'. When the provider received a complaint, it was acknowledged within 24 hours and the investigation would commence.

The provider aimed to have a proposed complaint investigation action plan ready within five working days and to investigate up to 30 days but for complex cases it was acknowledged this could take longer which would be explained to the complainant.

The complaint would receive a formal response and outcome letter after the 30-day period.

We were told the provider was not experiencing any issues with complying to the timelines.

When an investigation had been initiated a route cause analysis document was always used and this formed the basis of the investigation. When required our clinical advisors were involved and a decision made on any action required.

Requires improvement

Patient transport services

Once the investigation was concluded either the incident learning policy or disciplinary policy would be followed dependent upon what outcomes had been reached.

However, because the provider had not recorded any complaints we could not evidence compliance with the policy.

Are patient transport services well-led?

Requires improvement

We rated Well-Led as **requires improvement.**

We found the following areas that needed further improvement;

- It was not clear at which meeting the information from the risk register was discussed at or for how long the risks had been active.
- The provider did not have any key performance indicators.
- The risk register was not a standard agenda item on quality report.
- During inspection we could not evidence how staff recorded, assessed and mitigated patient risk because they did not use patient record forms.
- There were limited opportunities for staff to learn from the performance of the service or the standards of care provided because the service did not have key performance indicators or used patient record forms.
- There was no evidence the business continuity had been tested either in response to an incident or by way of an exercise.

However, we found the following areas of good practice;

- Leaders had clearly defined roles and responsibilities.
- The provider had a strategy, values and mission statement which were shared with staff.
- The provider published a quarterly quality report which was shared with staff which covered incidents, records, infection prevention control and any other business.
- The provider had auditing systems and a structured governance meeting agenda.

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was led by a managing director who was the registered manager and was responsible for operational delivery, business development and customer relationship management. The managing director was supported by an operations director who had responsibility for financial management of the business.

They were supported by a clinical advisor who had responsibility for auditing clinical practice through audit, assisting in the design of statutory/mandatory training, advising on clinical best practice and equipment usage, representing Heart Medical at clinical conferences, responsibility for medicines management and having an overview on clinical policies and training and a non-executive director who had responsibility for assisting with business development, representing the company at networking events, supporting business strategy, mentoring and supporting staff and assisting in the financial management of the company.

Both worked on a consultancy basis.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a strategy document which covered the aims of the company which were; quality, people, sustainability and financial success. These were linked to outcomes which were; financial sustainability, excellence in service and being safe and reliable.

There was no evidence as to how this strategy would be delivered.

The providers values used the acronym, CARE, which stood for, care for ourselves and others with compassion, kindness, dignity and respect, awareness and openness,

demonstrating a learning, no blame culture, rresponsive and reliable to the needs of our patients their relatives, our customers and each other, and effective and safe in all we do.

The company vision was, to support the development of community response, resilience and access to care when it's needed the most. We are "Here when you need us".

The company mission statement was, to provide high quality treatment, care, training and service to our patients, their relatives, our students and our commissioners when they need us most.

We saw the value, vision and mission statement were displayed on posters around various parts of the operating base.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

We saw evidence where staff had volunteered to work for the provider and attend training in their own time without pay.

Governance

Leaders operated a governance processes which had improved since the May 2019 inspection. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet and discuss issues.

There were limited opportunities for staff to learn from the performance of the service or the standards of care provided because the service did not have key performance indicators or used patient record forms.

At the time of the inspection the provider was not using the KPI`s. There was evidence the provider had KPI`s but was not using them.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as there were limited systems to monitor and improve service quality and safeguard high standards of care.

During this inspection we saw the provider had introduced auditing systems and a structured governance meeting agenda. The provider published a quarterly quality report which was shared with staff which covered incidents, records, infection prevention control and any other business.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as the service did not ensure that audits were centrally recorded and shared with staff to improve patient outcomes.

During this inspection we saw evidence the service did ensure that audits were centrally recorded and shared with staff to improve patient outcomes through the monthly quality report.

Following the inspection in May 2019: the provider was given a requirement notice in relation to Regulation 19: Fit and proper persons employed as the provider did not ensure that all staff working at the company were recruited in accordance with national guidance and regulations.

During this inspection we saw evidence in staff files and on the compliance tracker all staff working at the company were recruited in accordance with national guidance and regulations.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 19: Fit and proper persons employed as staff files we reviewed did not always contain up to date DBS checks.

The provider used a compliance tracker which covered every element of the work they did and was a central collection point of data which could easily be reviewed and monitored.

The information was used to produce a quarterly quality report which was shared with staff.

During this inspection we saw evidence in staff files and on the compliance tracker all staff working at the company all staff had current DBS checks.

The managing director and operations director acknowledged because the service was not contracted or commissioned and the level of governance and scrutiny around regulated activity was not as in depth as it could be if the service was contracted or commissioned.

Management of risks, issues and performance

Requires improvement

Patient transport services

Leaders and teams did not use systems to manage performance effectively as the provider was not contracted or commissioned to provide a patient transport service for an NHS or private provider and did not have any key performance indicators nor had they developed their own.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as there were limited systems to identify risks and plan to eliminate or reduce risks.

During this inspection we saw evidence of a risk register.

The risk register recorded 20 risks with risk score ranging from 25 to four. The highest risk was driving standards scoring 25. There was no date for the risks to be reviewed or when the last review was.

It was not clear at which meeting the information from the risk register was discussed at or for how long the risks had been active.

The risk register was not a standard agenda item on quality report. The registered manager told us risk was included with incidents.

Following the post inspection feedback and after the provider had reviewed the draft inspection report prior to publication the provider produced evidence to show the risk register had been added as a specific agenda point in its own right and had its own section in the quality report.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as the service did not have effective governance systems in place to record and monitor key performance indicators.

During this inspection we saw evidence the service did have regular governance meetings, however, as the service was not contracted or commissioned by an NHS or private provider they did not have any key performance indicators to monitor or discuss. The service had not developed their own internal key performance indicators.

During inspection we could not evidence how staff recorded, assessed and mitigated patient risk because they did not use patient record forms.

The provider had a business continuity policy which went live in April 2016 and due for review February 2020.

The policy provided a plan to enable essential core business to continue during the full period of disruption to resources at Heart Medical's registered office, Spa Street Works, Spa Street, Ossett, West Yorkshire and provided a practical plan to facilitate return to new normality; immediately following the disruption, in the medium term and in the long term.

The policy states a secondary site shall remain in operation for the duration of the emergency, but the site was not identified in the document.

There was no evidence the business continuity had been tested either in response to an incident or by way of an exercise.

Following the post inspection feedback and after the provider had reviewed the draft inspection report prior to publication the provider submitted evidence the business continuity plan had been tested in a table top exercise.

Information management

The service collected reliable data from their internal processes and analysed it. Staff could find the data they needed in easily accessible formats.

A lack of key performance indicators did provide an overall understanding of performance or to make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Public and staff engagement

Leaders and staff actively and openly engaged with patients and staff.

Following the inspection in May 2019, the provider was given a requirement notice in relation to Regulation 17: Good governance as the service did not seek and act on feedback to evaluate and improve the services provided.

During this inspection we saw evidence of completed patient feedback forms the content of which had been discussed at management meetings.

We also reviewed 10 patient feedback forms none of which had negative comments.

The provider held staff meetings the last one being in November 2019.

Innovation, improvement and sustainability

Requires improvement

Patient transport services

Managers were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The managing director had recognised the need to develop the business to ensure sustainability. The service had been successful in the bidding process and been accepted onto the framework of two NHS ambulance providers as an appropriate supplier. At the time of the inspection the contracts were expected to go live in January 2020.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must use patient record forms for patient transport patients.
- The provider must complete and update risk assessments for each patient when required, removing or minimising risks.
- The provider must keep detailed records of patients' care and treatment while transporting patients.
- The provider must have an effective audit system to review completed urgent and emergency care patient record forms to ensure accuracy and completeness.

Action the provider SHOULD take to improve

- The provider should carry out regular observations of staff hand washing and carry out hand hygiene audits.
- The provider should have a safeguarding policy which references the 2018 intercollegiate guidance.
- The provider should have a patient eligibility criteria policy.
- The provider should have key performance indicators.
- The provider should improve how risk in the organisation is managed.
- The provider should test their business continuity plan by way of an exercise and identify if any improvements to the plan are required.
- The provider should maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Regulation 12 (1)(2)(a)(b) The provider did not use patient record forms for patient transport patients. The provider did not complete and update risk assessments for each patient when required to remove or minimise risks. The provider did not keep detailed records of patients' care and treatment while transporting patients. The provider did not have an audit system to review completed urgent and emergency care patient record forms to ensure accuracy and completeness.