

Heathrow Air Ambulance

Heathrow Air Ambulance HQ

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Heathrow Air Ambulance HQ operates Heathrow Air Ambulance. The service provides a patient transport service. The service employed trained ambulance technicians.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 25 July 2017, along with an unannounced visit on 7 August 2017.

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.

The service provided was patient transport services

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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

- General governance was not robust and did not demonstrate a monitoring of the quality of the service.
- The service did not have an effective system in place to identify, limit and control clinical and non-clinical risks. The manager was able to identify a limited number of risks; however, there was limited evidence to demonstrate that all risks had been identified.
- Whilst there was a formal process for the reporting of patient incidents, we did not have assurance the service was following their own policy for reporting, investigating and learning from incidents.
- Not all staff were trained to the required level two in children's safeguarding. However, three staff were trained at level three.
- Not all policies reflected the service or the roles and responsibilities of the staff. We saw one policy was in the name of another provider.
- At the announced inspection, there was no appraisal process, which the manager acknowledged prior to our visit. The lack of appraisal process resulted in staff having unmet training needs such as medication administration. We were however; assured at the unannounced visit appraisals were in progress.
- Although staff reported they had received the necessary training, the actual documented staff-training matrix was incomplete. There was no clear system for the monitoring of staff attendance at training.
- There was not a robust medicines management system. However, during inspection the decision was made to remove all medicines, as these were not essential to the service provided.

However, we found the following areas of good practice:

- Staff we spoke with held the manager in high regard, enjoyed working for the service and felt well supported.
- The service managed infection prevention and control well and followed their policies and procedures.
- We found all vehicles were in good condition, well maintained visibly clean and tidy.
- Medical gases were stored safely and securely and equipment was maintained, clean and in good working order

Summary of findings

- The service had a clear purpose and identification for example their staff uniforms and ambulances clearly displayed the service's name.
- Staff received mental capacity act training and showed awareness of consent issues.
- Staffing levels were sufficient to meet the patient and service's needs.
- The staff planned journeys considering patient safety using information provided at the time of booking.
- The service uses its vehicles and resources effectively to meet patients' needs.
- Staff understood what their safeguarding responsibilities are and what constituted as abuse.
- Staff described a compassionate, empathetic and caring attitude towards patients, putting patient's best interests at the heart of their work.
- Staff were clear about how they would respect patient's dignity, independence and privacy.
- Staff focused on providing person centred care and enjoyed working for the company.
- The service has retained the same contracts with embassies and insurance companies for over 25 years.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected patient transport services. Details are at the end of the report.

Professor Edward Baker

Chief Inspector of Hospitals

Heathrow Air Ambulance HQ

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Heathrow Air Ambulance HQ

Heathrow Air Ambulance HQ is operated by Heathrow Air Ambulance. They opened in 1978. It is an independent ambulance service whose speciality is repatriations with an office in Iver and the ambulance station on the perimeter of Heathrow Airport. The service serves the whole of the UK and abroad.

Heathrow Air Ambulance is predominantly a repatriation service, which offers a bed-to-bed service and non-emergency movements of patients from hospitals to airside or vice versa. CQC does not regulate repatriations made on behalf of service users by their employer, a government department or an insurance provider with whom the service users hold an insurance policy. Therefore, only self-funded patients aged from new born to adult were in scope of registration however, the service used the same systems for all patients.

The service has a registered manager in post since 25 August 2011 who was the manager of the service. A registered manager is a person who has registered with the CQC to manage the 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 the service is managed.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 25 July 2017, along with an unannounced visit to the service on 7 August 2017

Our inspection team

The team that inspected the service comprised a CQC lead inspector Sarah Smith, two CQC inspectors, and a specialist advisor who had experience and knowledge of emergency ambulance services and non-emergency patient transport services. The unannounced inspection team consisted of lead inspector Sarah Smith and an inspection manager.

The inspection team was overseen by Alan Thorne head of hospitals inspections

How we carried out this inspection

We carried out an announced comprehensive inspection on 25 July 2017 and an unannounced visit on 7 August

Detailed findings

2017. During the inspection, we visited the station at Heathrow and the office in Iver. We spoke with staff including paramedic technicians and the manager. We did not speak with patients as part of this inspection because as none were present during inspections.

Facts and data about Heathrow Air Ambulance HQ

There were no special reviews or investigations of the service on-going by the CQC at any time during July 2016 to June 2017.

The service has been inspected once, in January 2014, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity July 2016 to June 2017

Twelve self-funded repatriations and patient journeys happened that were under the service's scope of registration.

Track record on safety

There had been no reported never events between July 2016 to June 2017. Never events are serious patient safety incidents that should not happen if healthcare providers

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.

- There had been no reported clinical incidents July 2016 to June 2017.
- There had been no reported serious injuries July 2016 to June 2017.
- There had been no reported complaints July 2016 to June 2017.

The service is registered to provide the following regulated activities:

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

Patient transport services (PTS)

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |
| Overall | |

Information about the service

We inspected this service as a patient transport service as this was the regulated activity provided.

Heathrow Air Ambulance provides ambulance transport to repatriate patients to or from the United Kingdom, to and from hospital and from their home to hospital.

The service employed nine permanent full time ambulance technicians who had emergency blue light driver training and had a further six ambulance technicians on their bank. They have a full time manager in place (who is the registered manager) and one member of staff that oversees the financial side of the service. The owners of the company are involved in the daily running of the service.

The service has five ambulances and one response car. They have two high lifts that enables easy transfer of stretchered patients from the aeroplane to the ambulance. We did not inspect the high lifts as they were based airside in Heathrow and we did not have authorisation for airside access.

During both visits, we visited the company office in Iver and the ambulance station located in the Old Fire Station building in Heathrow. We spoke with nine staff including ambulance technicians and members of the management team. During our inspection, we reviewed eight sets of patient report forms. We did not speak to any patients or relatives as none were present during inspections.

Summary of findings

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

- General governance was not robust and did not demonstrate a monitoring of the quality of the service.
- The service did not have an effective system in place to identify, limit and control clinical and non-clinical risks. The manager was able to identify a limited number of risks; however, there was limited evidence to demonstrate that all risks had been identified.
- Whilst there was a formal process for the reporting of patient incidents, we did not have assurance the service was following their own policy for reporting, investigating and learning from incidents.
- Not all staff were trained to the required level two in children's safeguarding. However, three staff were trained at level three.
- Not all policies reflected the service or the roles and responsibilities of the staff. We saw one policy was in the name of another provider.
- At the announced inspection, there was no appraisal process, which the manager acknowledged prior to our visit. The lack of appraisal process resulted in staff having unmet training needs such as medication administration. We were however; assured at the unannounced visit appraisals were in progress.

Patient transport services (PTS)

- Although staff reported they had received the necessary training, the actual documented staff-training matrix was incomplete. There was no clear system for the monitoring of staff attendance at training.
- There was not a robust medicines management system. However, during inspection the decision was made to remove all medicines, as these were not essential to the service provided.

Are patient transport services safe?

Incidents

- From July 2016 to June 2017 there had been no reported never events. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Staff told us they reported any incidents to the manager verbally and sometimes followed up with an email. The manager said they would carry out an investigation if necessary and implement changes. This meant that often there was no formal record of the incident.
- An adverse incident and near miss reporting policy outlined the arrangements for reporting, managing and learning from incidents. As there were no recorded incidents in the last year, there was no evidence of any investigations. As incidents were not formally reported, we were unable to gain assurance the policy was followed.
- The service had an accident-reporting book where staff would record accidents; however, the manager and staff were unable to demonstrate the difference between an accident and an incident.
- Staff were aware of the process for the reporting of accidents, they were able to locate accident report forms and knew how to submit these to the manager. A review of accident reports showed these related to staff injuries, such as a cut finger.
- Neither the staff nor manager were aware of the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR). This meant they were not aware of what was required to be reported to the health and safety executive.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.

Patient transport services (PTS)

- While the service had a duty of candour, policy there was no evidence of reported incidents therefore it was not possible to establish the application of duty of candour.
- The manager understood they needed to be open and honest with the service user when a notifiable incident occurred. They understood that the service user required a written apology following investigation of the incident.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- There was not a clinical quality dashboard to monitor safety due to the size of the service.

Cleanliness, infection control and hygiene

- The service had an infection control policy, which we saw addressed all relevant aspects of infection prevention, and control including environmental cleaning and laundering of uniforms.
- We observed staff wore clean uniforms, bare below their elbows and long hair tied back as per the policy. One staff member told us that if their uniform was contaminated it would be disposed of and a new uniform obtained.
- There was an up to date infection control policy with hand washing techniques on each ambulance. Adequate supplies of hand sanitiser gel were available on every ambulance. As we were unable to observe any patient interaction, it was not possible to observe staff hand hygiene practices and there were no hand hygiene audits to monitor this. Therefore, it was unclear how the service were assured staff adhered to the policy.
- At the unannounced visit, when discussing infection control assurance, the manager told us they were aware of the importance of monitoring for safe hand hygiene practices and were in the process of developing an audit.
- The service used a colour-coded mop system for the cleaning of different areas to prevent cross contamination. These were stored in a secure area on the station. The staff were responsible for keeping the station clean and were aware of the use of the colour-coded mops.
- The manager identified patients with infection risks at the time of booking. We saw packs for the staff to use which contained overalls for staff to use when caring for patients with an infection.
- The manager told us all equipment apart from emergency equipment was removed from the ambulance prior to transporting a patient with a known infection. After use the ambulance would be taken off the road and an external company would perform a deep clean to reduce the risk of infection.
- We looked at four ambulances; each one was clean, stocked with a full range of disposable personal protective equipment such as different sized gloves, wipes and aprons that were stored securely. Staff could replace these items at the base when required.
- There was a deep cleaning schedule for each ambulance, which we saw was current, completed and up to date. An external provider was responsible for deep cleaning the ambulances.
- The external provider used checklists to monitor compliance with each stage of the cleaning process. The vehicle was swabbed before and after each deep clean to measure the number of bacteria present. We saw records, which showed the bacteria present after cleaning, were within acceptable ranges. Therefore, the provider was taking steps to ensure that the vehicles were appropriately clean for use.
- We saw a cleaning schedule, which identified areas of the ambulance for cleaning after each patient use, and staff told us they wiped clean all equipment after use. On the unannounced visit, we saw check lists for cleaning of the equipment on the ambulance, which indicated that staff were adhering to local policy to help reduce the spread of infection.
- There was a system in place for safe segregation and disposal of waste, which staff understood. On a visual inspection, we saw that staff had correctly disposed of waste. There was a designated secure area for the safe storage of waste. Information we reviewed demonstrated the service was using an external company who removed clinical waste monthly.

Environment and equipment

Patient transport services (PTS)

- The service had four ambulances and one response car. They had two high lift vehicles based airside on the airport, which enabled the safe transfer of stretchered patients from the aeroplane to the ambulance.
- There was a system for tracking the vehicles servicing and MOT due dates. A review of these records indicated all vehicles received a service, and had an up to date MOT.
- Staff told us if an ambulance had a fault, the manager would be informed and the ambulance removed from service until that fault was resolved. This ensured that all ambulances were safe for use.
- In order to ensure a quick response to a fault on an ambulance, a full time mechanic was available to repair any faults and service the ambulances. If an ambulance broke down, they had an agreement with a service to ensure swift recovery to continue to provide a consistent service.
- The manager was able to track each of the vehicles using the satellite navigation systems. A weekly report detailed speeds of the ambulances and their journeys. This provided assurances in the case of emergencies and resulted in the ability to contact the relevant crews. In the event of a road traffic accident the manager was able to locate the crews.
- There was a named member of staff allocated to each ambulance to be responsible for ensuring it was stocked, maintained and cleaned between journeys. Staff used a checklist to ensure the ambulance and contents were available and fit for use. This meant that staff could identify missing items easily.
- The ambulances had a range of equipment specifically designed for the safe transfer of a wide range of patients. This included restraints for the safe transfer of a child on a stretcher, a child seat, a baby carrier and patients up to a weight of 700 lbs (50 stone). In addition, a stretcher was able to adapt to the confines of an aeroplane to assist removal from small spaces. Stretchers were fitted with locking mechanisms to stop them moving during transit.
- Vehicles were safe and appropriate for the transport of patients detained under the Mental Health Act. There was secure seating available either side of the stretcher. All equipment was stored securely and out of sight to ensure the patients safety.
- Appropriate emergency equipment was in the ambulances. Staff reported they had received relevant training to ensure they could use the equipment safely, which we saw was documented on a training matrix.
- The stock room contained in date, sterile equipment such as swabs and airways, and if they ran, low staff would inform the manager who would restock. There were warning labels on stock that was about to expire. This ensured that out of date sterile equipment did not reach the ambulance.
- We saw the manager had an asset register, which detailed all equipment in the station. We saw invoices for servicing of equipment. All equipment we looked at had up-to-date evidence of electrical safety testing. The equipment was clean and the portable batteries were charged ensuring it was ready for use.
- Staff told us they would report faulty equipment immediately to the manager who would remove it from service and replace it in a timely manner.
- The site of the station adjoined the emergency fire services, which meant staff were always on site. Security of the office was maintained via a key coded lock and a CCTV system was in use.
- We were told a delegated authority from the fire service that runs the airport inspect the property for fire safety on a yearly basis. All extinguishers in the station and ambulances had a service due date of November 2017.
- The service did not carry out an annual health and safety audit to review the ongoing environmental issues of the service. Staff told us they would report any safety issues to the manager. In addition, the health and safety executive from the airport would inspect the station on a yearly basis as part of the lease agreement. This ensured the working environment for staff was safe.

Medicines

- The service had an arrangement with a GP to provide support and guidance on the medicines the service carried. The manager would generate an order for

Patient transport services (PTS)

required medicines and the GP requisitioned the medicines requested. The manager collected the requisitioned medicines from a local community pharmacy.

- Medicines were stored securely in the ambulances inside a key coded or key protected safe. Although not documented staff were encouraged to change the key code regularly.
- Medicines were stored in a locked cupboard in the station. A nominated technician or the manager managed medicines stock, who took responsibility for ensuring the ambulances were supplied with the required medicines.
- Initially we found the audit trail of medicines being supplied to the ambulances was not robust. For example we found there was no record of when medicines were taken from the station cupboard, to the ambulance. At the unannounced visit a new record sheet had been introduced, this included the date and time medicines were moved and to which vehicle.
- We saw records which detailed which medicines were on an ambulance. However, the paperwork stated the number of boxes of medicines seen and not how many medicines the box contained. This did not assure us all medicines were accounted for. We informed the manager and at the unannounced visit, we saw new paperwork introduced, which covered these points.
- Expired drugs for disposal were stored in a locked box in the station and returned to a local pharmacy by the manager. There was no evidence of an audit trail of the medication returned for destruction. This did not assure us all expired medicines sent for destruction were accounted for.
- During the unannounced visit, the manager and owner told us a decision to remove all medicines from the ambulances had been agreed. Therefore, medicine management risks were resolved.
- We observed oxygen cylinders were stored correctly in the ambulance and station, in accordance with national guidance which states that medical gas cylinders should be kept chained or in brackets to prevent them falling over. Oxygen cylinders reviewed were more than half-full, and within expiry dates.

- There was no guidance for staff regarding oxygen administration, however staff told us hospital staff and patients advised what oxygen levels were required. Staff we spoke with were able demonstrate an understanding of oxygen administration.
- We found no evidence of Control of Substances Hazardous to Health (COSHH) data sheets for oxygen or Entonox. This was not following the health and safety executives' guidance. We told the manager and have since seen evidence of oxygen and Entonox COSHH management documents.

Records

- The manager collected relevant information about the patients' health and circumstances during the booking process. For example, information regarding their condition or medical requirements, age and gender. This ensured that staff were aware of the patient's condition to enable them to plan appropriately for the journey.
- The crew did not routinely keep patient records as they were providing the transport and others were providing the care. We observed completed patient report forms (PRFs), based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines. Staff would complete a PRF if they were required to perform hands on care (in an emergency). The receiving hospital and the service received a copy
- The manager told us they informally audited the PRF's to ensure they were complete and accurate and fed back to staff regarding the content and care provided.
- Staff described if a patient was to have a 'do not attempt cardio pulmonary resuscitation' order they would review the paperwork was appropriately recorded and up to date before accepting the patient. This ensured adherence to local policy.
- Staff completed journey logs at the start of a shift. These included patient specific information such as relevant medical conditions, flight arrival times, mobility, and if an escort was travelling with the patient. Information was stored in the driver's cab out of sight, respecting patient confidentiality.
- Records were stored securely in a locked cupboard and accessed by the manager and owners. This ensured the confidentiality of patient records.

Patient transport services (PTS)

Safeguarding

- The safeguarding policy was adopted from another provider but had not been amended to reflect the service. Since the announced inspection, the manager had revised the safeguarding policy. However, the revised policy did not take into account the statutory guidance on working together to safeguard children 2015 or the safeguarding policy protecting vulnerable adults (2015). It also did not contain information on female genital mutilation or child sexual exploitation.
- We saw evidence all staff had completed and were up to date with adult and children safeguarding training at level one. The National Ambulance Safeguarding Group (NASG) intercollegiate document 2014 recommends that level two training is the minimum required for non-clinical and clinical staff that has some degree of contact with children and young people and / or parents / carers.
- Following a discussion with the manager regarding the above, we have seen evidence there are plans for staff to receive children's safeguarding training at level two in September 2017.
- The manager was the lead for safeguarding. We saw evidence the manager and two members of staff had children's safeguarding training at level three. This was in line with the NASG guidelines.
- Staff we spoke with demonstrated a good understanding of safeguarding. Staff described the signs of abuse and the process of reporting a safeguarding concern. The service had no safeguarding incidents in the 12 months leading up to the inspection; therefore, we were unable to review if the services safeguarding process was robust.

Mandatory training

- The manager identified mandatory and statutory training requirements such as fire prevention, infection control, basic life support, safeguarding adults and children, moving and handling, administration of medications, health and safety and food hygiene and engaged an external company who would deliver this once a year using face-to-face and e learning.
- A staff member was the fire marshal and would provide the team with fire training once a year (face to face and watching a DVD).

- Although the service conveyed patients with mental health conditions, there was no evidence that staff had training on dealing with violence and aggression.
- The service kept a training matrix of completed mandatory training for staff. However, we saw the matrix was not up to date resulting in a lack of assurance that staff training was complete. The manager told us that 95% of staff had completed mandatory training and five percent of staff had not, due to sick leave. We were told that bank staff who were employed by the NHS completed mandatory training with the relevant trusts. Staff we spoke with confirmed they were up to date with their mandatory training.
- We saw documentation staff had valid drivers' licences and training to operate all vehicles and were appropriately trained to drive under 'blue lights' when responding to an emergency airside.

Assessing and responding to patient risk

- We saw risk assessments for manual handling, Ebola, premises and fire. This assured us the service were managing risks positively.
- The manager told us each journey was risk assessed and if a patient were of a violent nature, they would discuss with the staff before accepting the job to ensure the team were confident to transfer the patient. All patients with mental health concerns had a mental health nurse escort them on the journey.
- The manager told us they would use their and the medical advisor (GP) knowledge if required, to risk assess any patients from the information given to them. They would then share this information with the staff, who told us that this was sufficient for them to plan the journeys accordingly.
- Staff told us in the event of a patient deteriorating, they would administer first aid, contact control and call 999 or divert to the nearest emergency department.
- Staff we spoke with had the telephone number of the hospital they would be transporting the patient to and would maintain regular contact with them throughout the journey. This is good because staff were able to alert the hospital about changes to the patient's condition enabling the hospital to start advance care planning.

Staffing

Patient transport services (PTS)

- The service employed nine permanent full time ambulance technicians and had a further six ambulance technicians on their bank. The service did not use any agency workers.
- The manager stepped in as an ambulance technician when the service was short staffed. A member of staff managed the finances and the owners of the company participated in the daily running of the service.
- We saw evidence all staff had valid enhanced Disclosure and Barring Service (DBS) checks during the recruitment process. This protected patients from receiving care and treatment from unsuitable staff.
- Staff told us they worked shift patterns of 6am until 2pm, 7am until 3pm, 1pm until 9pm and 3pm until 11pm with occasional early starts. Staff arranged their own rotas and if issues arose, they would escalate to the manager. Staff would always attend jobs in pairs. Staffing was maintained at a safe level. We reviewed three weeks of rotas, which confirmed there were always at least three members of staff on each shift.
- We saw evidence the manager monitored staff hours to ensure that staff was working within the working hour's directive. If there were unfilled shifts the manager would help or, existing staff would stay on to cover.
- The manager told us that if staff worked over their eight hours they would automatically receive an overtime payment.
- Staff did not raise any concerns about access to time for rest and meal breaks.
- The service had a 'zero tolerance of bullying and harassment policy' in place for staff and patients. This ensured an open environment for staff to report any concerns regarding practice within the team to the manager.
- Staff told us in the advent of adverse weather conditions such as high winds or snow, regular communication occurred with the station and airport. If journeys were unsafe for the patient due to adverse conditions, they did not take place. This ensured the service prioritised the patient's safety.
- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services, and would generally include the involvement, either directly or indirectly, of large numbers of people. There was no expectation from the airport for the service to be involved in a major incident. If their support was requested, the manager told us they would make staff available.

Are patient transport services effective?

Evidence-based care and treatment

- Staff provided care and treatment to patients in line with the Joint Royal Colleges Ambulances Liaison committee (JRCALC) clinical practice guidelines and the National Institute for Health and Care Excellence (NICE) However, there were no clinical audits to monitor adherence to these guidelines and limited reference made to these in the services policies.
- Each ambulance had a folder, which contained the service's local policies and procedures ensured staff had access to them throughout their working day.
- We reviewed nine of the local policies for the service; most policies were evidence based and current. However, there was no evidence of a formal system for the review of policies. There was no assurance policies were reviewed regularly to ensure that they were relevant, evidence based and current.
- The manager told us they were aware of the need to ensure policies were evidence based and at the unannounced visit, we saw procedures were in place to ensure staff were reviewing policy changes.

Assessment and planning of care

- The service provided non-emergency transport for patients who required intra-hospital transfer or required repatriation abroad. They also provided transfers within the UK from hospitals to home.

Response to major incidents, anticipated resource and capacity risks.

- The manager considered the impact of different resource and capacity risks and could describe the action they would take.
- The service did not have a business contingency plan that identified how it would function. This meant it was not clear if the staff knew what to do in the event of a major incident.

Patient transport services (PTS)

- During the booking process, patient information such as whether or not a stretcher was required and details of any oxygen required were collected. Staff told us they could make immediate assessments of the needs of patients at the point of pick up and make adjustments where necessary. If staff assessed a patient was not well enough to travel, staff were confident in making the decision not to take them.
- The manager alerted staff if patients had a mental health problem at the point of booking to ensure this could be considered when planning the journey.
- For long journey's bottled water was available and staff carried company credit cards to purchase meals.

Response times and patient outcomes

- There were no formal contractual or service level agreements in place and the service worked predominantly with insurance companies and embassies. All NHS trust work was undertaken on an individual journey basis.
- From June 2016 to July 2017, 12 patient journeys' occurred which were within CQC scope of registration. The level of activity would fluctuate from month to month.
- There was no formal system in place to monitor the services performance or patient outcomes. We were unable to analyse how well the service did in relation to patient outcomes because this information was not available.
- The manager confirmed the service did not benchmark itself against other providers therefore; we were unable to compare patient outcomes against other services. However, the manager told us they believed the service provided was good due to the low complaints received.

Competent staff

- An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. The manager confirmed there had not been a formal staff appraisal system in place but acknowledged the importance of appraisals. The manager told us one to one informal conversations took

place to identify learning areas. The manager acknowledged this was not adequate to appreciate staff aspirations and a formal structure for monitoring of staff competencies was required.

- Action had been taken to address this and at the unannounced visit, we saw evidence a new system was being trialled and one appraisal had taken place. The manager told us all permanent staff would receive an appraisal by the end of August 2017
- The manager told us one to one informal conversations took place to identify learning areas. The manager acknowledged this was not adequate to appreciate staff aspirations and a formal structure for monitoring of staff competencies was required. Appraisal documents were in development.
- We saw evidence of one appraisal having taken place at the unannounced visit. The manager told us all permanent staff would receive an appraisal by the end of August 2017.
- The manager encouraged and supported staff to seek further qualifications and was supporting one staff member to study for a paramedic qualification.
- From discussions with staff and the manager, we understood employed staff were already qualified as ambulance technicians or paramedics and this was confirmed when we reviewed the staff records. Therefore, they had been trained to the required level to undertake their role.
- For new staff we saw an induction checklist, which the manager monitored. Staff had one day's induction, one day as supernumerary and would be rostered on a shift with an experienced member of staff.
- The manager advised they would have informal one to one meetings with new staff and their colleagues, to gauge their progress. Since the unannounced visit, the manager told us new staff's progress would be documented to ensure they are achieving their competencies.
- The service conducted Driver and Vehicle Licensing Agency (DVLA) checks at the start of employment. All crew knew the need to notify the managers of any changes to their license in line with the driving standards policy.

Patient transport services (PTS)

- Records we reviewed showed all staff were up to date with their airside driving training which required renewal every 3 years. This assured staff had the knowledge and skills required to drive in this environment.

Coordination with other providers and multi-disciplinary working

- The service worked with foreign embassies and insurance companies for repatriation work and on a day-by-day basis with NHS trusts to aid with repatriation of foreign nationals.
- The service worked closely with the airport and an NHS emergency ambulance trust when attending to patients on planes. We had not had any concerns raised by either the NHS ambulance trust or the airport.
- Staff reported good working relationships with the local NHS ambulance trust, independent providers and NHS trusts.
- Bank staff from NHS trusts provides the service updates and service improvement suggestions. For example, an introduction to the service of a new multi flow oxygen mask.

Access to information

- We were not able to observe crew interacting with patients, as there were no booked patient journeys during our inspections on 25 July and we did not have permission to go airside on 7 August.
- Each ambulance had a book with all of the services local policies and protocols. All staff had a responsibility to ensure that they had read these.
- The manager collected relevant information about the patient before the team collected them. For example this would include do not attempt cardiopulmonary resuscitation, or deprivation of liberty orders. Staff advised they would receive a hand over from the receiving staff regarding the patient's condition.
- Staff told us the manager at the time of booking alerted them of any patient requirements. For example, if a patient was living with dementia or if there was a do not resuscitate order in place. Staff would then receive a hand over from the receiving service.

- Staff felt they had sufficient information about the patients they were caring for but were happy to contact the manager or hospital for more information if required.
- Staff had a radio to keep in touch with the manager and station. This radio worked below mobile phone frequencies, which was a safeguard against mobile phone networks failing.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a Mental Capacity Act (2005) policy and staff we spoke with were aware of the policy and its implications for care.
- The manager and staff told us they received face-to-face training about the mental capacity act 2005 provided by an external company, within the safeguarding adults module. However, staff did not receive violence and aggression training.
- Staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport.
- Each ambulance had up to date copies of consent guidance and staff we spoke with demonstrated an understanding of consent concerning adults, adults who lack mental capacity and children. For example, they were able to explain about consent in relation to a child who required treatment but did not have their parent present.

Are patient transport services caring?

- We were unable to observe staff interacting with patients during the inspection, as no patient journeys were taking place that we had authorisation to join.

Compassionate care

- We cannot comment on caring because we were not able to observe staff and patients. We saw positive feedback but there was not enough to comment upon.

Patient transport services (PTS)

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

Service planning and delivery to meet the needs of local people

- The service was committed to having three members of staff on site each shift from 6.30pm to 11pm. We saw evidence of this in the last three weeks of staff rotas. This ensured there was sufficient staff to meet any additional unplanned support work requested by the airport.
- The service does not have any commissioning contracts with outside agencies and worked on a journey-by-journey basis with NHS trusts.
- The facilities and premises of the service were appropriate for the services planned and delivered. The station has an area for the staff to relax between jobs and each member of staff has their own locker. The staff have access to a kitchen, lounge area, toilet and shower. This is important for their rest times and if they require a change of uniform due to caring for a patient with a known infection.

Meeting people's individual needs

- Staff told us when a patient's first language is not English, a doctor or nurse who speaks the patient's language accompanied the majority of patients but access to telephone translation services was available if needed.
- Information provided was in accessible formats, to help patients understand the care available to them. This included pictures, translation of phrases or basic sign language/Makaton.
- The booking process identified people's individual needs. For example, the process took into account the level of support required, the person's destination, communication needs and family circumstances.
- Patient collection times were booked around flight arrivals/departure times. This ensured the patient was collected in a timely manner, and boarded discretely to protect their dignity.

- Staff demonstrated an awareness of the importance of maintaining patients' privacy and dignity. For example, they explained how in confined spaces were able to ensure the dignity of patients by using blankets and human shields.
- Staff told us they were respectful and aware of people's cultural and spiritual needs due to the wide range of nationalities they worked with, for example, the ambulance technician would ask permission from every patient to carry out observations or removing blankets.
- Ambulances had different points of entry, including steps and tailgates so that people who were able to walk or in wheelchairs could enter safely. There was seating in the ambulances to allow family members or additional medical staff to travel with the patient.

Access and flow

- Between July 2016 to June 2017 12 privately funded repatriations and patient journeys took place were under the service's scope of registration.
- The manager took the booking calls promptly and organised crews dependent on the patients' needs in a timely way, ensuring that the flow of patients matched the availability of staff.
- Staff told us when an emergency on a flight occurred, the airport alerted the service and staff attended the plane alongside a NHS ambulance trust. The service assisted with their specialist equipment to evacuate the patient from the aeroplane.
- In the event the service was required outside of operational hours, the manager offered the opportunity for staff to volunteer to stay and staff were subsequently paid on an overtime basis.
- The services' internet page described clearly how to make bookings and enquiries.
- The staff and manager reported cancelled bookings only happened if it was felt that the patient would not be safe to travel, for instance if a ventilated patient had become destabilised during the flight and required paramedic transfer.

Learning from complaints and concerns

- The service had a current complaints policy and procedure. The policy reported there were signs in each

Patient transport services (PTS)

ambulance detailing how to make a complaint, although we saw this in just one ambulance. The staff carried personalised business cards to give to patients who wished to make a complaint or compliment and a complaint form was available in each of the ambulance's handbooks.

- The complaints policy outlined the process for dealing with complaints initially by local resolution and informally. Where this did not lead to a resolution, complainants received a letter of acknowledgement within 14 days of receipt followed up by a further letter, once an investigation into the complaint was completed.
- From July 2016 until July 2017, we saw evidence of four documented complaints. These were regarding delays in getting to the aeroplane and none against patient care. Evidence we saw assured us the service investigated complaints following local policy and did so in a timely manner.
- Staff reported compliments or complaints were back on a one to one basis and in the regular staff meetings, learning would be discussed, and changes implemented if required. However we reviewed five sets of minutes from team meetings and none had compliments or complaints discussed. The manager has since provided us evidence of the team meeting agenda that showed compliments and complaints added.
- Feedback from medical staff included, "Although the circumstances were not ideal for this poor man, it was a real pleasure to meet your medic team and to interact with them during this unfortunate event. I was VERY impressed with the professionalism and knowledge that they displayed. Well done!"

Are patient transport services well-led?

Leadership / culture of service related to this core service

- The day-to-day management of the service comprised of the manager who worked full time, a financial assistant and the owners. The manager was available by phone or radio from 8am until 6pm Monday to Saturday. All staff we spoke with were very positive about the

manager's leadership style, said they were approachable and visible, and had confidence in their abilities. Each staff member we spoke with felt well supported.

- On both site visits, we observed members of staff interacting well with the manager and there was a positive atmosphere within the team.
- The team were empowered by the manager to work collaboratively, resolve conflict and problem solve quickly before escalating issues. We observed shared responsibilities within the team, which assisted to provide good quality care.
- Staff told us they would have a team debrief if there was a distressing event. The manager would also direct staff to formal counselling provided by an external company when required.
- Staff described an open, learning organisation where they felt able to raise issues within a no blame culture. We saw the local whistleblowing policy, which explained how staff could provide concerns regarding the staff or service, internally to the manager or externally to regulators.
- We observed staff were professional, supportive of each other and wanted to make a difference to patients and were passionate about performing their roles to a high standard.

Vision and strategy for this service

- The service had a vision: "To be the very best in national and international transportation and treatment of patients in the independent sector, insuring the best outcome for those patients"
- Staff we spoke with were unsure about the vision and values for the service. This indicated the communication of the vision and values required improvement to ensure that all members of the service were working towards the same goal.
- The manager told us long-term visions for the service were to increase staff numbers and ambulances and expand their services further into event work and patient transfers.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

Patient transport services (PTS)

- We did not see evidence of an effective governance framework to support the delivery of the services vision. The manager had identified governance was a concern and told us they were planning to implement better governance for the service. Therefore, it was unclear how the provider was assured they were providing a quality service where risks were well managed.
- Policies seen, for example incident reporting, safeguarding and information governance did not always reference best practice guidance and there was no version control system. For example, the safeguarding policy (2016) did not reflect up to date national guidance and contained details of another provider.
- At the unannounced visit, the manager had put processes in place to ensure staff were aware of any amended policies and an audit system had been commenced.
- The manager told us, as the service was small and most communication was informal. However, there were clear lines of accountability and clear responsibility for cascading information to the staff, for example staff meetings and informal one to one conversations.
- There was no evidence of formal governance meetings taking place. The manager reported regular informal discussions between themselves and the owners regarding the service happened, but there were no assurances of actions taken for issues identified, or if the service performance was being monitored.
- The service had a risk register but it was unclear how regularly the risks were reviewed, because the risks to the service were not ordered or clearly documented. Risks identified included appropriately qualified staffing, weak staffing at weekends and terrorism threats.
- There were a limited number of systems in place to monitor the quality and safety of the services provided. There were a limited number of audits such as the external infection control audit and patients records. The service did not have oversight of key areas such as medicines. This meant there were potential missed opportunities for learning and improvements that would be required.
- A quality report detailed five recent positive patient satisfaction questionnaires. They included consistent ratings of 'very good' for professionalism of the crew, cleanliness, care and overall satisfaction with the service provided.
- The manager told us staff meetings took place once a month usually on a weekend. We saw meeting minutes contained little detail regarding what the discussions contained. However, staff reported the meetings were an opportunity to share any concerns, make suggestions for improvements, and all staff we spoke to found the meetings beneficial to their learning.
- We saw staff demonstrated respect for each other and worked well together. Due to the small number of staff, there were always opportunities to exchange information.
- Many staff had worked for more than 15 years with the service and once retired were returning to work on their bank. This demonstrated that the service looked after its staff well and was a good place to work.
- The manager told us the service engaged with a local charity for disadvantaged young people. They are exploring the possibility of having a young person to attend the station on work experience.
- The services' website required updating as it stated the service responded to 999 calls, which they no longer provide. At the unannounced visit, we informed the manager and have since seen evidence of the updated website.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The manager was proud of the service and proud they were the only company that currently moved patients from aeroplanes in Heathrow. They were proud of the way their staff managed themselves on a daily basis and proud of the long term relationships they had built with the embassies and insurance companies
- The service took prompt action where issues were found at the announced inspection and this was supported by our findings at the end of the unannounced visit and information provided to us after the inspection.

Public and staff engagement

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure there are effective governance arrangements to monitor the quality of the service; including processes for updating policies in line with national guidance and gathering of service risks and mitigating actions.
- The provider must ensure there is a robust process for the reporting, recording and investigating of all incidents.
- The provider must introduce a system for monitoring their compliance to policies and procedures.
- The provider must ensure all staff are up to date with safeguarding children level two training in accordance with national guidance.

Action the hospital **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure all staff are up to date with mandatory training requirements.
- The provider should ensure that all permanent staff receive an appraisal to identify any training or development needs
- The provider should consider implementing a business contingency plan.
- The provider should ensure that oxygen and Entonox administration guidance is available to all staff.
- The provider should consider offering violence and aggression training for all staff due to the service conveying patients with mental health conditions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Transport services, triage and medical advice provided remotely | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not conduct any audits to assess the effectiveness, quality or safety of the service.</p> <p>The provider did not have a system in place to monitor or lessen risks to the service, service users or staff.</p> <p>Incident reporting pathways were not effective and staff were not aware of their responsibilities for reporting incidents, accidents and near misses.</p> <p>Adequate audit, risk management and control systems were not in place.</p> <p>The provider did not have systems and processes in place to monitor staff competencies and training compliance.</p> <p>The general governance was not robust and did not demonstrate clear audit trails.</p> |
| Regulated activity | Regulation |
| Transport services, triage and medical advice provided remotely | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Not all the staff were trained to the required level two in children's safeguarding</p> |