

Alpha Care Ambulance Service

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

Alpha Care Ambulance Service is operated by Alpha Care Ambulance Service Limited. The service provides patient transport services.

This was a focused inspection to follow up on the breaches to the fundamental standards found at a comprehensive inspection in March 2019 when a warning notice was served. A warning notice informs the provider they are not compliant with the regulation and gives a time frame for improvements to be made. A warning notice was issued because the service was not consistently and effectively using audit to monitor and improve the quality and safety of the services it provided. There was no assurance risks were being adequately monitored and effectively managed.

We inspected this service using our comprehensive inspection methodology in March 2019 where we rated the service as requires improvement. The issues found in March 2019 included;

- The service provided mandatory training in key skills to all staff however, not everyone had completed it.
- There was no assurance that the service had full oversight of its medicine service and required further advice in relation to the licence of controlled drugs.
- The service provided care and treatment based on national guidance, however, there were no assurances that staff had read and understood policies.
- Information about patient's care and treatment was not routinely collected and monitored.
- The service had poor completion and recording of appraisals and supervision.
- The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service did not have a schedule for auditing, audits that were scored were not used correctly or followed up. There was no infection control audit.
- Managers had organised training for their personal development. However, at the time of inspection only the operation manager had completed three out of 10 topics.
- Managers did not ensure staff had appropriate reference checks or mitigation if references were not provided.

As this was a focused follow up inspection we have not rated the service. At this inspection we found the provider had made improvements since we last inspected in March 2019.

- The service provided mandatory training in key skills to all staff and ensured staff completed the training.
- The managers had identified and completed their own personal development training.
- All staff had signed company policies to indicate they had read and understood them.
- Staff files contained the required information to assist the employer in assessing their character, qualification, competence, skills and experience in relation to the role they were employed to undertake.
- All staff had received a current appraisal.
- There was a system to monitor and manage performance. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact.

However;

- The provider had not been able to arrange current training in relation to storage of oxygen.

Summary of findings

- There was still no official documentation of supervision.
- There was no date for when a risk was added to the risk register.

As this was a focused inspection, not a comprehensive one, the evidence within this report will not change the rating of the service. The rating of this service will therefore remain as requires improvement as found at the previous comprehensive inspection.

Following this inspection, we told the provider that it should make other improvements to help the service improve. Details are at the end of the report. However, the requirements of the warning notice have been met.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

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Alpha Care Ambulance Service

Services we looked at

Patient transport services;

Summary of this inspection

Background to Alpha Care Ambulance Service

Alpha Care Ambulance Service is operated by Alpha care Ambulance Service Limited. The service opened in 2001 and is an independent ambulance service in Moulsoford, Oxfordshire. The service primarily serves the communities of Oxfordshire and Berkshire. The service has had a registered manager in post since July 2011.

Alpha Care is registered to provide 'Transport services, triage and medical advice provided remotely' and 'Treatment of disease, disorder or injury'. The service provides non-emergency patient transport (PTS).

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise as a paramedic. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Alpha Care Ambulance Service

Alpha Care Ambulance Service provides non-emergency patient transport (PTS). The service runs from 7am to 8pm seven days a week.

The main service provided is PTS. This comprised non-emergency patient transport to NHS trusts and local social services and school transport for children with special needs.

The Alpha Care PTS fleet consisted of; five PTS ambulances. The service is owned and run by the registered manager and director of operations.

Patient transport services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are patient transport services safe?

This service will retain its rating of requires improvement.

Mandatory training

In March 2019 we reported that not all staff were up to date with mandatory training. Therefore, there was limited assurance that staff would care for patients in accordance with up to date practices. At this inspection training records showed 90% of staff were up to date with all mandatory training. This was an improvement from March 2019, as managers were now tracking staff completion of mandatory training.

We also saw a training schedule that listed the different types of training and their expiration date. The operations manager reviewed this monthly and notified staff when training was due. The staff who had not yet completed all training modules had recently been employed by the company, however we saw they had a training schedule. Therefore, the service was now meeting this requirement.

Cleanliness, infection control and hygiene

In March 2019, we found there was no auditing of infection control. At this inspection we found there was a comprehensive infection control audit, action was taken when issues were identified and there was a planned schedule for re-auditing and monitoring. No infection control issues were noted during this inspection.

Medicines

In March 2019, we found not all staff had completed administration of medicines and medicine management training. At this inspection we saw all staff files included up to date training certificates for the administration of medicine and medicines management.

In March 2019, we also found the service kept controlled drugs, without the required home office licence. Controlled drugs are prescription medicines which are controlled under the Misuse of Drugs legislation. At this inspection we saw that all controlled drugs had been destroyed in accordance with Pharmaceutical Services Negotiating Committee guidelines.

In March 2019, we found that storage and oxygen usage training was out of date for all staff. At this inspection managers advised us they had been unable to find an appropriate trainer in the area; therefore, staff training was still out of date. The issue was on the risk register and the operations manager was in the process of finding a training provider. While most of the medicine management related issues had been addressed this one action remained outstanding.

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

This service will retain its rating of requires improvement.

Evidence-based care and treatment

In March 2019, we found all policies were in date and referenced appropriate legislation and regulative bodies. However, not all staff had signed the staff record sheets to confirm they had read the policies. At this inspection, we found all policies were in date and reviewed annually and all staff currently employed had signed the staff record sheets, which was discussed during appraisal. Therefore, managers were assured staff were aware of the policies and their content.

Response Times

In March 2019, we found information about patient care and treatment was not routinely collected and monitored.

Patient transport services

In 2017, we noted the service had no formal system to monitor key performance indicators. In March 2019, a performance dashboard had been developed, however, it did not include any data. At this inspection we saw the dashboard was up to date, completed monthly and included information regarding; on time collections, complaints, incidents and staff sickness. This information was discussed at quarterly governance meetings. Therefore, the service was able to demonstrate they were monitoring outcomes

Competent staff

In March 2019, we found managers did not always appraise staff's work performance. Staff appraisals were completed yearly and at the time of our March 2019 inspection, four staff had received their appraisal, three staff were within their probationary period and two staff members were outstanding their appraisal. At this inspection, records reviewed demonstrated all staff had received an appraisal within the last 12 months.

Are patient transport services caring?

The March 2019 inspection rated caring as good. There were no areas that required improvement, therefore we did not inspect caring at this inspection.

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

The March 2019 inspection rated responsive as good. There were no areas that required improvement, therefore we did not inspect responsive at this inspection.

Are patient transport services well-led?

This service will retain its rating of requires improvement.

Leadership

In March 2019, we noted managers had organised training for their personal development. However, only the

operations manager had completed three out of 10 topics. At this inspection we reviewed training records, which showed both managers had completed all 10 topics, including interview skills, safer recruitment, risk assessment and complaint handling.

Management of risks, issues and performance

In March 2019, we reviewed the risk register for the service. We saw there were no dates to indicate when the risk had been entered onto the risk register; the assessed level and impact of risk was not recorded prior to mitigation and only partially scored after mitigation. There were no review dates for any of the risks on the register therefore it was not possible to establish how long these risks had been on the register or whether they were reviewed in a timely manner. At this inspection we saw the risk register was up to date, it was reviewed quarterly at governance meetings attended by the two managers and actions were taken in a timely manner. All risks on the register included a review date and showed an assessed level and stated the impact of the risk. However, the dates when a new risk had been added to the risk register remained blank.

In March 2019, we also found the service did not have full oversight of audit and performance. The audit schedule did not include review dates or frequencies. Audits that required a score did not include one and there were no planned re-audit dates. At this inspection we saw an audit plan for the year which included review dates and the frequency of the audit. All audits that required a score had one, and where scores fell below required standards we saw a plan of action and re-auditing. For example, the decontamination of equipment audit failed due to the paperwork not including enough detail. We saw an action plan to adapt the paperwork and the next audit passed. All audits were fully completed and included re-audit dates.

In March 2019, we saw staff files did not include appropriate employment references and checks in accordance with Schedule 3 requirements. At this inspection we saw all staff files contained the required information to assist the employer in assessing their character, qualification, competence, skills and experience in relation to the role they were employed to undertake. This included full references from previous employers.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should provide training for the storage and usage of oxygen to all relevant staff.
- The provider should review the documentation of supervision.
- The provider should consider how they record when a risk has been identified and recorded on the risk register.