CRG Clinical ServiceLtd

Jigsaw House Cheshire

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.

Ratings

Overall rating for this ambulance location

Emergency and urgent care services	

Summary of findings

Letter from the Chief Inspector of Hospitals

Jigsaw House and Lincolnshire Resource Centre is operated by CRG Clinical Services Ltd t/a Jigsaw Medical. The service provides emergency and urgent care and a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection of Jigsaw Medical head office and Lincolnshire Resource Centre on 30 April 2019 as a result of information given to CQC. We did not rate this service at this inspection.

In order to respond specifically to the concerns raised to us, we looked at predominantly the safe and well led domains. Throughout the inspection, we took account of what people told us, what we found on inspection, and what staff told us.

During the inspection, we visited the Lincolnshire resource centre in Heckington and Jigsaw House, head office to Jigsaw medical, Chester. We spoke with 20 members of staff including the chief executive, managing director, operations manager, clinical mentor, registered paramedics, technicians, emergency care assistants and operations staff. We reviewed documentation including policies, staff records, training records and call log sheets. We also looked at five ambulances.

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.

We found good practice in relation to medicines management:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- Mandatory training was 100% compliance for paramedics and 86% for Technicians at Lincolnshire.
- Staff 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.
- There were systems to monitor the maintenance of the vehicles used by the service.

We found areas of practice that could be improved in relation to medicine management and equipment:

- Procedures and protocols did not clarify which medicines staff of different grades were authorised to administer.
- Training requirements to ensure medicines were administered safely were not defined.
- Medical gases were not stored correctly to meet health and safety requirements.
- Paramedics did not have access to clinical protocols and patient group directions (PGDs) for medicines they may be required to administer.
- Lincolnshire resource centre was not equipped with essential equipment
- Ambulances were not equipped with paediatric adaptations for trolleys to convey young children in line with guidance.

And in other areas:

- Safeguarding referral forms were not always processed in a timely manner.
- The provider should consider how staff are made aware of changes and feel supported. The provider should ensure that all staff receive timely appraisals.

Summary of findings

- Policies and procedures were out of date.

Ann Ford

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

Jigsaw House Cheshire

Detailed findings

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Detailed findings

Contents

Background to Jigsaw House Cheshire

Jigsaw House and Lincolnshire Resource Centre is operated by CRG Clinical Services Ltd t/a Jigsaw Medical. The service opened in 2012 and is an independent ambulance service with the head office in Chester, Cheshire. The service has expanded and has ambulance bases situated in Buckingham, Lincolnshire, Basingstoke and Basingstoke. The service serves a number of communities including; East Midlands, Buckinghamshire, Oxfordshire, Berkshire and Hampshire.

The service provides emergency and urgent care to a number of NHS ambulance trusts and is provided in dedicated emergency vehicles. The patient transport service provides support to several ambulance trusts as well as NHS acute hospital trusts and individual patients. The service consists of both contract and ad hoc work.

CRG Clinical Services Ltd t/a Jigsaw Medical also provide an unplanned support service to sports events and festivals. On-site event cover is not a regulated activity and we have no powers to regulate it, so it did not form part of this inspection.

The provider is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

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

Since October 2017, the managing director was the service's registered manager (RM). Prior to this the RM had been the chief executive officer.

We completed an unannounced inspection of Jigsaw medical services head office, Chester and Jigsaw Medical Lincolnshire Resource Centre, on 30 April 2019 after receiving information concerning the safety of medicines, the disposal of clinical waste and the safety of vehicles. At the time of our inspection the resource centre at Heckington, Lincolnshire had only been open approximately three weeks and prior to this Jigsaw medical services had been working from an NHS ambulance station at a local Trust.

Our inspection team

The team that inspected the service comprised of a CQC inspection manager, a CQC inspection lead, two CQC inspectors and a CQC pharmacist inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection (North).

Detailed findings

Facts and data about Jigsaw House Cheshire

Jigsaw Medical Services Ltd was initially established in 2012 by the current chief executive officer. The company provides a wide range of transport to meet the needs of NHS Hospital Trusts, NHS Ambulance Services and events.

In December 2018, Jigsaw Medical services became a trading style of CRG Clinical Services Ltd and part of a privately owned health group, HCRG.

At the time of our inspection the company engaged 47 emergency care assistants, 34 ambulance care assistants, 53 emergency medical technicians and 57 paramedics. All emergency care assistants, emergency medical technicians and paramedics were contracted to the service on a self-employed basis.

The service operated a fleet of 48 vehicles providing patient transport including emergency and urgent care, patient transport and rapid response vehicles.

During the inspection, we visited the CRG Clinical Services Ltd t/a Jigsaw Medical head office, Chester and Lincolnshire Resource Centre ambulance base located in Heckington, Lincolnshire.

We spoke with 20 staff including; the chief executive, managing director, operations manager, clinical mentor, registered paramedics, technicians, emergency care assistants and operations staff. We reviewed documentation including policies, staff records, training records and call log sheets. We also looked at five ambulances.

The medical director was the lead for the management of controlled drugs.

Track record on safety:

- There had been no never events reported by the organisation. 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.
- There had been two serious incidents reported by the organisation.
- The service had recorded 7 complaints in the nine months prior to our inspection for the Lincolnshire resource centre.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

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

- Safe guarding referral forms were on occasion delayed in being sent to the relevant ambulance Trust.
- Staff were concerned that when they attended incidents they did not have panic buttons in case of emergencies as they used their personal mobile phones.
- The service did not have suitable premises and equipment as at the time of our inspection the service had only been in the premises for approximately three weeks therefore it was not a completely suitable premises at the time of our visit as it was lacking equipment such as computers, monitors and tables.
- The service did not always follow its own policies. The storage, handling, administration, and disposal of controlled drugs policy stated that all rooms where CD's were stored, must be covered by CCTV and controlled by 'ID card' access control, which was electronically recorded. This was not the case at Lincolnshire resource centre.
- None of the five ambulances we looked at were equipped with paediatric adaptations for trolleys to convey young children, or paediatric seats.
- We found that not all policies and procedures had been updated and were overdue a review. At the time of our inspection staff at Lincolnshire could not access any policies and procedures.

Emergency and urgent care services

- Staff of all grades had access to medicines not appropriate to their grade.
- We found that medical gases were not stored correctly to meet health and safety requirements.
- Paramedics did not have access to clinical protocols and patient group directions (PGDs) for medicines they may be required to administer.

However, we found the following areas of good practice:

- We found all vehicles were in good condition with a comprehensive system to ensure they were fit for purpose.
- There was an effective compliance process to ensure operational staff had completed induction and mandatory training before commencing employment. The process also ensured that staff remained compliant during the time they continued to work for the provider.
- Safety was promoted well in all aspects of recruitment.
- All staff were level three safeguarding trained which was completed on online training.
- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Infection prevention and control training was delivered to staff as part of induction and mandatory training.
- All vehicles we observed were clean and tidy. There was a system to ensure the vehicles were cleaned and checked prior to the start and at the end of each shift.
- Should a vehicle be taken off the road for repairs, then replacement vehicles were available to enable the service to keep to service level agreements.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Personnel files were completed to a good standard.
- Managers at all levels in the business had the right skills and abilities to run a service providing high-quality sustainable care.

Emergency and urgent care services

Are emergency and urgent care services safe?

We did not rate this domain during this inspection and we only looked at certain areas.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- In the previous 12 months prior to the inspection Jigsaw services had notified the CQC of two serious incidents. There were no never events reported by the organisation. A never event is a serious, wholly preventable patient safety incident which has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- One incident involved an injury to a patient after a failure to manage equipment effectively. As a result of lessons learnt from the incident an action plan was produced and themes identified. All relevant staff were recalled for a refresher session on the securing and fixing of wheelchairs and patient safety training. Assurances were also given that all staff understood their accountability and responsibility to ensure that they use the equipment correctly and familiarise themselves with instructions, safety notices and escalation processes.
- CRG Clinical Services Ltd t/a Jigsaw Medical had a duty of candour process which was implemented whilst investigating both reported serious incidents. The aim of the duty of candour regulation is to ensure providers of health and social care services are open and transparent with people who use the service and inform and apologies to them when things go wrong with their care and treatment.
- Incidents which occurred while delivering services for NHS Trusts were reported using trust processes on a report one (IR1) form which was then submitted to management. The form would be used to report a variety of adverse incidents, including; staff assault, vehicle issue and delayed care. It was not clear how information was fed back to the staff member.
- The provider had an incident report form available to staff for internal incidents. Road traffic collisions and vehicle defect forms were in use and sent to the national operations manager and fleet manager.
- A system was in place for managing incidents internally, though 99% of incidents went back to the NHS ambulance trust. A log of incidents was available for tracking, which was seen on inspection. There was however, little oversight of incidents on reported on NHS trusts systems.
- The operations manager saw that any clinical bulletins from NHS ambulance services were distributed to staff, a paper copy was sent to the resource centre and was also available electronically. We saw an example of a bulletin displayed on the notice board in the staff room at Lincolnshire, regarding learning from an adverse incident.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** Compliance rates for mandatory training at the time of our inspection were 100% for paramedics, 86% for technicians and 82% for emergency care assistants. With the exceptions of dementia and PREVENT training (safeguarding people and communities from the threat of terrorism) which was 100% for all staff. We were told by management that the figures for noncompliance quantified to only two people who were only two weeks overdue and they had been given a deadline of 17th May 2019 to complete
- We were told by the leads that mandatory training had to be in date for each member of staff, and if they were not, they would be taken off shift with immediate effect.

Safeguarding

- **Staff 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.**

- It was the crew members responsibility to complete safeguarding referral forms following an incident if they felt it was required. The forms would then be scanned in by the operations manager and sent by secure email to the relevant NHS ambulance service. However, the operations manager only attended at Lincolnshire resource centre twice a week, therefore the safe guarding referral forms were on occasion delayed in being sent. We saw evidence of referrals being sent to the relevant NHS ambulance trust.
- During the inspection we looked at two completed safeguarding referrals from Lincolnshire resource centre. Both referrals were not scanned through to the relevant Trust until four days after the forms were completed.
- The operations manager would review completed safeguarding forms and would discuss them at two local safe guarding boards. Updates were provided at these meetings and added to the Jigsaw Medical safeguarding policy if required.
- All staff were level three safeguarding trained which was completed by online training. In addition to this annual, two to three hour safeguarding training sessions were held face to face at each resource centre, where staff were refreshed and informed of any updates.
- We saw the service had comprehensive safe guarding notes and safe guarding policy and process guidelines, which were all in date. Safeguarding training was completed within the staff mandatory training and was in line with guidance.
- Staff were concerned that when they attended incidents they did not have panic buttons in case of emergencies as they used their personal mobile phones.

Cleanliness, infection control and hygiene

- **The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- The hand sanitiser dispensers in the vehicles we checked were empty or defective, however, we saw crews had, and used, individual hand sanitisers attached to their belts.
- Anti-bacterial wipes for sanitising hands and equipment were available for cleaning equipment and surfaces and we found them in all five vehicles we looked at. However, sporicidal disinfectant wipes used for targeting clostridium difficile were missing from two of the vehicles. Water was needed to activate these wipes and we saw bottles of water present on the vehicles for this use.
- Biohazard kits were available on each vehicle we looked at.
- All vehicles we observed were clean and tidy. There was a system to ensure the vehicles were cleaned and checked prior to the start and at the end of each shift. This included mopping, restocking and removal of waste.
- In between transporting patients to the hospital staff had 15 minutes prior to the next call to ensure the vehicle was clean. If the vehicle needed more time to be cleaned for infection control, staff could inform the NHS ambulance control room that the vehicle needed to be taken off the road for a period.
- We observed general cleaning records for vehicles had been consistently completed. Ambulance crews were responsible for daily cleaning of vehicles. The provider used single-use, disposable mops for cleaning the vehicles to help prevent the spread of infection.
- We saw coloured coded mops and mob buckets for infection control and to prevent cross contamination. A sign was displayed to indicate which mop and bucket to use where. A sterilizing fogging machine was also available at the resource centre.
- Vehicles underwent a deep clean monthly by an outside company, this was arranged by the clinical mentor at the centre, ensuring vehicles were regularly decontaminated.
- The service had spare vehicles in the fleet; this meant if a vehicle become contaminated a crew could take a new vehicle out while a deep clean was carried out.
- Personal protective equipment such as gloves and aprons were present on all the vehicles and additional stock was available at the ambulance base.
- The ambulance base was clean and tidy.

Emergency and urgent care services

- We saw clinical waste bins at Lincolnshire resource centre and sharps bins secured. Arrangements for the disposal of clinical waste met national guidance. The clinical waste bins were collected fortnightly.
- We saw sharps bins on all the vehicles we looked at, all of which had lids on, however only one vehicle had the sharps bin secured with a 'cat flap' front, to prevent access, which presented a risk of injury and infection.
- Clinical noticeboards at the base contained local information for staff from Public Health England regarding local statistics for influenza to raise staff awareness.
- Infection prevention and control training was delivered to staff as part of induction and mandatory training. To support staff in managing infectious patients, arrangements for ad hoc patient transport journeys included a risk assessment to identify any potential patient risk including infection.

Environment and equipment

- **The service did not have suitable premises and equipment at the time of our inspection.** The service had recently moved into the new resource centre and there was still some equipment that was still needed. For example, computers for the staff to use and suitable storage to store medication in line with policy and guidance.
- Senior managers told us there was no action plan or blue print as to what the resource centre should look like or be equipped with, therefore it was difficult for staff to know what to expect for the centre.
- The main garage at the Lincolnshire resource centre which housed the ambulances, was generally clean and tidy.
- A shelf displayed a sign for staff to store out of date stock, which we saw was being utilised.
- There was an industrial size wheelie bin for general waste at the back of the garage and clinical waste bins available and we saw them being used.
- Vehicle keys were kept in tray in the staff room and were not secured. Defective vehicle keys and keys for vehicles in use were found together.
- The Lincolnshire resource building had one office, which was secure, and we were told it belonged to the operations manager. There was only one other room which had a multipurpose use by the crew, which was ill equipped; no computers, one desk and a picnic table. Staff used this room for meetings, refreshments and daily drugs checks, which we observed.
- We inspected five frontline emergency ambulances at the Lincolnshire resource centre. All vehicles were well maintained and visibly clean both inside and out. However, equipment in the vehicles was tired and the harnesses for the stretchers were worn and dirty. We did see that this was featured on Jigsaw medical services action plan; 'Stretcher straps not compliant with IPC requirements due to webbing material not wipe clean' and the action showed that new ones were on order and were due in April 2019. However, we were told by the service told us that wipe clean starps were on order and there had been a delay from the suppliers.
- We checked a random sample of consumables across the five vehicles and we found all to be in date and with intact packaging.
- Staff were responsible for completing a daily vehicle check before every shift. This included checking the vehicle was in a good state of repair and had the correct equipment was available, we observed this being done on our visit.
- There were systems to monitor the maintenance of the vehicles used by the service. A screen at the head office indicated the live status of all vehicles from that base and included MOT expiry date, last service date, due date for next service and last deep clean date as well as names of crew and their location. It also included any vehicles off the road due to defects or deep cleaning as well as contact numbers for the on-call scheduler and on call duty manager.
- Staff described the process should they have a concern or problem during normal office hours, such as a vehicle fault. Initially, they would contact the base operations manager to log the fault. If this occurred out of hours staff could contact an on-call manager. Crew would then email the workshop identifying the problem, staff reported this system worked well.

- Routine inspection and maintenance checks were completed every six weeks on response vehicles and all operational vehicles in use were less than three years old.
- Should a vehicle be taken off the road for repairs, then replacement vehicles were available to enable the service to keep to service level agreements. Maintenance of the vehicles and tyre replacements were carried out by local firms on the industrial estate which the resource centre was based at. Contracts in place meant that there were no financial restrictions on getting faults rectified and the turnaround was quick and efficient.
- We saw one vehicle which was defective, and a notice was displayed in the window indicating that it was 'VOR' (vehicle off road) on the 28 April 2019, due to the fuel cap leaking fuel, so staff were aware not to use this ambulance. However, we saw one ambulance with no defibrillator, when we raised this we were told that this vehicle was 'VOR', however there was no sign in the window and the vehicle keys were mixed in with the road worthy vehicles. We raised this with staff who placed a sign in the window to indicate the ambulance was off the road.
- Management at head office told us that there were three ambulances at Lincolnshire Resource centre which were overdue a service.
- Out of the nine ambulances at the resource centre three had manual ramps and six had had electric ramps, however all the ambulances we looked at had been converted to manual. This meant staff would manually pull the ramps up and down with a strap. Staff told us this was physically demanding when it was done numerous times a day. Managers told us that the electric ramps had been converted to manual as due to the age of the ramps, the company was unable to maintain them. We saw that the conversion had been done in line with manufactures guidelines.
- There was equipment available to meet patients' specific needs in the ambulances, however in all five ambulances we looked at none were equipped with paediatric adaptations for trolleys to convey young children, or paediatric seats. When we spoke to staff they told us that they would convey a young child in their own car seat if available or ask the mother/ guardian to hold the baby. Emergency medical services (EMS) safe transportation of children in ground ambulances guidance, prohibits a child from being transported unrestrained. In addition, government legislation for motor vehicles (wearing of seat belts Regs 2993 states that: divers are legally responsible for making sure that all passengers in their vehicle under the age of 14 are appropriately restrained. Children under the age of 12, or below 135 cm tall, are not allowed to use an adult seat belt without 'additional restraints' (child seats, booster chairs and booster cushions), except under legally 'exceptional' circumstances.
- The services statement of purpose on transportation of paediatrics had not been updated since May 2017.
- We had sight of an operational bulletin issued to staff on the transportation of paediatrics which stated that Jigsaw Medical use two different types of stretcher and both came with individual maufacturers restraint systems. On inspection we did not see any in the vehicles we looked and and staff were not aware of them. The bulletin states that if the padiatric restrains are not available staff should report the equipment deficit to their line manager and emergency operations centre (EOC) should be made aware. If the vehicle is allocated to an emergency call involving a paediatric patient, the emergency operations centre should be reminded of the equipment deficit and a decision made as to whether the vehicle should continue to the emergcney call. Only if the nature of the emergency warrants the vehicle to contine can the patients own restraint be utilised. We raised this issue with the service and since inspection Jigsaw Medical told us that they have invested in implementing the child restraints on all frontline vehicles, including those running from Heckington and all now have pedimates on board. They also informed us that the statement of purpose had been updated.
- The service and staff from the Lincolnshire almost exclusively filled shifts for an NHS ambulance trust. As a private provider the trust did not issue the staff with radios to communicate with the NHS operations centre. The service issued vehicles with mobile phones to aid communication and staff also used their own mobile phones. Staff we spoke to were not happy at having to

regularly use their own mobile phones. However, we were informed that the local NHS Ambulance service had activated radios for the crews a few days prior to our visit and these would be in use imminently.

- We looked at defibrillators on board the ambulances and checks at the beginning of the shift for these were sporadic. We reviewed the vehicle check books and saw that on some days the checks were missing, however it was not possible to determine if the checks hadn't been done due to the vehicle having not been deployed, therefore we were unable to audit this. We saw one good practice of testing the equipment and retaining the printout.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- Technicians were qualified through the Institute of Health and Care Development (IHCD) Technicians or Associated Ambulance Practitioner (AAP) and we had sight of ten certificates for staff at Lincolnshire resource centre.
- The contract for Lincolnshire resource centre was for technician led crews and emergency care assistants (ECA's) doubled up with the technicians. We were assured that two emergency care assistants would never form a crew and rotas provided evidence of this.

Medicines

- **The service did not always follow best practice when prescribing, giving, recording and storing medicines.**
- Medicine policy and procedures were not available at the base, meaning staff could not consult them. Staff accessed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) from their personal phones and it was their responsibility to pay for updates. The hardback copy we saw was 2016 edition, the most recent version of JRCALC was 2019.
- Paramedics and ambulance technicians told us that they followed guidelines issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) when giving medicines. Staff we met were unaware of any patient group directions (PGDs) or other clinical guidelines that the service expected them to follow. At the inspection we could not establish what training or competency assessments staff had received to ensure patients were treated safely with medicines.
- The service did however produce a medicines route chart, which listed which medicines technicians/ qualified associate ambulance practitioner's (AAP's) and which paramedics could administer. The chart highlighted that staff should note that the chart was a Jigsaw Medical document and that it was the staff members responsibility to familiarise themselves with any Clinical Directives or PGDs which were available at each base and provided by the contracting provider if required as part of the contract.
- Senior managers told us that the service did not need to have patient group directives for the administration of medication as they followed the JRCALC guidance unless any contract with a provider stipulated that staff needed to follow PDGs provided by the contracting provider.However, there is a requirement for ambulance services to have patient group directives in place for certain medication in line with the Human Medicines Regulations.This includes commonly used medicines such as salbutamol.Only paramedics can administer patient group directives and technicians cannot administer any medicines outside of schedule 19 of the regulations.
- Morphine, a schedule two controlled drugs (CD), was stored securely on the ambulance at all times. Only paramedics had access to the cupboard. We checked the stock of morphine sulphate ampoules and controlled drugs records on two ambulances. Stocks were correct and entries in the controlled drugs register were complete. We saw evidence of regular stock checks and audits. The operations manager had audited controlled drugs on 19 April 2019 which showed stock balances were correct.
- The cupboard to store medicines was a stationery locker which did not meet the requirements according to the National guidance for the storage of medicines in healthcare establishments. The guidelines state that the cupboards should be metal and British standard leveltwo security.

Emergency and urgent care services

- We were told that paramedics only used stock-controlled drugs and not their personal supplies. We saw that Jigsaw medical held a Home Office controlled drugs licence which was retained at the head office in Chester.
- We had sight of the medicines management policy which was kept at the head office and was available on line, however, staff at Lincolnshire could not access and policies and procedures at the time of our inspection. The policy was overdue for review by five months.
- The same was found for the storage, handling, administration and disposal of controlled drugs policy. In addition, this policy stated that all drugs for the service were stored centrally at the Jigsaw House, head office, Chester, unless being stored by individual paramedics or 'vehicle based' on front line vehicles. However, this was no longer the case as the service had expanded and drugs were now also kept in four resource centres, which included Lincolnshire. This was not reflected in the policy.
- Diazepam, a schedule four controlled drugs was stored separately from other medicines at the resource centre. Only paramedics had access to this cupboard. However, all grades of staff had access to diazepam within the ambulances.
- Controlled Drugs were stored securely on the ambulances in a locked safe. The key to the safe was kept in a key coded key safe at the opposite end of the ambulance.
- Other medicines were stored in a metal cupboard secured by a padlock with a keycode. Medicines that could be administered by all grades of staff and those only administered by paramedics were not segregated in the cupboard. This meant there was a risk that medicines could be accessed by staff who were not authorised to administer certain medication which may pose a risk to patient safety.
- There was currently one store room which also stored the controlled drugs. The room was insecure, but there was the facility to secure the door with a key. However, in accordance with Jigsaw medical own policy; Storage, Handling, Administration, and Disposal of Controlled Drugs Policy, it stated that all controlled drugs were to be stored in a locked safe within a locked room. The policy also stated that the room was to be covered by CCTV and controlled by 'ID card' access control, which was to be electronically recorded. This was not the case at Lincolnshire resource centre.
- On the ambulances blue medicine bags were available. The bags were security tagged and kept in the secure vehicles overnight. At the start of their shift technicians checked the medicine bags, including medicines only paramedics could administer, we witnessed this being carried out during our inspection. Medicines that could be administered by all grades of staff and those only administered by paramedics were not segregated in the blue bags.
- We checked the medicines bags in five ambulances. All medicines seen inside the base and in vehicles were in date. However, the ampoules were only identifiable by a coloured ring around the top. There was no description to say what should be contained in the bag. A number of bags we looked at had loose ampoules as they were only held in position in the bags by elastic. We were told by the leadership team that new paramedic bags were on order.
- At Lincolnshire resource centre we saw that receipt and issue of medicines were recorded.
- Arrangements were in place for recording and disposing of out-of-date or unwanted medicines.
- We checked the medical gas cylinders one five ambulances. We found two cylinders were empty; one ambulance had another smaller cylinder under the stretcher, however the other vehicle did not have a spare cylinder. We were told by the service that this would be checked before the shift went out as part of the restocking process. All cylinders were in date. We saw two ambulances had Entonox cylinders which were insecure. Hazard signs were displayed on the backs of vehicles.
- Replacement oxygen cylinders were kept upright but free standing against a wall inside the garage at the resource centre in Lincolnshire. Cylinders were not protected by a cage and there was no hazard warning signage. This was not in line with national guidance. Health and safety best practice guidance is that oxygen cylinders should be stored securely in a well-ventilated storage area or compound when not in use.

Emergency and urgent care services

- At the time of our inspection no medicine audits were being conducted at the Lincolnshire resource centre, as the centre was newly opened.

Are emergency and urgent care services effective?

We did not inspect this domain.

Are emergency and urgent care services caring?

We did not inspect this domain.

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

We did not inspect this domain.

Are emergency and urgent care services well-led?

We did not rate this domain during this inspection and we only looked at certain areas.

Leadership of service

- **Managers did not always have the right skills and abilities.** Managers had insufficient knowledge of the requirement for ambulance services to have patient group directives in place for certain medication in line with the Human Medicines Regulations.
- A base operations manager oversaw Lincolnshire resource centre staff and ensured the staff followed policies and procedures and were competent to carry out their roles.
- We were told by the management team at Jigsaw medical head office that there were two clinical mentors for each resource centre, however there was only one at Lincolnshire and they had only been in post one and half weeks.
- We were not aware of any staff at Lincolnshire, other that the clinical mentor having had any development discussions or appraisals. The clinical mentor did however tell us that staff would be able to in future, approach him for any training needs they had, for example Emergency Care Assistants (ECA's) had approached them recently requesting a refresher course for assisting paramedics.
- We looked at the service level agreement for the supply of paramedic clinical mentor services which highlighted that the clinical mentor's role was to complete a minimum of four patient care report **(PCR**) reviews per month. Patient care report reviews should be conducted on an on-going basis to provide feedback to the individual contracting providers. The clinical mentor was to also provide supportive feedback to the relevant crews, support individual ambulance staff with clinical and psychological support.
- The clinical mentors would carry out regular clinical contact shifts to see operational road staff conducting their roles. Any issues and gaps in training could then be identified. At the time of the inspection the clinical mentor had not conducted any, however he had conducted an initial review with ten members of staff which included technicians and emergency care assistants.
- At the time of the inspection no appraisals have been conducted from the Lincolnshire base, as the base had only been operating at the present volume since the 1 April 2019, we were told that going forward appraisals would be conducted annually by the clinical mentor.
- The clinical mentor was to complete at least two appraisal's per month on an active crew member, documenting the outcomes and referring recommendations to the relevant parties as part of a development plan.
- Staff we spoke to told us that leaders were approachable, and they would feel confident to contact any members of the management team at head office for support or guidance.

Culture within the service

- **Managers across the trust believed that they promoted a positive culture that supported and valued staff,** however staff at Lincolnshire did not appear happy and some staff we spoke to told us that they felt undervalued and did not feel supported by

management. However, leads told us that they had recently held an open day where senior management team attended at the base for groups and individuals to meet and discuss issues.

- Staff told us they were happy to raise concerns with management with regards to issues or concerns, however they stated that these not always acted upon and they received no feedback.
- Staff we spoke to did feel able to report incidents however they felt they weren't heard as they did not always receive feedback on the outcome of the investigation into any incident reported.
- There were mixed comments with regards to staff feeling safe and supported. Some staff said they could always contact someone in the management team for immediate clinical advice, including the Chief executive officer however others said they felt unsupported and did not feel confident in receiving support from the emergency control rooms if required at a scene. We fed this back to management who escalated this to the relevant trusts.
- The service had a good understanding of supporting its staff after incidents. The majority of the corporate governance team were trauma risk management (TRiM) practitioners and the clinical mentors. TRiM is a trauma focused peer support system designed to help people who have experience a traumatic, or potentially traumatic event.
- The service had a malpractice and whistle blowing policy, which we had sight of, however it was overdue review by three years.

Management of risk, issues and performance

- **The trust had systems for identifying risks, planning to eliminate or reduce them.**
- Safety was promoted well in all aspects of recruitment. The robust recruitment process included disclosure and barring service (DBS) checks and DBS risk assessments were in place which were reviewed by their senior staff members at the head office prior to decisions being made. We saw examples of DBS risk assessments for staff working at Lincolnshire resource centre which showed evidence of a senior manager requesting further information before a decision was made to recruit.
- Checks were conducted on staff for verification of their DBS check and if a staff member could not produce a copy of the enhanced DBS form they would be asked to apply for another. Dates that DBS checks were carried out were logged on a system at the Chester head office.
- Compliance checks were carried out by different members of staff at head office as a quality check that staff were compliant with all recruitment requirements to continue having a contract with Jigsaw Medical or employed by them.
- We looked at five personnel files of all which were completed to a good standard. A compliance certificate had been introduced at the head office to provide full oversight of whether all aspects of the recruitment process had been completed.
- We saw a process for reporting vehicle and equipment faults, however staff told us that although they followed the procedure the problem was not always rectified. For example, one ambulance we saw which was off the road due to the petrol cap seal being perished remained unfixed, having been reported twice. Staff were told that it was not a problem as the fuel was diesel and not petrol, although the staff had expressed concerns over the strong smell of fuel and the impact on the environment.
- We were told by management at head office that a system to log concerns or issues was being formalised. This would allow staff to raise issues and receive responses and support.

Information Management

- **The trust collected and analysed patient records well and used secure electronic systems with security safeguards.**
- Staff we spoke to were unaware of which members of staff were on duty for the day of our visit. We were told this was due the staffing rota being sent through from Jigsaw Medical head office to personal mobile phones, however the mobile phone reception at the resource centre was limited and they could not access the rota.
- We were told that the issue of radios for the ambulances was imminent, however none of the staff we spoke to were aware of this.

- There were currently no computers at Lincolnshire resource centre, therefore staff could not access their emails, policies or procedures.
- Staff we spoke to had not attended any meetings as part of their role so that they were aware of any information they required for their job. At the time of our inspection no staff meetings were held at the Lincolnshire resource centre. We were told by management that this was due to many staff being new to the service, however we were not informed of any staff meeting s for the future.

Public and staff engagement

- **Staff engagement was not evident at Lincolnshire resource centre.** Staff told us that they followed process for maintenance on vehicles but on occasions they would be returned without the work being carried out and no explanation. For example, we were told of the reasoning behind the ambulance ramps all being converted to manual operation, but this information had not been shared with any staff we spoke to at Lincolnshire resource centre, causing confusion.
- The Company had a Caldicott Guardian appointed to ensure appropriate sharing of information to relevant bodies within the NHS. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
- Staff told us that there was no system for staff to engage in order for their views to be reflected in the planning and delivery of services. However, leads told u that there had been open forums for staff staff enagements and there views to be reflected.
- Patients could feedback to the service using a feedback form, however no forms were available in the ambulances we inspected.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure that staff only have access to medicines appropriate to their grade, unless assisting a qualified clinician.
- The provider must define training requirements to ensure medicines are administered safely.
- The provider must ensure that medical gases are stored correctly to meet health and safety requirements.

Action the hospital SHOULD take to improve

- The provider should ensure that all ambulances are equipped with paediatric adaptations for trolleys to convey young children in line with guidance.
- The provider should ensure that paramedics have access to clinical protocols and patient group directions (PGDs) for medicines they may be required to administer.
- The medicines cupboard should comply with British standard level two security.
- The provider should ensure that safeguarding referral forms are processed in a timely manner.
- The provider should ensure that Lincolnshire is equipped with essential equipment
- The provider should ensure that all policies and procedures are updated and reviewed.
- The provider should consider how staff are made aware of changes and feel supported. The provider should ensure that all staff receive timely appraisals.
- The provider should ensure that when conveying a young child, they adhere to the emergency medical services (EMS) safe transportation of children in ground ambulances guidance.

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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **12**.— (1) Care and treatment must be provided in a safe way for service users. 12 (2)(c) 12(2)(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way; 12(2)(g) the proper and safe management of medicines