

Arley Medical Services Ltd

Arley Medical Services Ltd Headquarters

Quality Report

Unit 5a, Arley Industrial Estate
Colliers Way, Arley
Coventry
Warwickshire
CV7 8HN

Tel: 01676 937199

Website: <http://www.arleymedicalservices.co.uk>

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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

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

Arley Medical Services is operated by Arley Medical Services Ltd Headquarters. The service has one registered location at Unit 5a Arley Industrial Estate located in Arley and provides a range of public event first aid services and non-emergency patient transport. The scope of this inspection was focused on the conveyance of patients on an elective, non-urgent basis, and did not include first-aid event cover services; first aid event cover falls outside the scope of registration and so was not considered. The service has two vehicles which can be used for conveying patients.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 April 2018. Due to the nature of the service, we did not conduct an unannounced inspection.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we do not rate

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

We found the following areas of good practice:

- There were appropriate processes and procedures for ensuring the delivery of safe, effective, high quality care. A range of local policies and procedures existed which staff were aware of however there was limited scope for the provider to assess compliance with such policies.
- The service was staffed and supported by a range of health-care professionals who were competent and knowledgeable.
- Patient record forms were used to record conveyances of patients. Telephone pre-assessments were carried out to ensure the condition of patients was appropriate prior to conveyance being agreed.
- The vehicles used were visibly clean and well maintained.
- There was evidence of learning having been implemented following the reporting of incidents. Staff were aware of their roles and responsibilities in regards to the reporting of, and learning from incidents.
- Individual staff members knew about their own professional accountabilities and responsibilities.
- The service was highly responsive to the needs of its patients. In part, this was because of the low levels of conveyances provided, which meant the provider was able to offer a flexible service to individual patients.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central region)

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

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

Arley Medical Services Ltd Headquarters

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Arley Medical Services Ltd Headquarters

Arley Medical Services is operated by Arley Medical Services Ltd Headquarters. The service commenced operating in 2010. The main function of the service is to provide first aid event cover at public and private functions including but not limited to events such as annual caravan shows. The provider is also contracted to provide a first line city centre late night alcohol triage service. These types of events and the provision of first aid services fall outside the scope of registration and inspection and so were therefore not considered as part of this most recent inspection.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014. Alongside event cover, Arley Medical Services also provides a conveyance service for non-urgent cases, including for individuals who electively chose to book Arley Medical Services to convey them to hospital appointments.

Arley Medical Services Ltd registered with the Care Quality Commission on 25 March 2016 and is registered to provide the following regulated activities:

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

The service has had the same registered manager in post since registration.

Our inspection team

The team that inspected the service comprised of a Care Quality Commission lead inspector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

How we carried out this inspection

During the inspection, we visited Arley Medical Services. We spoke with two staff. Due to the nature of the service, we were not able to speak with any patients who fell within the scope of registration.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

There were no special reviews or investigations of the service ongoing by the Care Quality Commission at any time during the 12 months before this inspection. This was the first comprehensive inspection of this service.

Activity:

- Between July and December 2017, the service undertook three conveyances; on each occasion, the conveyance was of an elective nature.

Staffing:

- Individuals are self-employed however; the provider ensures appropriate recruitment checks are undertaken. The services of twenty-eight paramedics, seventeen technicians, one emergency care assistant, eight first responders and ten first aiders are currently used by the provider. The majority of staff are used for event cover which falls outside the scope of registration.

Track record on safety during the preceding twelve months:

- No never events.
- One reported clinical incident (not linked to provision of regulated activities).
- No deaths.
- No serious injuries.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile.
- No incidences of healthcare acquired E-Coli.
- No complaints.

Services accredited by a national body:

- Nil.

Services provided at the location under service level agreement:

- None.

Patient transport services (PTS)

Summary of findings

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Are patient transport services safe?

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

Incidents

- Five incidents had been reported within the preceding twelve months. Equipment failure (two incidents) and injury or illness (one linked to staff and one linked to a patient) were the most common types of incident reported. It is important to note that those incidents reported were linked to activities which fell outside the scope of registration. However, the provider was able to describe the action they took in response to each reported incident which ensured appropriate action was taken to address any contributing factors.
- Staff were aware of their roles and responsibilities in regards to the reporting of incidents.
- There was a single process for reporting of incidents. Initially, staff were required to report incidents directly on to an incident reporting form which were readily accessible on ambulances.
- The registered manager described the process of how all incidents were referred back to them for investigation and root cause analysis where applicable. Changes to practice resulting from identified lessons learnt could be communicated to staff via a staff intranet page which could be accessed remotely by all temporary staff.
- There had been no reported never events between January 2017 – February 2018. (Never events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. Reported never events could indicate unsafe practice).
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014 is a regulation introduced in November 2014. This Duty of Candour regulation requires the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.

Patient transport services (PTS)

- We saw that there was a process in place for ensuring that where relevant incidents may potentially occur, the regulatory requirement to ensure regulation 20 was discharged existed. Because no such incidents had occurred in the preceding twelve months that met the threshold for the duty of candour to be applied, we were not able to fully assess the provider's compliance with this regulation in its entirety. However, staff were able to describe the requirements of the regulation and also of their roles and responsibilities.

Cleanliness, infection control and hygiene

- There had been no reported healthcare acquired infections reported during the preceding twelve months.
- There were protocols in place for appropriate cleaning and decontamination of ambulances. Deep cleans were conducted on a regular basis with evidence of these being reported. The introduction of a new cleaning protocol had demonstrated greater compliance and more effective cleaning of ambulances. Routine swabs of ambulance equipment, fixtures and fittings had shown a significant reduction in surface microbial colonisation.
- Ambulance crews were required to check vehicles on a daily basis, ensuring they were clean. Staff described the process they worked through to clean the vehicles and equipment following each patient use.
- Checklists demonstrated that routine cleaning took place. Staff had access to blood and body fluid spill kits to help assist in decontamination.
- Personal protective equipment was readily available. Staff could describe the process of how they could decontaminate their hands before and following patient contact, however we could not observe this in practice.
- Personal issue uniforms were supplied by the provider. Staff were responsible for ensuring they laundered their uniforms in line with the local policy. There were arrangements in place for ensuring uniforms were replaced when they became worn or where they had been heavily contaminated.

Environment and equipment

- There was a robust process for ensuring that action relating to medical equipment received by way of central clinical alerts was taken in a timely way. The registered manager provided evidence of how they had considered alerts from the Medicines and Health Product Regulator.

- There were detailed, planned, and preventative maintenance schedules available for review during the inspection. Annual servicing of medical equipment, vehicles, oxygen and gas supply lines and stretchers was undertaken. Risk assessments were in place and were reviewed at least annually to ensure the environment and equipment was sufficiently maintained.
- Firefighting equipment was readily available; these were serviced on an annual basis. A specific fire risk assessment was in place.
- Relevant insurance and indemnity certificates were available and valid at the time of the inspection.

Medicines

- The provider had a service level agreement in place for the supply of medicines from a local pharmacy. Drugs for disposal were destroyed on site by a dedicated health professional. Logs of medicine destruction were retained, with a service agreement in place for the collection of destroyed medicines on an annual basis.
- Medicines were stored in line with regulatory requirements. There was no stock requiring refrigeration at the time of the inspection.
- Regular audits of medicines were carried out by the registered manager. A review of the audits confirmed that stock levels of medicines were as they should be and that expiry dates had been checked.
- The provider did not retain controlled drugs as these were considered to not be appropriate for the level of service provided.
- Medical gases were secured appropriately both on vehicles and within the ambulance storage facility. There were arrangements in place for obtaining additional medical gases on an ad-hoc or as-needed basis. This allowed the provider to only carry minimal levels of medical gases at any given time, therefore reducing the overall waste and reducing any risks associated with the storage of multiple compressed cylinders.
- The use of medicines was recorded on patient record forms and was audited by the provider to ensure appropriate use of medicines. It was noted that no medicines were administered during the delivery of regulated activities.

Records

- Medical records were maintained in line with local procedures. The provider retained all medical records

Patient transport services (PTS)

which were directly attributable to the delivery of care. There was limited opportunity to review patient record forms due to the very limited number of transports carried out by the provider which fell within the scope of registration.

Safeguarding

- Staff we spoke with understood their roles and responsibilities in regards to safeguarding vulnerable people. Whilst the provider had not routinely treated children, staff had undertaken appropriate levels of training. Technicians and first aid staff completed training to level two, in line with intercollegiate guidance. A number of paramedics had completed training to level three training however this had been provided via their NHS employer and not via Arley Medical Services. However, the majority of paramedics completed training to level two. This deviated from intercollegiate guidance which recommends paramedics be trained to level three where they could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding or child protection concerns. However, staff we spoke with demonstrated a sound understanding of how to deal with and manage an identified safeguarding concern including the different types of possible abuse. This included staff being able to describe the escalation protocols, which were aligned with national safeguarding protocols. A copy of the escalation protocol and policy was readily available on the ambulance and was also accessible via the intranet.
- All core staff had completed adult safeguarding training in line with provider requirements.

Mandatory training

- A programme of mandatory training confirmed which training each member of staff was required to undertake. This included manual handling, fire safety and infection control. Completion of mandatory training by core staff was above 85% in ten of the eleven modules. Compliance training for the preventing radicalisation training was 73%.

Staffing

- The service employed a range of health professionals to support the provision of services. Due to the flexible nature of the service, the majority of staff were

employed via temporary worker arrangements. Allocation of staff was assessed by the registered manager for each booked conveyance. Staffing was planned to ensure staff had the correct skills to meet the needs of patients booked for conveyance. There was flexibility within the staffing model to enable the provider to organise additional capacity, depending on the outcome of individual patient risk assessments.

- There was an appropriate process in place for checking the professional registration of health professionals. An electronic database alerted the provider to any professional registration which were soon to lapse. This enabled the provider to follow-up with individual members of staff, or to search professional registers to confirm registration had been renewed. A review of staff files confirmed appropriate checks had been carried out, in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Emergency awareness and training

- The provider had standard operating procedures in place to manage emergency scenarios including fire, power loss and other technical emergencies, as well as emergencies of a clinical nature.
- The service undertook scenario training annually in which staff rehearsed clinical scenarios. The majority of scenario training took place during first aid events as this ensured a multi-professional approach and encouraged improved team working.

Are patient transport services effective?

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

Evidence-based care and treatment

- A range of based treatment protocols existed with specific reliance given to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance.
- Due to the very limited scope of activity, the provider had not been able to complete any audit activity to ensure staff delivered care in line with national standards.

Pain relief

Patient transport services (PTS)

- There were arrangements in place for staff to assess patient's pain levels however there had been no requirement for such assessments to take place for the three episodes of care provided in 2017. Staff were conversant with national pain management tools, with appropriate recording of pain scores on patient record forms.

Patient outcomes

- There was limited scope for patient outcomes to be assessed due to the very limited activity undertaken by the provider. The provider acknowledged it was difficult to measure meaningful outcomes for patients. The conveyance of patients was in the main, limited to those who had electively booked to use the service and so conveyance and collection times had all been previously agreed with the client.

Competent staff

- There were robust processes in place for ensuring staff were competent to deliver a safe and effective service. All staff were subject to pre-employment checks. Staff files contained the correct information, as prescribed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
- The majority of temporary staff were either paramedics or emergency technicians. There was evidence on each staff file of training completed including professional courses attended at post-graduate level.

Multidisciplinary working

- Staff described strong working relationships amongst the various health professionals who worked for Arley Medical Services.
- Public events were covered by a range of professionals including first aiders, emergency technicians and paramedics. Two staff we spoke with spoke positively about the working environment. Staff described a flat hierarchy with mutual respect for each other's roles.

Access to information

- Patient records were retained on site. Patients were provided with a copy of the patient record form for their own records. Due to the nature of the service, information regarding individual general practitioners was not collected and so information was not routinely forwarded to the patient's general practitioner.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- In regards to the three conveyances undertaken by the service in 2017, the patient had self-booked the service to enable them to attend a hospital outpatient appointment. The provider described how the elective nature of the service lent itself to patients providing informed consent to be conveyed as modes of transport and staffing requirements were discussed with the patient prior to a service being confirmed. However, staff were conversant with the need to seek informed consent. Where there were concerns regarding a patient's capacity, staff could describe the process of reaching best interest decisions.
- Staff were able to describe the process of making best interest decisions in cases where emergency treatment was required however; such decisions had not been required to be made during 2017.

Are patient transport services caring?

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

Compassionate care

- Due to the nature of the service, we did not speak with any patients during this inspection. We reviewed a number of plaudits received from patients of the service. Plaudits commended staff for their timely care and treatment with one response advising they would be happy to recommend the service to others. Plaudit responses included comments such as "Staff were professional, thorough and generally really lovely", "... Remained calm and professional throughout what was a scary situation". "They explained to us throughout what was happening and what they were doing and always tried to put our minds at ease".
- The provider attempted to capture feedback on the provision of care and of patients experience by way of feedback options on the provider website and a section on the patient record form for capturing feedback, however the response rate was poor. In addition, we noted patient feedback prompts on the vehicle we inspected during the site visit.

Patient transport services (PTS)

Understanding and involvement of patients and those close to them

- Two staff we spoke with were able to describe how the patient was always the priority and that considering the views and wishes of the patient was fundamental.

Emotional support

- Due to the nature of this inspection, and the very few patients using the service, it was not possible to assess this key line of enquiry.

Are patient transport services responsive to people's needs?

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

Service planning and delivery to meet the needs of local people

- Arley Medical Services was located on a small industrial estate within Arley, Warwickshire. Two ambulances were used by the service however at the time of the inspection, only one vehicle was in use whilst the other was undergoing routine maintenance and servicing. The vehicle was well equipped and had been adapted to meet the needs of patients. A ramp was installed for easy access. Appropriate restraints were available to ensure patients could be conveyed safely.
- Ambulances and response vehicles were staffed for every conveyance dependant on the needs of the patient. Following assessment, the registered manager would determine the most appropriate level of staff required to ensure the needs of patients could be met. There was limited scope for the service to accommodate requests for conveyance from bariatric patients however the provider was able to sign-post individuals to specialist providers should the need arise.

Access and flow

- The nature of the service meant there was readily available access to the transport service. Access was organised on an elective and planned basis and so response times could be managed accordingly. The

provider was able to describe how the crew had remained with the patient during the 2017 conveyances, before escorting the patient home, ensuring they were comfortable before the crew left.

Meeting people's individual needs

- Whilst the provider did not have access to vehicles which could accommodate bariatric patients, there were appropriate arrangements in place with the other ambulance providers to transfer such patients should the need arise.
- There were arrangements in place to ensure appropriate care and treatment could be provided to all users booking the service. Staff also provided event cover to spectators which fell outside the scope of registration and inspection. Staff could describe the process of meeting individual needs, with examples provided of how staff would support those with learning disabilities, dementia or those who required reasonable adjustments.

Learning from complaints and concerns

- The provider had not received any complaints during the preceding twelve months. However, the provider had a formal process for receiving and handling complaints. Information was available to patients which described the process of how to make a complaint.

Are patient transport services well-led?

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

Leadership and culture of service

- The day-to-day management of the service was by way of the registered manager who was focussed on providing a high quality service to patients. Staff were aware of their roles and responsibilities in terms of supporting the registered manager in achieving their ambition of providing an effective service.

Patient transport services (PTS)

- The registered manager was a registered paramedic who had a strong working knowledge of the fundamental standards. Policies and procedures were aligned to key lines of enquiry, as set out in the Care Quality Commission framework for inspection.
- The registered manager reported that no whistleblowing concerns or complaints from staff had been received in the preceding twelve months. However, staff were able to describe the process by which such complaints could be raised. Staff reported the culture within the service as being open with the ability to challenge team members where there was a differing of opinion or where advancements in treatments had been recognised and required to be adopted.
- Staff recognised their own professional obligations and acknowledged their own accountabilities. Staff could describe historical incidents where learning had taken place and changes made without blame being apportioned to individual members of staff. This culture, as reported by staff, encouraged individuals to raise concerns as necessary.

Vision and strategy for this core service

- The vision of the service was very much based on providing a responsive service to patients. Whilst there had been opportunity to expand, the challenges of sourcing the right staff with the right skill and character meant the provider had opted to retain a small but professionally run service.

Governance, risk management and quality measurement

- Due to the small size of the organisation, risks were assessed and managed by the registered manager. Operational risks were considered at a local level, with

discussion amongst senior paramedics and other members of the team, where required, to ensure consensus on risk management. The registered manager considered complaints, incidents, audits and feedback from staff as a means of assessing the quality of the service. Invited visits from clinical commissioners was also encouraged by the provider although these visits were to consider activities which fell outside the scope of registration.

- The provider was sighted on risks which were likely to impact on the service. The most significant risk was linked to staffing however this was well managed with the majority of events planned well in advance. The registered manager had oversight of staff bookings to ensure only those with the right skills were booked to support conveyances or events.

Public and staff engagement

- The provider acknowledged that further work was required to capture patient and staff feedback. Due to the small scale nature of the service, there was scope for both formal and informal feedback to be considered and changes implemented immediately if the registered manager considered it was in the best interest of patients and the wider service.

Innovation, improvement and sustainability

- The registered manager was driven towards developing a sustainable business which could adapt to meet the needs of the local population. Financial stability came by way of planned event cover contracts. However, the provider was seeking new opportunities to expand the service, but there was careful consideration given to ensuring expansion only occurred where the provider could source the right staff with the right attitude and ethos.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- Review the process by which they capture patient and staff feedback, in order they can further improve the quality of care provided by listening to the views of service users.