

Thames Valley Ambulance & Paramedic Service  
Limited

# Thames Valley Ambulance Service

## Quality Report

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Date of inspection visit: 22 December 2015  
Date of publication: 21/11/2016

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

Not sufficient evidence to rate



Patient transport services (PTS)

Not sufficient evidence to rate



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a focused unannounced inspection on 22 December 2015 to review the service's arrangements for the safe transport and treatment of patients as we received information of concern about this service. As this was a focused inspection, we did not inspect every key line of enquiry under the three key questions we inspected (safe, effective and well led).

### **Are services safe at this service**

There were serious concerns that care and treatment was not being provided in a safe way for patients.

We found numerous items of equipment throughout the service that had not been serviced or calibrated to ensure its safe and accurate use. Disposable equipment items in both the store room and on vehicles were past their expiration dates.

Not all vehicles had had regular servicing to ensure they were safe for use.

Vehicles and the equipment inside these were not secure. We found that 11 vehicles were open and unlocked, in the parking area of the premises, and that equipment, including defibrillators, oxygen cylinders, airways equipment and first aid and dressing packs were all accessible and at risk of being tampered with.

Medication was not stored properly and there was no medication policy to outline arrangements for its storage, administration or disposal.

Arrangements for safeguarding vulnerable adults and children were not adequate. There was a lack of safeguarding training to ensure staff were aware of their responsibilities. There was a risk therefore that staff would not be able to recognise and report potential safeguarding concerns.

There were no environmental and infection control audits to ensure the safety of patients and staff. Internal areas of all vehicles were not visibly clean.

Staff had not had the required mandatory training including moving and handling, infection control, health and safety, and administration of medicines.

Oxygen cylinders and chemicals hazardous to health were not being stored safely. We asked staff to take immediate action regarding this.

There was a lack of appropriate environmental and fire safety risks assessments in place.

### **Are services effective at this service**

There were no systems in place to ensure staff were suitably appraised or received clinical supervision.

There was no evidence of an induction policy or process within the service.

### **Are services caring at this service**

This was a focused inspection and we did not consider this as part of the inspection.

### **Are services responsive at this service**

This was a focused inspection and we did not consider this as part of the inspection.

### **Are services well led at this service**

We found serious concerns regarding the governance and risk management processes of the service. There were no effective governance arrangements in place to evaluate the quality of the service and improve delivery.

# Summary of findings

There were minimal documented guidelines or policies for staff to follow. The management team had not taken sufficient measures to identify, assess and manage risks throughout all aspects of the service.

We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.

The service had not informed us that the nominated individual and registered manager no longer worked for the service. This meant there was no one in place to take regulatory responsibility for the health services being provided.

We identified poor practice where the provider needs to make improvements. We also informed other agencies, including the local fire safety officer, the Health and safety Executive and the police regarding some of the concerns that we found during this inspection.

The service must take action to ensure that:

- Robust governance and risk management systems are in place and understood by all staff.
- The service has effective and current policies in place that are understood by all staff.
- Recruitment processes are in place so all staff employed have the experience and competence required for their role, together with robust pre-employment checks having been carried out.
- Staff are supported in their roles by effective supervision and appraisal systems and ongoing training.
- Medicines are stored and administered to ensure there are no risks to patients.
- All equipment is fit for use and required checks and maintenance is carried out.
- Vehicles and premises security must be maintained.
- Appropriate infection control procedures are in place to minimise the risk of acquired infections.
- Robust safeguarding adults and children procedures are in place and understood by all staff.
- Ensure any changes to the individuals registered for the service are notified to CQC.

Importantly, the provider must take action to ensure compliance with regulations 12, 13, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014). On this basis, the registered provider had conditions placed on their registration to ensure safe working practices and that patients were protected.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

Not sufficient evidence to rate

### Rating



### Why have we given this rating?

As this was a focused inspection, we inspected, but did not rate, elements of safe, effective and well led key questions.

Not all vehicles had had regular servicing to ensure they were safe for use.

Equipment was not managed to ensure it was accurate and safe for use. Some disposable equipment was out of date and not safe for use.

Infection control issues were apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.

Medication was not stored properly and there was no medication policy to outline arrangements for its storage, administration or disposal.

Oxygen cylinders and chemicals hazardous to health were not being stored safely. We asked staff to take immediate action regarding this.

There was a lack of appropriate environmental and fire safety risks assessments in place.

We found that staff training systems and records were not adequate. There were no structures in place to ensure staff had completed required training.

Arrangements for safeguarding vulnerable adults and children were not adequate.

There was no appraisal or clinical supervision systems in place, and recruitment and induction processes were insufficient.

Governance structures had not been defined to direct and manage the service.

# Summary of findings

Audits were not undertaken and therefore learning did not take place from review of procedures and practice.

We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.

The service had not informed us that the Nominated Individual and Registered Manager no longer worked for the service.

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# Thames Valley Ambulance Service

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to Thames Valley Ambulance Service

- Thames Valley Ambulance & Paramedic Service Limited is an independent ambulance service providing patient transport services and ambulance work for events, on both a regular and occasional basis. The service has one location based in Milton Keynes.
- The service is registered for the regulated activities of transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury.
- The service was last inspected in April 2013 and was found to be compliant with the five outcomes inspected at that time.
- We undertook the inspection in response to concerns which were raised with the Care Quality Commission (CQC).
- We inspected, but have not rated, elements of three of the five core standards including, safety, effectiveness and well-led.

## Our inspection team

Our inspection team comprised of two inspection managers, an inspector and a specialist advisor.

## How we carried out this inspection

We undertook an unannounced focused inspection on 22 December 2015.

We spoke with four members of staff and two managers during the inspection. We looked at 11 vehicles and reviewed a range of documents including daily vehicle

checklists used by staff and policies relating to safeguarding. We also requested a range of documents post inspection, including policies and procedures, as well as training records of staff employed by the service.

## Facts and data about Thames Valley Ambulance Service

Thames Valley Ambulance Service is registered to provide treatment for disease, disorder and injury and transport services, triage and medical advice provided remotely.

The service has a fleet of 11 vehicles used to transport patients to and from a variety of settings including NHS hospitals. The service also provides transport for disabled children who require medical transport to and from school. Sporting events are also covered by the service.

# Patient transport services (PTS)

Safe	Not sufficient evidence to rate	●
Effective	Not sufficient evidence to rate	●
Caring	Not sufficient evidence to rate	●
Responsive	Not sufficient evidence to rate	●
Well-led	Not sufficient evidence to rate	●
Overall	Not sufficient evidence to rate	●

## Information about the service

Thames Valley Ambulance Service is an independent ambulance service providing patient transport services and medical cover for events throughout the country. Transport and event cover is provided by emergency medical technicians and first aid trained staff using private ambulances. A variety of cover is provided including patient transport for NHS ambulance services, sporting games and community events. We were not provided with information to show how many patients are treated by the service each year.

We undertook an unannounced focused inspection in response to concerns which had been raised with the Care Quality Commission (CQC).

## Summary of findings

As this was a focused inspection, we inspected, but did not rate, elements of safe, effective and well led key questions. We did not inspect caring and responsive key questions.

- Not all vehicles had had regular servicing to ensure they were safe for use.
- Equipment was not managed to ensure it was accurate and safe for use. Some disposable equipment was out of date and not safe for use.
- Infection control issues were apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.
- Medication was not stored properly and there was no medication policy to outline arrangements for its storage, administration or disposal.
- Oxygen cylinders and chemicals hazardous to health were not being stored safely. We asked staff to take immediate action regarding this.
- There was a lack of appropriate environmental and fire safety risks assessments in place.
- We found that staff mandatory training systems and records were not adequate. There were no structures in place to ensure staff had completed required training.
- Arrangements for safeguarding vulnerable adults and children were not adequate.



# Patient transport services (PTS)

- There was no appraisal or clinical supervision systems in place, and recruitment and induction processes were insufficient.
- Governance structures had not been defined to direct and manage the service.
- Audits were not undertaken and therefore learning did not take place from review of procedures and practice.
- We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.
- The service had not informed us that the Nominated Individual and Registered Manager no longer worked for the service.

## Are patient transport services safe?

Not sufficient evidence to rate

We have not rated the patient transport service for safety. This was a focused inspection and elements of this key question were not inspected. We found that:

- Not all vehicles had had regular servicing to ensure they were safe for use.
- Equipment was not managed to ensure it was accurate and safe for use. Some disposable equipment was out of date and not safe for use.
- Infection control issues were apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.
- Medication was not stored properly and there was no medication policy to outline arrangements for its storage, administration or disposal.
- Oxygen cylinders and chemicals hazardous to health were not being stored safely. We asked staff to take immediate action regarding this.
- There was a lack of appropriate environmental and fire safety risks assessments in place.
- We found that staff training systems and records were not adequate. There were no structures in place to ensure staff had completed required training.
- Arrangements for safeguarding vulnerable adults and children were not adequate.

### Incidents

- We did not gather evidence for this as part of the inspection.

### Mandatory training

- There was not clear evidence that staff had undertaken mandatory training since employment with the service. There was no definition of what training was mandatory and must be undertaken by staff. The service did not have an up to date record of staff training. Not all staff had undertaken health and safety training. This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 18 (2)(b); staffing.

### Safeguarding

# Patient transport services (PTS)

- The service had policies for safeguarding children and for protecting vulnerable adults from abuse but these policies did not give clear guidance to staff as to how to report concerns urgently and outside of normal office hours. The safeguarding policy in place was not dated, had no author, no review date and the references contained within were not current.
- Safeguarding policies did not contain any contact information for appropriate local authority safeguarding children or adult teams. This meant that we were not assured that staff could make an urgent referral when required.
- There was no evidence that staff had completed safeguarding adult or children training. This meant that there was a risk that staff would not be able to recognise and report potential safeguarding concerns.
- Not all staff demonstrated a clear understanding of safeguarding process.
- This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 13; safeguarding.

## Cleanliness, infection control and hygiene

- We inspected 11 vehicles during our visit and found the ten of them to be visibly unclean inside. Two vehicles contained mould on both the storage cupboards and equipment bags, ten vehicles had dirt on the floor of the vehicle in both the rear and front cab. Nine vehicles had dirt within storage cupboards containing equipment, this resulted in packaging becoming contaminated with the dirt. On six vehicles, equipment was visibly unclean, with suction units and defibrillators having dust and dirt present on them.
- Staff told us that at the beginning and end of each shift it was the crew members responsibly to ensure the vehicles were cleaned. This was not recorded anywhere for monitoring purposes. Vehicle checklists only documented equipment and vehicle safety checks, not vehicle cleanliness.
- There should be a mixture of clinical waste bags used to allow separation of offensive, clinical/infectious and highly infectious waste. Only one type of clinical waste bag was used by the service which meant segregation of clinical waste could not be carried out in line with Hazardous Waste Regulations and Department of Health guidance (HTM 07-01). Clinical waste bags were left

open on three vehicles which was against guidance and could result in the spread of infection and disease if dressings or items containing bodily fluids were allowed to come loose.

- Sharps bins (for safe disposal of needles) were not correctly labelled and temporary safety closures had not been used. This meant that there was an increased risk of sharps injury, with potential exposure to blood-borne viruses, to staff and patients.
- Infection control audits were not being carried out to ensure infection control measures were safe, effective and reduced risk to patients and staff. There were no policies in place relating to infection control and prevention.
- In all vehicles inspected, we found a lack of appropriate personal protective equipment, including aprons and sleeve protectors, available for staff use for the prevention of infectious diseases. We found the fabric to a number of seats in the rear of the vehicles was torn, presenting infection control risks.
- This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 12 (2)(h); safe care and treatment.

## Environment and equipment

- We found that the lack of assessment of the environment contributed to the lack of monitoring the quality of the service and mitigation of the risks it presented. We found store rooms containing hazardous chemicals were left open posing risks to the health and safety of staff and visitors to the site. We also found a lack of secure storage of two oxygen cylinders and eleven containers of irritant chemicals to the side of the repair bay area which was a significant risk that had not been acknowledged by any staff.
- During the inspection we asked for evidence of a fire safety risk assessment and environmental risk assessments, we were told that these were included in the premises' liability insurance documentation. The evidence provided to us did not include evidence of a current fire safety risk assessment or of any premises, building and vehicle risk assessments having been carried out. This demonstrated a lack of ownership and oversight of the potential risks to patients, staff and visitors.
- Immediately after the inspection, we shared our concerns with the local fire safety officer and also the Health and Safety Executive.

# Patient transport services (PTS)

- On reviewing the daily vehicle inspection checklists, which staff stated should be completed each time before a vehicle was used, we found that between 17 November 2015 and 17 December 2015, there should have been 92 vehicle checks completed prior to the vehicle going to collect patients, of which only 54 were completed (60%). Audits of these checks were not carried out by the service.
  - Not all equipment had received an engineering service or device test, including an automatic external defibrillator (AED) that was contained on a vehicle to be used on the day of our inspection to transport patients. We raised this with staff who sought a suitable replacement.
  - We requested evidence of the service history for all the vehicles, including electronic ramps, but this was not provided by the completion of the inspection. One vehicle that was to be used on the day of our inspection had a faulty electronic ramp, the crew told us they would have to take it out manually which had not been risk assessed and the correct process according to the manufacturer was not followed.
  - We found a range of equipment and medical supplies were beyond their expiration date on eight out of eleven vehicles we inspected, including overstocking of items which had caused damage to items including airway devices and suction tubing making them unsuitable for use and had torn sterile packaging. Not all AEDs were in service date, and were not stored securely on vehicles.
  - Vehicles and equipment inside were not secure, we found that eleven vehicles were open and unlocked and that equipment, including defibrillators, oxygen cylinders and airways equipment, first aid and dressing packs were all accessible and at risk of being tampered with.
  - On all vehicles inspected, we found that equipment, including trolleys, wheelchairs, and medical devices were not stored appropriately and that there was a risk that in the event of the vehicle braking suddenly, patients could be at risk of harm by the aforesaid objects dislodging and hitting them.
  - Oxygen cylinders were not being safely stored. We found oxygen cylinders on five unlocked ambulances as well as two oxygen cylinders to the side of the repair bay that were not secured. We asked for the policy regarding the safe storage of oxygen, but this was not provided by the completion of our inspection.
  - Staff stated that they would use their own personal oxygen saturation probes to check oxygen levels; this meant equipment may be used that had not been appropriately tested for suitability and accuracy.
  - We found that the equipment stock room smelled strongly of mould, most storage cupboards were broken and posed a safety risk to staff and that the light switch had a 'failed' electrical test sticker on it that stated not to use. We found a range of out of date equipment including three maternity packs, three intravenous giving sets and three defibrillator pads. Some sterile equipment was stored on the floor and the kit bags that equipment was stored in were unclean. Managers were unable to inform us when the last stock check had been completed and were not able to provide evidence of audits of stock.
  - We found that the cleaning store next to the repair bay was open and unlocked and contained a range of chemicals hazardous to health, including large drums of oil and antifreeze, and shelving containing a range of chemicals that some of which were clearly marked as irritant or flammable. Staff had received health and safety training since being employed and not all staff were able to demonstrate an understanding of COSHH procedures.
  - This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 15 (a)(b)(c)(d)(e); premises and equipment.
- ## Medicines
- There were no effective policies regarding the handling, storage and disposal of medicines, including controlled drugs, in place at the time of our inspection. The service used another organisation's medicines' management policy. The policy had not been localised nor did it include details of the administration of medicines held in stock by Thames Valley Ambulance and Paramedic Services Limited.
  - There were no stock check and audit systems in place in relation to medicines. Managers were not able to provide evidence of regular and comprehensive medicine order requests, regular stock balance checks and medication audits, including checking the expiry dates of medicines. We were told that the service did not dispose of any medicines but retained them for training purposes; the volume of medications used in this way was not monitored.

# Patient transport services (PTS)

- During the inspection, we found examples of poor management of medicines including a lack of secure storage. For example medicines were found on top of a filing cabinet in one room, and we found over 80 medicines that were beyond their expiry date.
- There was no evidence of staff competencies in administering medication or evidence they had the correct knowledge to ensure medicines were administered appropriately without risk.
- Medicines were stored in three different areas within the building including the training room and within a filing cabinet in an office accessible by the individual responsible for maintenance of vehicles. We were told that staff working on ambulances were unable to access medicines and kit bags and that they needed to ask for the codes to the padlocks to the locked offices if required. Kit bags were stored in a locked filing cabinet drawer in an office. We found that one kit bag contained 47 medicines that were beyond their expiry date, out of a total of 54 medicines in this kit bag. Another kit bag contained 35 medicines, of which one was beyond the expiry date. Medicines were also found within the drawer of the office cabinet. These were loose and not contained within a kit bag and included six ampoules of Naloxone and 14 tablets of aspirin. These were not contained in their original box but within a small clear plastic pouch. We also found a strip of tramadol tablets in a desk tidy holder on top of the filing cabinet, there were not staff that were qualified to administer this medicine and no record of how it had been dispensed or prescribed to the service.
- In a separate room, we also found medicines within a padlocked cupboard, of which 50% of the full stock had expired. These included Diazemuls, Diazepam and Adrenaline ampoules. We also found three ampoules of Morphine Sulphate within a safe in the training room. The safe was accessible via a code but was contained in an unlocked cupboard. This demonstrated a lack of awareness of the requirements to maintain a safe system for the storage and handling of medicines.
- We asked to see the Controlled Drugs (CD) Register and were shown a CD register which did not include any information. Inside the CD register was an A4 piece of paper denoting the issue of Morphine. The paper detailed the stock balance of Morphine Sulphate to be "4 x 10mg". This was not documented in the CD register. We were given the drugs stock book which we found was last completed in 2013. We asked for the CD order

book but this could not be sourced, we were given a copy of an email regarding CD requisition dated July 2013. This was for 10 ampoules of Morphine Sulphate 10mg. Evidence of this was not recorded in the CD register. This demonstrated a lack of awareness of the requirements for ordering, storing, recording, and disposal of controlled drugs. The service said one of the directors was the accountable officer for controlled drugs.

- Staff were unsure at what levels they would administer oxygen to patients. Staff stated they had had training during their First Person On Scene (FPOS-I) course provided by the service, but stated they did not feel confident on when to administer oxygen.
- We saw no evidence to show when medication was administered or disposed of. This meant that we could not be assured that out of date medication had not been administered to patients, or that staff had recognised that medication was out of date.
- This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 12 (2)(g); safe care and treatment.

## Records

- We did not review patient records as part of this inspection.

## Assessing and responding to patient risk

- We did not gather evidence for this as part of the inspection.

## Staffing

- We did not gather evidence for this as part of the inspection.

## Major incident awareness and training

- We did not gather evidence for this as part of the inspection.

## Are patient transport services effective?

Not sufficient evidence to rate

We have not rated the patient transport service for effective. This was a focused inspection and elements of this key question were not inspected. We found that:

# Patient transport services (PTS)

- There were no systems in place to ensure staff were suitably appraised or received clinical supervision.
- We found recruitment procedures were not sufficient to ensure that competent, experienced and knowledgeable staff were employed.

## Evidence-based care and treatment

- We did not gather evidence for this as part of the inspection.

## Assessment and planning of care

- We did not gather evidence for this as part of the inspection.

## Nutrition and hydration

- We did not gather evidence for this as part of the inspection.

## Patient outcomes

- We did not gather evidence for this as part of the inspection.

## Competent staff

- There was no appraisal or clinical supervision system in place. This meant that we could not be assured staff were competent in their role.
- There was no guidance in place for staff to follow regarding the administration of oxygen to patients in the course of their work. This information was requested but was not provided by the completion of the inspection.
- We found that the service did not have robust recruitment procedures in place. This meant we could not be assured that all staff employed by the service were of good character and had the competency to carry the role in which they were employed.
- We looked at 13 current staff files and found that only three staff had an employment contract, five did not contain evidence of two satisfactory references being carried out. One staff member had had a history of criminal conviction on their Disclosure and Barring Check (DBS) yet there was no evidence this had been risk assessed prior to the applicant commencing work.
- There was a lack of clear work histories. There was no evidence in staff files that that a recruitment and selection interview had been carried out to consider their competency for the role they had applied for.

- We looked at 12 staff files of those employees who had resigned from the organisation. None of them included evidence of a recruitment and selection interview, and three did not include evidence of a DBS check being carried out. None of them included any evidence of appraisal or personal development review. Two of the files had no evidence of references and one of the staff files we reviewed showed conviction of theft on a DBS, but there was no evidence of a risk assessment related to this pre-employment.
- This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 19; Fit and proper persons employed.

## Coordination with other providers

- We did not gather evidence for this as part of the inspection.

## Multidisciplinary working

- We did not gather evidence for this as part of the inspection.

## Access to information

- We did not gather evidence for this as part of the inspection.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We did not gather evidence on consent during the inspection.

## Are patient transport services caring?

Not sufficient evidence to rate

This was a focused inspection and we did not gather evidence for this key question.

## Compassionate care

- We did not gather evidence for this as part of the inspection.

## Understanding and involvement of patients and those close to them

- We did not gather evidence for this as part of the inspection.

## Emotional support

# Patient transport services (PTS)

- We did not gather evidence for this as part of the inspection.

## Supporting people to manage their own health

- We did not gather evidence for this as part of the inspection.

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

Not sufficient evidence to rate

This was a focused inspection and we did not gather evidence for this key question.

## Service planning and delivery to meet the needs of local people

- We did not gather evidence for this as part of the inspection.

## Meeting people's individual needs

- We did not gather evidence for this as part of the inspection.

## Access and flow

- We did not gather evidence for this as part of the inspection.

## Learning from complaints and concerns

- We did not gather evidence for this as part of the inspection.

### Are patient transport services well-led?

Not sufficient evidence to rate

We have not rated the patient transport service for being well-led. This was a focused inspection and elements of this key question were not inspected. We found that:

- There was no clear vision or written service development plan within the service.
- We found significant concerns regarding the governance and risk management processes of the service.

- There were not effective, robust systems in place to assess, review and monitor risks within the service.
- There was a lack of current, effective policies in place for the service which meant that staff did not have clear guidance to follow to keep people safe.
- There were no effective governance arrangements in place to evaluate the quality of the service and improve delivery. There were minimal documented guidelines or policies for staff to follow.
- A lack of audits meant that the quality and performance of services were not assessed to ensure correct processes were understood by staff, applied in practice and patients were not put at risk.
- We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.
- The service had not informed us that the Nominated Individual and Registered Manager no longer worked for the service.

## Vision and strategy for this service

- There was no clear vision or written service development plan within the service.
- The statement of purpose, which outlines what a service does and who it provides the service to, provided to us did not contain any details of the type of care and treatment that the service provided for both regulated activities: patient transport services and treatment of disease, disorder or injury.

## Governance, risk management and quality measurement

- We found significant concerns regarding the governance and risk management processes of the service.
- There were not effective, robust systems in place to assess, review and monitor risks within the service.
- The service did not use key performance indicators (KPIs) to monitor performance and patient care.
- There was a lack of current, effective policies in place for the service which meant that staff did not have clear guidance to follow to keep people safe.
- There were no effective policies regarding handling and storage of medicines in place at the time of our



# Patient transport services (PTS)

inspection. We were advised the service had these policies but they were unable to locate them. The provider informed us after inspection that all policies and procedures were being reviewed.

- There was no effective guidance in place for staff to follow regarding the administration or disposal of medicines. This meant that out of date medications were not appropriately dealt with as staff were unaware of the correct procedure.
- We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.
- There was a lack of assessment of the environment and for fire safety which contributed to the lack of monitoring the quality of the service and risks that may be present.
- Staff were not clear about their roles and accountability in terms of risk management and who took action to address areas of concern.
- We asked the provider to take action regarding risk assessment and governance processes. We were advised by the management team that they acknowledged there were no adequate risk assessments, audits and policies in place and this would be addressed as a priority.
- This was of the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 17 (2) (a)(b)(e)(e)(f); good governance.

## Leadership and Culture

- We were informed during inspection that the registered manager (RM) had been absent for the service for over a year and that an application had been made to register another manager in the interim. We had not received any evidence of this application, nor a formal notification that the register manager has been absent for a period of more than 28 days.
- At the inspection, we were also informed that the nominated individual (NI) was no longer working for the service as this person had retired.
- As there was no RM or NI in place there was no individual responsible for regulatory compliance throughout the service.
- Managers we spoke with during the inspection did not have a clear understanding of the concerns we raised, or how they would address these to ensure compliance.
- We carried out inspection following whistleblower concerns raised to us by staff who worked for the service.

## Innovation, improvement and sustainability

- At the time of this inspection we could not identify any evidence to demonstrate the service was committed to quality improvement and innovation. The management team told us that work volume had increased rapidly over the past year. When considering developments of providing further services there was no evidence of monitoring of how it may affect quality and sustainability or how the service should expand.

# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the hospital MUST take to improve**

#### **Actions the service MUST take to improve to ensure that:**

- Robust governance and risk management systems are in place and understood by all staff.
- The service has effective and current policies in place that are understood by all staff.
- Recruitment processes are in place so all staff employed have the experience and competence required for their role, together with robust pre-employment checks having been carried out.
- Staff are supported in their roles by effective supervision and appraisal systems and ongoing training.
- Medicines are stored and administered to ensure there are no risks to patients.
- All equipment is fit for use and required checks and maintenance is carried out.
- Vehicles and premises security must be maintained.
- Appropriate infection control procedures are in place to minimise the risk of acquired infections.
- Robust safeguarding adults and children procedures are in place and understood by all staff.
- Ensure any changes to the individuals registered for the service are notified to CQC.



## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 (a)(b)(d)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>Safe care and treatment</b></p> <p>The provider failed to ensure that safe care and treatment was provided at all times because:-</p> <ul style="list-style-type: none"><li>• Not all health and safety risks in the service had been assessed and mitigated to reduce risk to staff and patients.</li><li>• Not all vehicles and equipment had been maintained to ensure they were fit for use.</li><li>• Medicines were not stored safely or appropriately. A large volume of medicines found were past their expiration date.</li><li>• There was no process for documenting the storage, administration or disposal of medicines.</li><li>• Infection control precautions were not adequate.</li></ul>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>Safeguarding service users from abuse and improper treatment</b></p> <ul style="list-style-type: none"><li>• The provider had not taken steps to ensure an effective policy was in place for safeguarding children and adults.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Staff had not received appropriate training.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Regulation 15 (a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

#### Premises and equipment

The provider was not meeting this regulation because:-

- Equipment was not always serviced or calibrated to ensure it was safe to use. A large volume of consumable equipment found was past expiration date.
- Vehicles were not always secure, meaning that emergency equipment was at risk of tampering and potentially putting patients at risk.
- Vehicles had not been serviced regularly.
- Oxygen storage was inappropriate and had not been identified as a risk. This meant it was a potential hazard to patients, staff and other users of the business site.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 (2) (a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

#### Good governance

The service failed to meet this regulation because

- Adequate audit, risk management and control systems were not in place.

This section is primarily information for the provider

## Requirement notices

- Effective policies governing all aspects of the service were not place.
- There was not sufficient guidance provided to staff in regards to medicines storage, administration and disposal.
- Lack of environmental assessments meant there were risks to patients, staff and other users of the business site. This could be through accessing medications or tampering with equipment.
- Vehicle checklists were not completed or audited.
- There were no quality and monitoring processes in place to review systems and procedures and to take learning to make improvements.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

#### Staffing

The provider was failing to meet this regulation because:-

- There was no clear appraisal and clinical supervision system in place.
- There was no evidence to show that staff had completed mandatory training.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

#### Fit and proper persons employed

This section is primarily information for the provider

## Requirement notices

The service did not comply with this regulation because

- The service did not have recruitment procedures in place to ensure that all staff appointed were suitable and experienced.
- Staff files did not all contain relevant information schedule 3 information in regards to work histories, references, qualifications and DBS checks.
- There was no evidence present to demonstrate that staff working for the service were qualified, experienced or competent.

This section is primarily information for the provider

## Enforcement actions

### 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>Regulations 12, 13, 15, 17, 18, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b> Due to significant breaches of the above regulations, the registered provider was subject to conditions being placed on their registration under section 31 of the Health and Social Care Act 2008.