

Collingwood Services Ltd

Collingwood Services Ltd

Inspection report

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Date of inspection visit: 12 April 2022

Date of publication: 10/06/2022

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Summary of findings

Overall summary

We carried out this focused follow-up inspection on 12 April 2022.

We did not inspect all key questions as defined within our methodology but focused on those areas highlighted in the warning notice as requiring significant improvement following our comprehensive inspection on 27 October 2021.

We do not change the ratings of the service as we focused on the areas previously identified in the Section 29 warning notice.

The inspection was announced with two working day's notice to ensure the registered manager and the operations manager would be available.

During our focused inspection we reviewed all information to ensure the required actions against the Section 29 served against the provider in November 2021 had been completed. We found that:

- Staff files now included evidence of mandatory training and regular refresher training, including adult safeguarding and child protection training. Ambulance cleaning records were now up to date with an improved system of ensuring that deep cleans were effective. Two members of staff were trained in mask fit testing and several members of staff had been successfully fitted with appropriate masks.
- Management had developed a system to improve oversight of staff mandatory training and appraisals.

However:

- Although medicines management had improved significantly with improved procedures for paramedic grab bags, staff did not always dispose of unused liquid medication and expired medication correctly.
- Staff did not complete medicine fridge temperature checks in line with the provider's policy.
- Filtering face piece (FFP3) mask fit testing was not completed for all active staff.
- Some appraisal documents were incomplete.
- Not all staff were included in the registered manager's training and appraisal oversight document.

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Inspected but not rated



Rating

Summary of each main service

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Summary of findings

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Summary of this inspection

Background to Collingwood Services Ltd

Collingwood Services Limited is an independent ambulance service based in Amesbury, Wiltshire.

It provides medical cover for events nationally and also has a training academy. We do not regulate activities at an event. We inspected the transport of patients that required hospital treatment.

The service has had a registered manager in post since January 2021. A registered manager is a person who has registered with CQC to manage a service.

The service is registered to provide the following regulated activities:

- Transport Services, triage and medical advice provided remotely.
- Treatment of diseases, disorder or injury.

We inspected the service for the first time on 27 October 2021 and issued a warning notice under Section 29 of Health and Social Care Act 2008. The failings to comply with regulations related to the following areas:

- Compliance with mandatory training and effectiveness of systems to monitor compliance.
- Systems and processes to ensure that staff had qualifications, competence, skills and experience to provide safe care, including staff appraisal and career development conversations.
- Management of medicines.
- Systems to control and audit the risk and prevention of infection.

How we carried out this inspection

The team that inspected this location comprised two CQC inspectors and a specialist advisor. During the inspection we spoke with two members of the management team. We reviewed 20 personnel files and other records kept by the service. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

As this was a focused inspection to follow up the warning notice, we did not speak with people who use the service for their views.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that all staff are fit-tested for filtering face piece masks (FFP3) (Regulations 17(1)(2)(a)(b)).
- The service must complete staff appraisals and supervisions (Regulations 17 (1)(2)(b)).

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should complete temperature checks in accordance with their own policy.
- The service should dispose of expired and unused liquid medicine appropriately.
- The service should improve staff training oversight to include all staff.
- The service should continue to improve oversight of audit processes.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated

Emergency and urgent care

Safe	Inspected but not rated 
Effective	Inspected but not rated 

Are Emergency and urgent care safe?

Inspected but not rated 

Mandatory training

The service provided mandatory training in key skills to staff and made sure that staff completed it.

The registered manager provided a training matrix which showed oversight of staff mandatory training in 20 different topics including safeguarding for children and adults, dementia awareness, mental capacity and deprivation of liberty safeguards, and mental health awareness. All current staff had attended updated training, we saw evidence of this in the files that we checked.

We reviewed 20 staff files, they all had clear evidence of what training was required for staff and how often this should be completed.

Six out of the 20 files that we checked showed that staff had not received recent training due to long term sickness or were employed as seasonal staff, however their files were updated to reflect this. The registered manager said they would receive updated training and DBS checks before returning to work.

We found one member of staff was not included in the mandatory training oversight matrix, this was raised with the registered manager during the inspection and was immediately addressed by the registered manager during inspection.

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.

We reviewed 20 files and found that all active staff had received Level 3 safeguarding training since our last inspection. Three members of staff had attended external safeguarding training and subsequently delivered in-house training to remaining staff.

Safeguarding training was included within the training oversight document so that the management team could monitor staff compliance with safeguarding and other mandatory training.

Cleanliness, infection control and hygiene

The service used effective control measures to ensure that vehicles and equipment were clean. However, they did not always control infection risk in line with national guidance.

Emergency and urgent care

We reviewed cleaning records that provided assurance of vehicle deep cleaning procedures. Since our last inspection, the provider introduced a swabbing system and an associated monitoring process to ensure that ambulance deep cleans were completed effectively. During our inspection we reviewed three sets of documents which confirmed that the swabbing process was being regularly monitored. One of the vehicle cleaning documents was not available during our inspection, we requested and reviewed information provided after the inspection which confirmed that this vehicle was deep cleaned before being used.

We could not access vehicle logs for one of the ambulances as it was not available on the day of inspection.

Staff were aware of infection prevention and control measures, including risks relating to COVID-19. Two members of staff had received external training to undertake filtering face pieces (FFP3) respirator mask fitting for the provider's staff.

We reviewed 20 staff files, most of their current staff had FFP3 mask fit certificates and were given their own personal supply by the provider.

However, we could not locate FFP3 mask fit certificates for staff who worked for NHS trusts as their main job. Following the inspection, the registered manager confirmed that there were six members of staff who have not been fitted for a FFP3 mask. We reviewed the provider's policy which assumed that those relevant staff would not need to have a FFP3 mask fitted through Collingwood Services Limited as this would have been completed by their respective NHS employer. Therefore, there was no assurance those staff had been fitted for a FFP3 mask or if any issues had been identified during fitting tests.

Medicines

The service did not routinely carry or administer medicines to patients they were conveying. The service used systems and processes to safely record and store medicines. However disposal of expired and unused liquid medicines were not always effective.

There was a Medicines Management Policy (2020), the registered manager advised us that this was under review. The medicine administration process had improved since our last inspection, with improved oversight and designated medicines storage areas. We found 100% compliance with the security of paramedic grab bags and the provider's auditing of this. The registered manager discussed the process for staff to follow when grab bag seals were broken. We reviewed four records and observed full compliance.

We reviewed medicines storage area and discussed the process of staff obtaining medicines. Medicine oversight had improved since our last inspection, they had a process for monitoring stock levels and checked records which provided a clear medicines audit trail.

We reviewed medicines fridge temperature checks, these were not completed in line with the provider's policy of twice a day, every day. We reviewed audits which confirmed completion of daily checks between Monday and Friday with no assurance given during weekends. National guidelines do not stipulate that twice daily checks are required, but the provider was not compliant with their own policy.

Emergency and urgent care

During our inspection, we reviewed the provider's process for disposal of expired medicines. We found one box of expired medicines and one bag of expired medicines in a separate locked room which could only be accessed by three members of the provider's management team. The expired medicines were not labelled as stated they should be in the provider's medicines management policy. The registered manager reported they had a verbal arrangement with a local pharmacy for disposal of expired medicines however, there was no written policy for this.

The provider told us that staff disposed of unused liquid medicines in a yellow sharps bin. The registered manager advised that crews did not have access to blue waste systems or de-naturing kits, however they provided the inspection team of an intention to purchase this equipment during the inspection.

Are Emergency and urgent care effective?

Inspected but not rated 

Competent Staff

The service made sure staff were competent for their roles. However managers did not consistently appraise staff's work performance or held supervision meetings with them to provide support and development.

We reviewed 20 staff files and observed consistent compliance with refresher training since our last inspection. Staff received training face to face (as able due to COVID-19 restrictions), completed e-learning and refresher training in a range of different topics.

The registered manager provided the inspection team with an oversight document which listed all staff and their training completion dates. This enabled the management team to oversee training compliance and take actions when required.

We found that none of the management team had received an appraisal. The registered manager told us that they had been arranged for June 2022, and would be completed by a third party company to facilitate impartiality as this was a family business.

Four out of the 20 staff records showed appraisal documents had been completed since our last inspection. Three out of the four appraisals were not fully completed with some incomplete pages, we found no concerns with the other appraisal. We found that one member of staff did not have an appraisal and was not listed on the oversight document when discussed with the registered manager. The registered manager reported that they would update this as soon as possible. While actions had been taken to improve oversight, these actions were not fully embedded within the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>(1)(2)(a)(b)</p> <ul style="list-style-type: none">• The service did not ensure that all staff were fit-tested for filtering face piece masks (FFP3).• The service did not complete adequate staff appraisals and supervisions.