

Uniblue Limited (also known as EMS Ambulance)

EMS HQ

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

EMS HQ is operated by Uniblue Limited (also known as EMS Ambulance) and provides patient transport and urgent care services.

We inspected this service using our responsive inspection methodology. We carried out a focused, unannounced inspection on 10 April 2019, following specific concerns identified.

Due to this being a focused inspection, we did not inspect all five domains (safe, effective, caring, responsive and well led) and we did not rate the service. We inspected the safe, effective and well-led domains, specifically key lines of enquiry relating to: mandatory training; safeguarding; cleanliness, infection control and hygiene; staffing and staff competence; medicines; culture within the service; governance; and management of risk, issues and performance.

We inspected the service's headquarters, including the garage, storage areas and two ambulances. The service also has a garage and storage facility at Morecambe which was inspected by another team on the same day. We reviewed 21 staff files, staff training records, rotas, and company policies and procedures. We spoke with two of the company directors and four other members of staff.

We found the following areas where the service provider needed to improve:

- The service did not have robust arrangements in place to ensure staff employed were fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service did not complete all necessary pre-employment recruitment checks as required.
- We were not assured the service always had staff with the right qualifications, skills, training and experience or that managers had the information they needed to monitor this. The service had not kept records of staff rotas. Managers had recently identified and begun to address this problem.
- We were not assured that there were appropriate systems and processes in place to report, record and monitor safeguarding concerns. This meant there was a risk that safeguarding concerns were not reported or escalated to the local authority as appropriate.
- We were not assured the service systematically improved service quality and safeguarded high standards of care. We found the service had failed to comply with its own policies, some policies were not sufficiently robust and insufficient records were kept.
- We were not assured that risks to the service, patients and staff, were properly identified, monitored and mitigated.

However, we also found:

- The ambulance vehicles we inspected were clean and well maintained.
- Levels of mandatory training and compliance had improved since the last planned inspection.
- The staff we spoke with said the culture within the service was positive and they felt listened to by managers.

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, even though a regulation had not been breached, to help the service improve. We issued the provider with two warning notices in relation to Regulation 17 Good Governance and Regulation 19 Fit and Proper Persons, for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details are at the end of the report.

Ann Ford

Interim Deputy Chief Inspector of Hospitals (North), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

Patient transport services formed the main proportion of activity. Urgent care services were also provided.

We looked at specific issues relating to the safe, effective and well-led domains and we found areas where the provider needed to improve in relation to safe recruitment of competent staff, governance and safeguarding arrangements.

The service was not rated due to this being a responsive inspection.

EMS HQ

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Background to EMS HQ

EMS HQ is operated by Uniblu Limited (also known as EMS Ambulance). The service began operating in 2010 and has had a registered manager in post since 2011. It is an independent ambulance service in Skipton, North Yorkshire, with a second vehicular garage and storage facility in Morecambe.

The service bids for contract work with the North West Ambulance Service (NWAS) each month through an external contract management company. It has a rolling contract with Yorkshire Ambulance Service (YAS) providing services at various locations. The service currently has 11 vehicles based between the Morecambe and Skipton sites.

The service is registered to provide the following regulated activities:

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

This service was last inspected on 27 March 2018. CQC did not rate this type of independent ambulance services at

that time. Following that inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve.

During this inspection, we visited the service headquarters in Skipton and an ambulance garage/storage facility in Morecambe. We inspected two patient transport ambulances and we reviewed 19 staff files, training records, rotas, and company policies and procedures. We spoke with two company directors, one of whom is the registered manager, and four other staff members.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This inspection was a focussed, responsive inspection relating to information of concern received by CQC.

We do not inspect every domain or every key line of enquiry in a responsive focussed inspection and therefore we did not rate the service.

Our inspection team

The inspection team comprised a CQC lead inspector and five other CQC inspectors, including pharmacy and registration colleagues. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Please see "Background to provider" section above.

Summary of findings

We found the following areas where the service provider needed to improve:

- The service did not have robust arrangements in place to ensure staff employed were fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service did not complete all necessary pre-employment recruitment checks as required.
- We were not assured the service always had staff with the right qualifications, skills, training and experience or that managers had the information they needed to monitor this. The service had not kept records of staff rotas. Managers had recently identified and begun to address this problem.
- We were not assured that there were appropriate systems and processes in place to report, record and monitor safeguarding concerns. This meant there was a risk that safeguarding concerns were not reported or escalated to the local authority as appropriate.
- We were not assured the service systematically improved service quality and safeguarded high standards of care. We found the service had failed to comply with its own policies, some policies were not sufficiently robust and insufficient records were kept.
- We were not assured that risks to the service, patients and staff, were properly identified, monitored and mitigated.

Following inspection, the provider was issued with two warning notices in relation to Regulation 17 Good

Patient transport services (PTS)

Governance and Regulation 19 Fit and Proper Persons, for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see 'Enforcement actions' section at the end of this report for more details.

However, we also found:

- The ambulance vehicles we inspected were clean and well maintained.
- Levels of mandatory training and compliance had improved since the last planned inspection.
- The staff we spoke with said the culture within the service was positive and they felt listened to by managers.

Are patient transport services safe?

Mandatory training

- **The service provided mandatory training in key skills to staff, however we found that staff training records were incomplete.**
- Staff completed a one-week induction course on commencement of employment, during which initial mandatory training was completed.
- Staff could access training both face to face and online, through the Skills for Health system.
- Mandatory training included manual handling, first aid and automated external defibrillator (AED) training, which were provided by an external company. All other training was provided 'in-house' by managers.
- We found that mandatory training had improved since the last planned inspection; according to the training tracker overall compliance was 98%. However, we were unable to ascertain training compliance levels for those not included on the tracker.
- A training tracker was maintained by managers which recorded details of 34 staff and the training they had completed. There were 11 staff (24%) who were not recorded on the training tracker but who were on the current rota. Managers told us this was because the staff were new starters and had not yet been added. This meant the service could not be assured that all staff members who were scheduled to work had completed the necessary pre-employment checks or mandatory training and had the necessary skills for the role. We were not assured that managers had sufficient oversight to ensure all staff met mandatory training requirements to deliver a safe service.
- One staff member who had previously worked as a paramedic told us they did not receive any mandatory training when they joined the service and were told it was not necessary because of their previous job role. All other staff we spoke with told us the training they received had been of a high standard and had equipped them for their role.

Safeguarding

Patient transport services (PTS)

- **Staff had training on how to protect patients from abuse and understood how to recognise and report abuse. However, we were not assured that the safeguarding policy was effective or properly followed or that referrals were appropriately made.**
 - The overall training compliance for levels two and three safeguarding training, for adults and children, was 94% according to the training tracker. At our last planned inspection we identified that the safeguarding lead had not received level three safeguarding training in line with recommendations. At this inspection we found this was still the case.
 - We discussed with director who was the safeguarding lead for the service and were given two different answers. We were shown two different versions of the safeguarding policy which each stated a different lead name (one on the electronic portal and a paper copy kept at the office headquarters). We ascertained that the paper copy was the most recent version.
 - Staff could give us examples of how and when they would report concerns. Staff told us they would refer safeguarding concerns through the control centre of the ambulance service they were contracted to work for, or directly to the local authority. They said they would also report all concerns and referrals to their managers and would document information on the patient report form.
 - Staff gave examples of safeguarding concerns they had reported however managers were not able to show us any safeguarding referrals made by the service during inspection. We had concerns that records of safeguarding referrals were not maintained, and that the service did not notify CQC of referrals.
 - Following inspection, we asked for information about any safeguarding referrals/alerts made to local authorities or via an NHS Ambulance service within the last 12 months (April 2018 to April 2019) and for any follow-up actions or feedback. The service has record of one safeguarding referral via an NHS Ambulance service. Managers told us staff may not have made reports due to difficulties accessing a reporting line via an NHS Ambulance service. Following inspection, we were told that staff have been reminded to also use the service's own paperwork to report concerns.
 - We were not assured that there were appropriate systems and processes in place to report, record and monitor safeguarding concerns. This meant there was a risk that safeguarding concerns were not reported or escalated to the local authority as appropriate.
- ## Cleanliness, infection control and hygiene
- **The service controlled infection risk and had an infection prevention and control policy in place. Staff kept themselves and equipment clean, and used control measures to prevent the spread of infection.**
 - At our last inspection we had concerns about vehicle cleaning standards and were told that external cleaning contractors were utilised. At this inspection managers told us they directly employed a staff member to clean and maintain vehicles. The ambulance vehicles we inspected were clean and well maintained.
 - We looked at mandatory training compliance for infection control and saw that 94% of staff recorded on the matrix had completed training.
 - We saw evidence of vehicle maintenance and cleaning logs. The service recorded vehicle deep clean dates and monitored when vehicles were due to be cleaned.
 - Personal protective equipment (PPE), hand sanitising gel and cleaning materials were readily available on each of the vehicles we checked.
 - We were told that any patients with a potential infection risk would be identified to staff prior to transfer. If a vehicle became contaminated, cleaning facilities at local hospitals and ambulance stations would be utilised.
 - The garage did not have a designated vehicle cleaning area, but cleaning materials were stored separately at the side of the garage. Hazardous substances were stored in a locked cupboard.
 - We saw that waste was separated appropriately. Linen from both sites was managed by an external company. Disposable, colour-coded mops and buckets were being utilised.

Patient transport services (PTS)

- We found that sharps disposal bins on vehicles were temporarily closed and had not been overfilled, in line with recommendations, but they had not been labelled with vehicle details, dates or staff signatures.
- At the Morecambe site we found the vehicles did not contain biohazard spills kits. We found a clinical waste bag on one vehicle which was full and contained inappropriate waste. The vehicle checklist stated that waste should be disposed of at the end of each shift.
- We found no evidence of station cleaning logs or hand hygiene audits at the Morecambe site.
- Both sites had hot water and hand washing facilities. The Morecambe garage had a tap with a sink for hand washing. The Skipton site had hot water taps and hand washing facilities in both toilets, although there were no sink or hand washing facilities in the garage area itself.

Staffing

- **We were not assured the service always had staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The service employed ambulance care assistants (ACAs) and emergency care assistants (ECAs) to undertake patient transfers. All staff were employed on zero-hours contracts due to the unpredictable nature of the service's workload.
- At the time of our inspection, we were told there were 47 staff employed in the patient transport service. We were told that short notice shift cover was a problem, for example due to staff sickness. This was not recorded on the service's risk register.
- We asked to review staff rotas from the six months prior to our inspection. We found that no staff rotas were available prior to 1 April 2019 as the service had not kept records of this information.
- Managers told us there had been administrative problems with the rotas which meant previous rotas had not been stored. Changes were not always documented or communicated with staff. This meant the service could not readily identify which staff members worked on which shifts, with which patients or on which vehicles. We were not assured that staff with appropriate skills had been deployed. Staff rotas are

important in the event of incident, accident, investigation, performance monitoring or complaint. Managers had recently identified and begun to address this problem. Managers had resumed responsibility for the writing of rotas at the time of our inspection.

Medicines

- **The service had a medicines policy which was in date. However, we were not assured that all medicines were administered in line with the service's policy.**
- We found that medical gas cylinders on all vehicles checked were stored securely.
- We checked medical gases at both sites and found that cylinders were in date, stored securely and had adequate volumes remaining.
- At the Morecambe site, we found several medicines stored in a first aid bag on one of the vehicles. Staff told us they administered these under instruction from the contracting ambulance service's clinical advisors. We asked managers about this and were told it was not part of the service's medicines policy and staff were obtaining medicines themselves, such as paracetamol and ibuprofen, for use on the vehicles and the service did not stock these medicines. There was a potential risk to patients because as the provider could not monitor the administration of this medicine to patients.

Are patient transport services effective?

Competent staff

- **The service did not have robust arrangements in place to ensure staff were fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a mixed picture regarding staff performance appraisal.**
- Managers told us they preferred to recruit staff from a healthcare background but also recruited from the police and fire services.
- Managers told us that disclosure and barring service (DBS) applications were made for staff before induction and were updated three yearly. The training matrix

Patient transport services (PTS)

showed that 100% of the 37 staff recorded had an up to date enhanced DBS disclosure. There were 11 members of staff not included on the tracker, who were shown on the rota. We sampled some of these staff files and we saw evidence of DBS certificates in 95% of the 19 staff files we checked.

- The service did not have a DBS policy in place. Reference was made to criminal records bureau (CRB) checks in the recruitment policy; we highlighted to managers this was out of date. Since our inspection, we have seen evidence that the service is in the process of publishing a DBS policy.
- We saw evidence of a driving licence check for relevant staff included in all staff files we reviewed. New staff were required to undertake a driving assessment with one of the managers.
- We checked 19 staff files and found: 95% had proof of identity; 95% had enhanced DBS enclosure; 9% had two references recorded; 100% had qualifications recorded; 71% had full employment history; 95% had a driving licence check; 0 had a health questionnaire.
- We found staff files were incomplete and did not meet the requirements for pre-employment checks, for example;
 - Fifteen of nineteen files reviewed did not contain evidence of two references as required. This meant for 80% of staff including one director, there was no evidence of conduct in previous employment.
 - One member of staff had been employed with nine penalty points on their driving licence. This was not in line with the company vehicle policy and no reason for this was recorded.
 - We found no evidence of a health questionnaire in any staff files. This meant there was no information about any staff members' capability to perform in their role or about any reasonable adjustments which may be necessary.
- There was a mixed picture regarding how managers appraised staff's work performance or held supervision meetings with them to provide support or monitor the effectiveness of the service.
- The training tracker showed appraisal dates and the majority of staff had a date recorded within the last 12 months, with the exception of new starters.

- Staff told us if they could access clinical support if required and would either telephone EMS HQ or the relevant ambulance trust's clinical hub.

Are patient transport services caring?

This question was not investigated at this responsive inspection.

Are patient transport services responsive to people's needs?

This question was not investigated at this responsive inspection.

Are patient transport services well-led?

Culture within the service

- **Managers across the service told us they promoted a positive culture that supported and valued staff.**
- The staff we spoke with told us that managers were approachable and helpful.
- Managers told us they encouraged staff to talk to them following incidents or if they had concerns. They felt relationships between themselves and staff were very good.
- The staff we spoke with said the culture within the service was positive and they felt listened to by managers.
- Managers told us they had at times experienced inappropriate pressure from shareholders to act outside of company policy, for example in relation to recruitment.

Governance

- **We were not assured the service systematically improved service quality and safeguarded high standards of care. We found the service had failed to comply with its own policies, some policies were not sufficiently robust and insufficient records were kept.**

Patient transport services (PTS)

- Policies and procedures were available at the service's headquarters and staff could also view them via an electronic portal which could be accessed from smartphones.
- We found some policies were not up to date or robust enough to ensure staff were fit and proper for their role. For example; reference was made to criminal records bureau (CRB) checks in the recruitment policy, the safeguarding policy, and the employee handbook. These documents were dated as reviewed in January 2019; however CRB checks were replaced by DBS checks in 2012.
- We found several examples where policies had not been followed. For example; pre-employment checks and driving licence checks were not completed not in line with the service's recruitment and selection and company vehicle policy; and staff were administering medicines which were not part of the service's medicines policy.
- We were not assured that managers had proper oversight or training to ensure safeguarding concerns and referrals were made to the Local Authority and statutory notifications made to CQC. We found two versions of the safeguarding policy and managers were unclear about who was the service's safeguarding lead.
- We found that insufficient records were kept in relation to staff files and staff rotas. This meant managers did not have effective oversight of staff suitability and performance to ensure delivery of a high-quality service.

Management of risk, issues and performance

- **We were not assured that risks to the service, patients and staff, were properly identified, monitored and mitigated.**
- At our last inspection we identified that the service did not have a formal process for documenting and

managing risks and mitigating actions taken, although the senior management team could describe the risks to the service.. At this inspection we saw that a risk register had been developed, however managers described the register as a 'work in progress' and could not confidently describe when a risk would be added or removed. Managers told us they discussed risks and opportunities to mitigate them, as part of daily conversations within the small senior management team.

- A performance review was undertaken by one of the NHS ambulances services the service contracted with, prior to our inspection. This identified 13 reported service failures over three months due to short-notice staff sickness and vehicle breakdowns. We saw that vehicle breakdown was recorded on the service's risk register, but staff sickness was not.
- We found examples where policies had not been followed which gave rise to potential risks which had not been logged. For example, where staff pre-employment checks were not completed in line with the service's recruitment and selection policy.
- At our last planned inspection, we were concerned about potential health and safety risks, for example fire. During this inspection, the Skipton site was extremely untidy, with unused equipment stored haphazardly. We were concerned that this posed potential health and safety risks. We noted that a fire risk assessment had been undertaken for the Skipton site in January 2019. The storeroom at the Morecambe site was untidy and disorganised, with stock piled on the floor. We requested a copy of the fire risk assessment for this site, but none was available. We were not assured that fire risk at Morecambe and trip hazards at both sites, had been properly mitigated, posing potential health and safety risks to staff. Following inspection a fire risk assessment was carried out at Morecambe and we were provided with a copy.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must take prompt action to put robust arrangements in place to ensure staff employed are fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. This includes completing all necessary pre-employment recruitment checks as required. (Regulation 19)
- The provider must take prompt action to ensure the service always has staff with the right qualifications, skills, training and experience and that managers monitor their performance. This includes keeping records of staff rotas, appraisals and training records for all staff. (Regulation 19)
- The provider must take prompt action to ensure appropriate systems and processes are used to report, record and monitor safeguarding concerns. This includes escalating safeguarding concerns to the local authority as appropriate. and ensuring the safeguarding policy is effective and properly followed. (Regulation 17)

- The provider must take prompt action to ensure policies are in place, sufficiently robust and appropriately followed, to improve service quality and safeguard high standards of care. This includes keeping sufficient records and taking action where policies are not followed. (Regulation 17)
- The provider must take prompt action to address a number of concerns identified during inspection to ensure governance systems are operated effectively to recognise and mitigate risks to people using the service, to staff members and to the service. This includes fire safety arrangements for the Morecambe site and health and safety risks e.g. trip hazards at both sites, and use of the risk register. (Regulation 17)

Action the hospital **SHOULD** take to improve

- The provider should ensure the safeguarding lead is clearly identified and has received training at an appropriate level.
- The provider should ensure all medicines are administered in line with the service's policy and ensure they audit compliance with their medicines policy.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 – Fit and proper persons employed, as specified in Schedule 3 information required in respect of persons employed or appointed for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>CQC Guidance for providers says that to meet the regulation, information about candidates set out in Schedule 3 of the regulations must be confirmed before they are employed. Processes were not followed in all cases, relevant records were not kept to guard against employing unfit people, or continuing to allow unfit people to stay in a role.</p> <p>We found staff files were incomplete and did not meet the requirements, for example;</p> <ul style="list-style-type: none">• Fifteen of nineteen files reviewed did not contain evidence of two references as required. This meant for 80% of staff including one director, there was no evidence of conduct in previous employment.• One member of staff had been employed with nine penalty points on their driving licence. This was not in line with your company vehicle policy. If a provider considers that an applicant is suitable, despite them having information about anything set out in Schedule 3, the provider's reasons should be recorded for future reference. These requirements were not met.

Enforcement actions

- We found no evidence of a health questionnaire in any staff files. This meant there was no information about any staff members' capability to perform in their role or about any reasonable adjustments which may be necessary.
- We found arrangements for recruitment were not up to date or robust enough to ensure staff were fit and proper for their role. For example; reference was made to criminal records bureau (CRB) checks in the recruitment policy, the safeguarding policy, and the employee handbook. Polices were dated as reviewed in January 2019; however CRB checks were replaced by DBS checks in 2012.

The provider was given **one month** to comply with this warning notice.

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 (1) (2) (b) (d) – Good governance, for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Governance systems were not operated effectively to enable you to recognise and mitigate risks to people using the service, to your staff and to the service provided, for example;

- We found the service have failed to comply with its own policies and some policies were not sufficiently robust.
- At our last inspection, we were concerned about potential health and safety risks e.g. fire. Although a fire risk assessment had been undertaken in January 2019 for Skipton there was no fire risk assessment for the Morecambe premises at the time of this inspection.
- At our last inspection we identified that the service did not have a risk register. At this inspection we saw that a risk register had been developed but managers'

Enforcement actions

awareness of risk was variable, and they described the register as a 'work in progress' and could not confidently describe when a risk would be added or removed. We could not be assured that risks to patients and staff were properly identified, monitored and mitigated.

- We were not assured the medicines management policy was followed, as staff told us they were administering medicines which had not been provided by the service.
- We were not assured that the safeguarding policy was effective or properly followed or that referrals were appropriately made.

We found the service had failed to keep appropriate records as required, for example;

- No staff rotas were available prior to the week of inspection as the service had not kept records of this information. This meant the service could not readily identify which staff members worked on which shifts, with which patients or on which vehicles. This would be important in the event of incident, accident, investigation, performance monitoring or complaint.
- Staff training records were incomplete. This meant the service could not be assured that all staff members who were scheduled to work had completed the necessary pre-employment checks or mandatory training, and had the necessary skills for the role.

The provider was given **two months** to comply with this warning notice.