

Central Ambulance Service Ltd

# Unit 4 Cornishway Industrial Estate

## Inspection report

Unit 4  
Cornishway Industrial Estate  
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

This is the first inspection for the service We rated it as requires improvement because:

- Leaders did not have a clear understanding of the needs of the service and did not manage the issues the service faced. The service did not operate effective governance processes that monitored the quality of the care provided and had no process for quality and improvement. As a result, risks and performance were not managed effectively. There were no completed and updated risk assessments for each patient that removed or minimised risks. Staff were not trained in how to identify and act upon people at risk of deterioration.
- The service did not have a vision for what it wanted to achieve or a strategy to turn it into action, developed with all relevant stakeholders.
- The service did not control infection risk well. Clinical storage areas were not clean and control measures to protect people from potential infection were not in place. The design, maintenance and use of facilities, premises and equipment did not consistently keep people safe.
- The service did not consistently manage patient safety incidents well. The service did not consistently investigate incidents. Managers had limited arrangements to ensure that actions from patient safety alerts were implemented and monitored.
- The service did not have effective systems and processes in place to safely administer and store medicines.
- Robust arrangements to make sure all staff completed training and recruitment as needed were not in place. The service did not have robust arrangements in place to make sure staff were competent for their roles. Appraisals, inductions and supervision of staff were requested and not made available.

However:

- All those responsible for delivering care worked together as a team to benefit people. They supported each other to provide good care. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff took account of people's individual needs making reasonable adjustments to help them access the service. Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to people, families and carers to minimise their distress.
- The service planned and provided care in a way that met the needs of people and the communities served. The service had enough staff to provide support as requested. Managers reviewed and adjusted the staffing as needed.
- Staff understood how to protect people from abuse. All staff had relevant training in safeguarding adults and children.
- Staff kept equipment ambulances visibly clean and undertook deep cleaning as needed. Vehicles were checked to ensure they were safe to be used.
- Staff liked working for the service and enjoyed the work they did. Their morale had increased over recent months with staff reporting that they felt supported.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Requires Improvement



### Rating

### Summary of each main service

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- The service did not have a vision for what it wanted to achieve or a strategy to turn it into action, developed with all relevant stakeholders.
- The service did not control infection risk well. Clinical storage areas were not clean and control measures to protect people from potential infection were not in place. The design, maintenance and use of facilities, premises and equipment did not consistently keep people safe.
- The service did not consistently manage patient safety incidents well. The service did not consistently investigate incidents. Managers had limited arrangements to ensure that actions from patient safety alerts were implemented and monitored.
- The service did not have effective systems and processes in place to safely administer and store medicines.
- Robust arrangements to make sure all staff completed training and recruitment as needed were not in place. The service did not have robust arrangements in place to make sure staff were competent for their roles. Appraisals, inductions and supervision of staff were requested and not made available.

However:

# Summary of findings

- All those responsible for delivering care worked together as a team to benefit people. They supported each other to provide good care. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff took account of people's individual needs making reasonable adjustments to help them access the service. Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to people, families and carers to minimise their distress.
- The service planned and provided care in a way that met the needs of people and the communities served. The service had enough staff to provide support as requested. Managers reviewed and adjusted the staffing as needed.
- Staff understood how to protect people from abuse. All staff had relevant training in safeguarding adults and children.
- Staff kept equipment ambulances visibly clean and undertook deep cleaning as needed. Vehicles were checked to ensure they were safe to be used.
- Staff liked working for the service and enjoyed the work they did. Their morale had increased over recent months with staff reporting that they felt supported.

## Emergency and urgent care

### Requires Improvement



Findings are spread across both core services. See the overall summary in patient transport services for complete details.

This is the first inspection for the service. We rated it as requires improvement because:

Safe, well led and effective were rated requires improvement and caring and responsive were both good.

# Summary of findings

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# Summary of this inspection

## Background to Unit 4 Cornishway Industrial Estate

This is the first inspection for Unit 4 Cornishway Industrial Estate. The provider of the service is Central Ambulance Service Ltd. The service has a manager registered with the Care Quality Commission (CQC).

The service primarily provides a patient transport service. However, as part of the service, they provide event support that includes emergency care and transportation at high speed. This is regulated by CQC. They also provide first aid events and a repatriation service. CQC does not regulate repatriation and first aid only services. The service is staffed by a doctor, paramedics, nurses, emergency care assistants and ambulance care assistants.

The main service provided by this independent ambulance service was patient transport services. Where our findings on urgent and emergency care for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport service.

## How we carried out this inspection

The inspection took place over two days. We gave the provider 48 hours of the inspection

The team that inspected the service included a two CQC inspectors, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Karen Knapton Head of Hospital Inspection.

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

A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **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.

### For the service as a whole

#### Action the service **MUST** take to improve:

- Ensure they assess the risks to the health and safety of service of people using services. That risk assessments are available and completed by people with the qualifications, skills, competence and experience to do so. Regulation 12 (1) (2) (a) Safe care and treatment
- Ensure they complete risks assessments doing all that is reasonably practicable to mitigate identified risks to patients. Regulation 12 (1) (2) (b) Safe care and treatment
- Provide care and treatment in a safe way for service users by assessing the risk of, and preventing, detecting and controlling the spread of, infections. Regulation 12 (1) (2) (h) Safe care and treatment

# Summary of this inspection

- Ensure incidents that affect the health, safety and welfare of people using services are appropriately recognised and reported. Incidents must be reviewed and thoroughly investigated by competent staff and monitored to make sure that action is taken to remedy the situation and make sure that improvements are made as a result. Regulation 12 (1) (2) (c)
- Provide care and treatment in a safe way for service users by ensuring the proper and safe management of medicines. Staff responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review. Staff must follow policies and procedures about managing medicines. Regulation 12 (1) (2) (g) Safe care and treatment
- Ensure all premises and equipment are clean, suitable for the purpose for which they are to be used and properly maintained. Regulation 15 (1) (a) (b) (e)
- Establish and operate effectively systems and process to identify where quality and/or safety are being compromised and to respond appropriately to assess, monitor and improve the quality and safety of the services 17 (1) (2) (a) Good Governance
- The provider must ensure that staff are competent, receive such appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (1) (2) (a) Staffing
- Ensure that procedures are established and operated effectively to ensure staff employed are of good character and have the competence, skills and experience for the work to be performed by them, Regulation 19 (1) (2) (a) (b) Fit and proper persons employed.

## **Action the service SHOULD take to improve:**

- Operate a cleaning schedule and monitor the level of cleanliness. To take action without delay when any shortfalls are identified and make sure that staff with responsibility for cleaning have appropriate training
- Operate a stock control system to monitor single use items and ensure that they remain in date
- Review arrangements for staff to receive training in the deteriorating patient such as NEWS 2 in line with the services own policies
- Review the risk register to have oversight of all risks within the organisation, covering all areas of practice, and monitor progress against them. Determine and implement an operation means to determine and review on an ongoing basis with appropriate planning any risks identified on the risk register
- Review policies and standard operating procedures to determine if they reflect the service delivered and monitor performance against any policies

## **Emergency and Urgent care**

### **Action the service MUST take to improve:**

Maintain securely records of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; 17 (1) (2) (d) Good Governance.

### **Action the service SHOULD take to improve:**

Maintain an up to date system to identify HCP staff, their qualifications and training.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Emergency and urgent care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

# Patient transport services

Safe	Requires Improvement 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

## Are Patient transport services safe?

Requires Improvement 

This is the first inspection for the service. We rated it as requires improvement.

### Mandatory training

The service provided training they considered mandatory for key skills. Robust arrangements to make sure everyone completed it were not in place.

The service had a policy for training called Training Policy for Regulated Service. This outlined training for specific roles of staff. For staff who provide patient transport services the Ambulance Care Assistant (ACA) had 33 training courses or modules listed. Courses Level 2 Award in the Moving and Assisting of people, Award in Mental Capacity Act, Deprivation of Liberty Safeguards, First Aid Plus. Safeguarding children and adults are all described as needing renewing one year after completing when refresher training is needed. The policy did not state if the other courses needed renewing after the refresher training.

The service had an electronic system that logged all staff training and would alert when training was to be renewed. However, this system was not up to date at the inspection. All received certificates had been scanned but not allocated to the relevant individual in order that the service could monitor what training staff had and if it was still current.

Staff were not consistently able to explain what training they had completed or what training they had to renew and when.

Following the inspection, we received information that showed all staff employed directly by the service had training that met the policy in place.

### Safeguarding

Staff understood how to protect people from abuse. All staff had relevant training in safeguarding adults and children.

# Patient transport services

The policy highlighted the training specific need for their role on how to recognise and report abuse. The policies detailed what checks would be taken of staff prior to being employed in order to reduce any risks and how safeguarding concerns would be managed. All staff had access to the NHS safeguarding app. This provided 24-hour, mobile access on up to date legislation and guidance. The app also provides information on how to report a safeguarding concern and a directory of safeguarding contacts for every local authority in England.

Staff could give examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act. They were able to clearly describe how they would recognise potential safeguarding and what action that they would take to safeguard people.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Cleanliness, infection control and hygiene

The service did not always control infection risk well.

Staff used appropriate personal protective equipment (PPE) to help keep themselves and others free from infection. Staff kept equipment vehicles visibly clean. However clinical storage areas were not clean and control measures to protect people from potential infection were not in place.

The service had infection prevention policies and deep clean checks for vehicles. Ambulances were deep cleaned on a monthly basis and following transportation of any person suspected of testing positive for COVID-19. All ambulances viewed were visibly clean with suitable arrangements for the disposal of used needles and medical waste.

Clinical storage areas were noted to contain items that were visibly stained and dusty. We observed items such as scissors to be dusty with debris on the blade.

Clean linen was not stored in manner that would reduce any risks of it becoming contaminated prior to its usage.

Staff were observed to follow infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after each patient contact. Deep cleaning took place for each of the ambulances on a monthly basis and whenever a patient with a suspected or positive COVID-19 status was transported.

## Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment did not consistently keep people safe. Clinical waste was generally managed effectively but items such as used needles were not managed in a manner to maintain safety.

The service had a total of 10 vehicles. Not all were used for the purposes of patient transport. All vehicles had appropriate insurance and MOT checks to maintain road safety requirements of the vehicles. We saw that each vehicle had the equipment they required, and there was appropriate equipment on board the ambulances for people being transported.

# Patient transport services

Checks on specialist equipment were carried out and portable appliance testing was completed in order to maintain the safety of equipment. However, we saw that the stickers on the equipment regarding their last check did not always correspond to the written records. Ambulance checks were in place, however we noted that two checks had been advanced signed by a member of staff for a date in the future that had not occurred yet.

Staff disposed of clinical waste safely. However, we saw that sharps boxes for the disposal of needles were not stored in a manner that maintained staff and patient safety. There were used sharps boxes in the pockets one of the emergency packs, which presented a potential risk to anyone accessing the pockets on the pack. The service had policies in relation to needlestick injuries after they had occurred but none of the policies or checking provided identified measures to prevent and reduce the risks of these types of injury. Needlestick injuries are wounds caused by contaminated or used needles that accidentally puncture the skin. This can potentially result in infections to the person receiving the injury.

There was a variety of single usage equipment available in the storeroom in drawers. These were reviewed at the inspection. Over 20 items were noted to be out of date and should no longer be in stock. There were no records made available despite being requested that outlined how the service made sure that this stock remained current and safe to use.

## Assessing and responding to patient risk

Risk assessments for patients were not sufficiently detailed nor reviewed.

Staff had access to a computer system for transport that identified the patient name, age, and the journey needed. However, risk assessments on the system were not sufficiently detailed to inform them of individual patient risks. Staff checked the needs of people when they attended to transport them. They also consulted with people they were to transport to determine their individual needs so they could be transported safely. Staff shared information when handing over people care to others.

Staff had received training in health and safety as all staff had completed the skills for caring course.

We saw evidence that nationally recognised training on the management of deteriorating people was available for staff. Seven of the 13 staff listed on the training matrix provided had received this training. Clinical support was available to ambulance crews by telephone.

## Staffing

The service had enough staff to provide the services. The service did not use agency or bank staff and had effective systems to plan staffing based on demands within the service. Managers reviewed and adjusted the staffing as needed.

Records relating to training that would identify that staff had suitable inductions and supervision were stored in a manner that meant that the service could not produce these when requested and they could not be appropriately checked during the inspection. As such managers could not be sure all staff had a full induction and understood the service before starting their shift. There were no written arrangements to check staff had the appropriate training when allocating transport work. The service employed seven patient transport staff and the manager was able to detail who these were in order that they could allocate the correct staff.

Staff told us that they worked well with each other and some of them had worked in the service when it was owned by a previous company. In conversation staff could describe some training but were not clear as to what this training was and when. They were not aware of any supervision or appraisals to support their personal and professional development.

# Patient transport services

Staff had access to managers through a 24-hour call line if they had any issues regarding resources or staffing for journeys.

## Records

Electronic patient records were clear, up-to-date, stored securely and easily available to all staff providing care.

The patient transport service had electronic records. On receipt of a request to transport a patient a booking form was completed by the staff member receiving the request. This was then used to create an appropriate electronic record that the staff transporting the patient could access whilst providing support. The patient notes completed electronically for the duration of the journey were completed comprehensively and all staff could access these records as needed.

We located paper records that had not been stored securely and were located loose within the ambulance maintenance and storage area.

## Medicines

The service did not have effective systems and processes in place to safely administer and store medicines.

There was a lack of clarity within the medicines policy as to what medicines staff could provide and administer safely. There was no standard operating procedure that would assist staff with what medicines to administer or when.

We found loose strips of medicines within some of the packs used by staff, these included mild pain relief and antihistamines, several of the loose strips had been cut and the date of expiry removed. The usage of these medicines was not covered in the service's policy or in a standard operating procedure in order to ensure that staff managed medicines safely.

There were no arrangements in which staff could record that they had given these medicines in order that this could be safely managed.

There was no system in relation to these medicines that audited their usage in order to make sure that if used this was done in a safe manner.

The policy in relation to staff giving medicines whilst being transported identified that staff needed to see a medicines prescription chart or a prescription. However, none of the staff had been determined as competent to manage these medicines and this training was not covered in any policies made available.

## Incidents

The service did not consistently manage patient safety incidents well.

Staff knew what incidents to report and how to report them. All incident reports reviewed were completed by the manager on the electronic system. We saw that not all incidents received an investigation and those that were investigated did not have a monitored action plan to ensure that improvements could be made and monitored.

When things went wrong, staff would be supported to apologise and gave people honest information and suitable support.

Staff raised concerns and reported any incidents and near misses in line with the service's policy.

# Patient transport services

The service had no never events.

Managers shared learning about incidents that had been investigated with their staff and across the service. We were sent a copy of a information sent to staff that highlighted in a bulletin the incidents we had been sent by the service. Managers had limited arrangements to ensure that actions from patient safety alerts were implemented and monitored.

Staff understood the duty of candour. They were open and transparent and gave people and families a full explanation if things went wrong.

Staff received feedback from investigation of incidents.

Managers did not consistently investigate incidents thoroughly. We were informed of an incident relating to a missing record that had not been investigated.

## Are Patient transport services effective?

Requires Improvement 

This is the first inspection for the service. We rated it as requires improvement.

### Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers did not have robust arrangements to check that staff followed guidance.

A clinical lead for the service was available and provided clinical guidance and advice. Staff had access to a number of electronic applications such as NHS safeguarding.

The service did not transport people with an assessed mental health need and had exclusion and inclusion criteria that outlined the patient that they could transport.

There were no arrangements within the service that highlighted or made sure that staff adherence to relevant guidance and made sure they met best practice.

### Nutrition and hydration

Staff assessed people's food and drink requirements to meet their needs during a journey.

Staff made sure people had food and drink available on longer journeys including water as needed.

### Response times

The service recorded timings of a patient's journey but did not have a formal process to monitor performance and make improvements.

The ambulance crew recorded time set off, time dispatched, time arrived, time of journey and time journey concluded. However, response times to a request were not monitored as this was not required by the commissioning service as the time to attend was pre-booked to meet the people's needs.

# Patient transport services

## Competent staff

The service did not have robust arrangements in place to make sure staff were competent for their roles. Appraisals, inductions and supervision of staff were not readily available.

The information sent to us following the inspection showed all patient transport staff had received skills for caring training. However, this list was incomplete with staff identified in other records and during inspection whose names were not listed on the information sent to us. Staff we spoke with told us training was available on-line and from an external provider. Of the seven staff designated as patient transport all had received training as outlined in the services training policy. This information was supplied following the inspection as the systems in operation were incomplete and prevented the service from monitoring that staff had suitable training that remained in date.

Managers told us that they all new staff a full induction tailored to their role and skills for caring training before they started work. We were sent a copy of a blank booklet that the service intended to use to record and monitor staff competencies, we were not supplied with any that were completed and were informed that this had not yet been implemented.

The service recruitment policy called safer recruitment stated that all staff should have two references covering at least five years employment and a DBS Enhanced Check. As the computer system that held all these records as not up to date it was difficult to determine that all the checks were in place. We were subsequently able to determine that staff had two references and a DBS Enhanced check.

The safer recruitment policy highlighted that all staff were to have an induction. We requested a copy of the induction policy none was made available. We were given two bank checklists. One for a health and safety induction and one for a document checklist for recruitment. There was no information available regarding the expectations of the training needed for induction, how long induction was to last or the monitoring of staff during induction. We asked for records of how a new staff member had been inducted and how their competency was assessed. This information was not supplied.

We requested evidence that staff had received any induction, reviews, appraisal and supervision as this could not be determined from the computer system used to hold staff records. No evidence was made available despite the request. We requested copies of any staff meetings as staff had told us that staff meetings rarely occurred. None were supplied.

We were told of occasions when managers had identified poor staff performance and supported staff to improve. However, these were dealt with informally and there were no records available to review.

## Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit people. They supported each other to provide good care and communicated effectively with other agencies.

The service worked proactively with NHS commissioners and an acute hospital in delivering contracts for ambulance services. The majority of the services delivered were first aid events (not inspected by CQC) and patient transport and emergency care at specific events (covered in the urgent and emergency care report).

Staff we spoke with said they had effective working relationships with commissioning organisations, NHS and other healthcare services to support the needs of people using patient transport services.

# Patient transport services

We observed effective working relationships in handing over care to and from hospitals from the patient transport staff.

Staff told us that they could get support from the medical, nursing or paramedic employed by the service if required and that they worked well together.

## Health promotion

Staff gave people practical support and advice to lead healthier lives.

The service signposted people to health and wellbeing support services, for example for drug and alcohol awareness.

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

The service had systems in place to assist staff to support people to make informed decisions about their care and treatment. Staff knew how to support people who lacked capacity to make their own decisions or had mental health needs.

The service had a consent and mental capacity policy that outlined when and how staff were to obtain consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff had received training in the Mental Capacity Act (MCA). The children's safeguarding for children policy outlined Gillick competencies to assist staff in gaining appropriate consent. Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment.

Staff gained appropriate verbal consent from people before they transported them. The service's policy did not require staff to document consent and therefore, did not meet current legislation. If a person refused to be transported and withdrew their consent, the policy stated that "the clinician has a responsibility to provide treatment against a person's wishes under specific circumstances. If the discontinuation of the treatment or procedure is seen to be putting the person's life at risk, the clinician may continue until no such risk longer applies." This did not apply for non-emergency treatment and that distinction was not made in the policy.

The policy also described that if a person lacked capacity, agreement and any best interest decision from relevant parties must be evidenced in the individual's care and support agreement. There were no care and support agreements available for review.

Managers did not monitor how well the service adhered to the MCA.

## Are Patient transport services caring?

Good 

This is the first inspection for the service. We rated it as good.

## Compassionate care

Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Patient transport services

Staff were discreet and responsive when caring for people. Staff took time to interact with people in a respectful and considerate way.

People said staff treated them well and with kindness.

Staff followed policy to keep people's care and treatment records confidential. People's records were transported with them and sealed during the journey.

Staff understood and respected the individual needs of each patient.

Staff understood and were aware of personal, cultural, social and religious needs of people and how they may relate to care needs. Examples included where a female staff member may be more suitable.

Staff explained they mostly only met a person or family once and a positive impression and support was important. Staff commented it was important they supported people feel at ease and confident in the support they were to receive.

## Emotional support

Staff provided emotional support to people, families and carers to minimise their distress. They understood people's personal, cultural and religious needs.

Staff gave people they transported help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. If staff felt a person was vulnerable or needed more support, they would report this to their manager for escalation back to the service commissioners

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

Staff supported people, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure people and those close to them understood their care and treatment. Managers and staff kept patients and their families informed about transport pick up and drop off times. Staff told us the journeys were pre-planned and the patient's information was discussed with them by hospital or care home staff. They spent extra time, particularly if the patient was living with dementia, to explain the journey to the patient and keep them informed. Staff we spoke with said when they handed a patient over at a care home or hospital, they would pass all the paperwork to them. If staff took a person to their own home, they would check what they had eaten, or if they have had any medication to go with them before leaving to maintain safety.

Staff talked with people and carers in a way they could understand. The service did not have any of its own communication aids and the ambulances were not equipped with a loop system for people who were deaf or had hearing difficulties. However, staff were confident that they were able to take their time with people and use the person's own communication aids if needed.

People and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us they would give the patient a feedback card at the end of a journey, with the contact details for the office, to provide feedback. The service received positive feedback from people and their families and had not received any complaints from patients or their families.

# Patient transport services

## Are Patient transport services responsive?

Good 

This is the first inspection for the service. We rated it as good.

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

The service planned and provided care in a way that met the needs of local people and the communities served.

The registered manager had regular meetings with commissioners of the service to discuss demand and flow in the local area.

The service had systems to help care for people in need of additional support or specialist intervention. Each of the ambulances was equipped to support to people with bariatric needs if required.

### Meeting people's individual needs

The service was inclusive and took account of people's individual needs and preferences. Staff made reasonable adjustments to help people access services.

Staff made sure people living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There was a clear exclusion and inclusion criteria that informed the staff of people whose needs they could meet and those people who would require a more specialised service.

The service relied on the booking information to provide support to the patient journeys. For example, if a patient needed a wheelchair, a trolley or additional care support on the journey. The manager would then liaise with the services leaders to ensure they had the right vehicle and equipment to meet the patient's needs. This information was not consistently available to staff undertaking the journey.

Staff knew how to support patients who had a do not attempt cardiopulmonary resuscitation (DNACPR) or recommended summary plan for emergency care and treatment (RESPECT) decision in place.

### Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers recorded the booking and dispatch of patient transport. Staff contacted the service if there were delays to the planned pick up time.

### Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had not received any concerns and complaints from people using the service.

Staff had all received training in relation to duty of candour in order that they could be honest and transparent with people as needed. There had been no incidents or concerns that had required the service to undertake duty of candour discussions or write to the person.

# Patient transport services

Managers praised staff when they did well. Feedback from families and commissioners showed where staff had made the journey enjoyable and people felt well cared for and safe.

## Are Patient transport services well-led?

Requires Improvement 

This is the first inspection for the service We rated it as requires improvement.

### Leadership

Leaders did not have a clear understanding of the needs of the service and did not manage the issues the service faced. However, they were visible and approachable in the service for people and staff. They supported staff to develop their skills and take on more senior roles.

The service was led by the manager, supported by a director. The manager and director had focused on the growth of the business and not considered the wider risk this created. For example, auditing to monitor and reduce risk was not always completed. The service could not be assured that the leadership was effective in recognising areas for improvement and maintaining quality.

The service could not be assured that the manager understood and managed the priorities and issues the service faced. The manager and the provider did not consistently communicate effectively. As an example, the manager believed they had no access to the medicines and written patient records placed in locked storage. The provider stated that the access was available, when we observed them discuss this it was clear that they both had very different views and understanding.

The manager told us they had needed to employ additional office staff in order to meet the growing administrative needs. However, this had not occurred.

Where staff had been supported to take on additional responsibilities, a lack of oversight and monitoring from the manager and director had resulted in quality not being maintained.

Staff we spoke with described the leadership team as visible within the service, willing to support them and available if they had any concerns.

### Vision and Strategy

The service did not have a vision for what it wanted to achieve or a strategy to turn it into action.

The service had no coordinated strategy or vision. The service vision, as described by the director, was to become a bespoke ambulance service for local people, in particular bariatric services.

Staff were unaware of any vision for the service. The registered manager and director told us they did not have a formal vision or strategy. There were no systems for putting the mission into a strategy to improve the service or a vision for the service in the future.

# Patient transport services

## Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff liked working for the service and enjoyed the work they did. Staff morale had increased over recent months with staff reporting that they felt supported.

Managers and staff felt that their main role was providing safe, good care for people and ensuring that they meet peoples needs. Leaders were approachable and available to discuss any concerns.

## Governance

Leaders did not operate effective governance processes. The service had some systems for checks on areas but no overarching governance process to drive quality and make improvements within the service. We saw several areas that the governance system had failed to identify or have robust monitoring arrangements in place. This included infection control, risk management and training as examples.

There was a lack a knowledge regarding what constituted a statutory notification or when the service would be required to make a statutory notification to CQC.

Policies were not being followed and made contradictory statements that did not support staff to maintain best practice. Policies had gaps in their approach and where a standard operating procedure would have added clarity none were available. Examples included a lack of clarity regarding staff managing medicines safely in particular over the counter medicines.

There was a central governance policy. However, this lacked clarity regarding the objectives of the organisation and how the service would review, monitor and act on any findings. There was a monthly audit book which recorded if checks had been completed. These were scored against a key performance indicator (KPI). It was not clear what represented acceptable performance, and there were no records of findings from these audits or actions to be taken to improve quality. The audits did not cover points outlined as quality measures in the service's policies or standard operating procedures.

The service had a Quality Assurance policy that included quality measures. However, the policy was not being followed as an example this outlined risk assessments needed for patient transport and events that were identified at the inspection as not in place. The usage of risk assessments was not covered in the services monthly audit book.

The policies related to governance and quality assurance did not outline what audits were in place, or how action would be taken from findings to improve quality. The policies outlined the training that was expected for anyone undertaking quality assurance. The information from the service regarding training showed that no member of staff had received the training as outlined in the service's policy.

## Management of risk, issues and performance

The service did not manage risks and performance effectively.

At the time of our inspection the provider's risk register contained generic risks related to day-to-day operations within the service. The risk register included risk entries referring to potential vehicle concerns and staff. The service captured some key performance indicators, for example, patient journey times, the cleaning of vehicles, and servicing of equipment. However, leaders were unable to demonstrate how they coordinated this information to improve performance or safety over time. The service was unable to provide any up to date records of management or staff meetings.

# Patient transport services

The risk register had limited detail of what control measures were in place. There was no responsible person named to monitor the risk and no measurable outcomes of how the service was reviewing risk. The risk register recorded the level of risks but there was no rationale as to how the service had determined the level it attributed. There was no robust system in place that identified and monitored potential risks and no robust system to mitigate those risks once identified. The service did not have a process to capture risks as they emerged within the service. For example, the lack of governance, audits and safety monitoring over time.

A copy of the service's business continuity plan was requested on two separate occasions but was not provided.

## Information Management

The service had introduced a new computer system. However, this had not been kept up to date for managers to monitor performance. This included as an example staff training and recruitment which had not been linked to staff members meaning that the service was unable to determine its policies on recruitment and training had been met.

Contracting communications, policies, procedures and secure document storage for the service were maintained within the electronic management system but had not been organised for easy access.

The service collected some data and analysed it. The service collected some key performance indicators in relation to its journey times and these were to be used in the newly developed computer system for patient transport journeys. The service did not have embedded quality and improvement processes to collate information and drive improvement. The information systems were not integrated as these were both electronic and paper records. Staff used mobile devices and desk-based computers to access information in relation to the service, these were password protected.

## Engagement

Leaders and staff engaged with people. There was a limited strategy to engage beyond obtaining patient feedback.

The leadership team shared updates by electronic systems and staff had access to an IT portal where they could access policies, shift rotas and information on the service.

Feedback from patients was consistently positive about the service. Positive feedback as to the quality of the journey and the service received was important to leaders and staff.






We requested copies of staff feedback and meetings from the service on two occasions none was made available. However, staff feedback to inspectors was positive.

## Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. No formal process was in place for quality improvement of the service.

Staff we spoke with were not aware of any quality improvement initiatives within the service and managers were unable to demonstrate how they used quality improvement tools to drive improvement. Staff told us there was a high level of engagement regarding the provision of good quality of care and this was echoed by leaders.

## Emergency and urgent care

Safe	Requires Improvement 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

### Are Emergency and urgent care safe?

Requires Improvement 

This is the first inspection of the service. We rated it as requires improvement.

For information for, safeguarding, cleanliness, infection control and hygiene, environment and equipment, staffing, incidents please see patient transport services section of this report.

### Mandatory training

For full information please see patient transport services section of this report.

The service provided training they considered mandatory for key skills. There were no systems to ensure staff maintained compliance with mandatory training.

Health Care Professionals (HCP) paramedics, nurses and doctors had 11 courses or modules listed. Emergency Care Assistant (ECA) were required to complete 33 training courses or modules and additional courses including emergency driving and First Response Emergency Care (FREC) 3 or FREC 4 training. FREC 3 covers the full range of skills required by the Health and Safety Executive for first aid and is the leading qualification for events cover. FREC 4 provides learners with a wider scope of practice in Pre-hospital care emergencies.

We requested information related to HCP staff and training on two occasions. This was not provided. We received information regarding ECA's which showed that there were four staff determined as ECA's. Three had received FREC 3 training, although the dates in which this had been achieved was not recorded. None of the four ECA's had received FREC 4 training. All four ECA's and a Doctor received training in emergency driving on 14 January 2022. There was no information made available for paramedics or nurses regarding emergency driving training.

The service had an electronic system that logged all staff training and would alert when training was to be renewed. However, this system was not up to date at the time of the inspection. Certificates had been scanned but not allocated to the relevant individual in order that the service could monitor what training staff had and if it remained current.

### Assessing and responding to patient risk

For full information please see patient transport services section of this report.

## Emergency and urgent care

There were no completed and updated risk assessments for each event that removed or minimised risks. Training records were incomplete and did not demonstrate staff were suitably trained.

There were no completed and updated risk assessments that identified if emergency treatment was needed in order to minimised risks and provide appropriate support. ECA's were trained in how to identify and act upon people at risk of deterioration. There was no information made available that showed what training and competence Health Care Professionals (HCP) had in recognising deteriorating patients.

Following the inspection, we saw evidence that nationally recognised training for deteriorating people was available. However, we did not receive confirmation that the paramedics and nurses had received this training.

The service delivered events care which is not inspected when it supplies first aid only. However, if emergency care treatment staff or potential transportation to hospital is part of the contract or potential assessed risks of the event this is inspected. It was not possible to determine from the service's records exactly what the support had been requested, or what the need was. The records we were able to review showed between 03 June 2022 and 03 July 2022 the service attended 24 events. Of the 24, HCP and/or ECA staff were in attendance on 13 of these events.

### Records

For full information please see patient transport services section of this report.

Staff kept records of patients' care and treatment. Records were not always stored securely.

There were loose records within the ambulance station that had not been kept securely. The service used two paper records in relation to any events. One was used in the case of minor injuries and was generally used for first aid. The second was for when emergency care was provided. We saw that on occasions staff had not used the correct record which included observations. The accuracy of these records was not covered in any auditing arrangements.

### Medicines

For full information please see patient transport services section of this report.

The service did not have effective systems and processes in place to safely administer and store medicines.

There was a lack of clarity within the medicines policy as to what medicines staff including health care professionals (HCP) could provide and administer safely. There was no standard operating procedure that would assist staff with what medicines to administer or when.

The service's medicines policy did not cover the scope of HCP staff in relation to who could administer and/or supply prescription only medicines or over the counter medicines. The service's medicine policy stated that HCP staff must work within their own competencies but gave no further policy guidance or instructions as to what those competencies were. The policy did not indicate how the service determined that these competencies were relevant and maintained. There was no auditing of medicines, but checklists were in place.

# Emergency and urgent care

## Are Emergency and urgent care effective?

Requires Improvement 

This is the first inspection of the service. We rated it as requires improvement.

For information for nutrition and hydration, response times, competent staff, multidisciplinary working, health promotion, consent, mental capacity act and Deprivation of Liberty Safeguards please see patient transport services section of this report.

### Evidence-based care and treatment

There were no arrangements within the service that highlighted or made sure that staff adhered to relevant guidance and made sure they met best practice.

The service provided care and treatment based on national guidance and evidence-based practice. Managers did not have robust arrangements to check that staff followed guidance.

Staff had access to up to date guidelines including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. Ambulance service guidance available for the ambulance sector nationally and local policies were available to staff online and through their electronic devices.

## Are Emergency and urgent care caring?

Good 

This is the first inspection of the service. We rated it as good.

For information regarding this key question please see patient transport service section of this report.

## Are Emergency and urgent care responsive?

Good 

Our rating of responsive This is the first inspection of the service. We rated it as good.

For information regarding this key question please see patient transport service section of this report.

Requires Improvement 

# Emergency and urgent care

Are Emergency and urgent care well-led?

Requires Improvement 

This is the first inspection of the service. We rated it as requires improvement.

For information regarding this key question please see patient transport service section of this report.

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

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  
The provider did not ensure all premises and equipment were clean, suitable for the purpose for which they are to be used and properly maintained. Regulation 15 (1) (a) (b) (e) Premises and equipment.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
The provider did not ensure that staff were competent and received such appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (1) (2) (a) Staffing.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
The provider did not establish and operate effective systems and process to identify where quality and/or safety were being compromised and to respond appropriately to assess, monitor and improve the quality and safety of the services 17 (1) (2) (a) Good Governance.

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Transport services, triage and medical advice provided remotely

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

The provider did not ensure that procedures were be established and operated effectively to ensure staff employed were of good character and had the competence, skills and experience for the work to be performed by them, Regulation 19 (1) (2) (a) (b) Fit and proper persons employed.

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not ensure the risks to the health and safety of people using services were properly assessed by people with the qualifications, skills, competence and experience to do so. Regulation 12 (1) (2) (a) Safe care and treatment.

The provider did not ensure they mitigated identified risks to patients. Regulation 12 (1) (2) (b) Safe care and treatment.

The provider did not ensure care and treatment were provided in a safe way for service users by assessing the risk of, and preventing, detecting and controlling the spread of, infections. Regulation 12 (1) (2) (h) Safe care and treatment.

The provider did not ensure incidents that affect the health, safety and welfare of people using services were appropriately recognised, reported, reviewed and acted on to reduce risk. Regulation 12 (1) (2) (c) Safe care and treatment.

The provider did not provide care and treatment in a safe way for service users by ensuring the proper and safe management of medicines. Not all staff were suitably trained and competent. Staff did not always follow policy and procedure in relation to medicine's management. Regulation 12 (1) (2) (g) Safe care and treatment.