Mr Nicholas Stefen Pridden

SNP Medical

Inspection report

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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	Good
Are services safe?	Good
Are services effective?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an inspection of SNP Medical using our focused inspection methodology on 4 November 2021. The inspection was carried out due to concerns raised during the last inspection in May 2021. Regulatory breaches were identified during the inspection in May 2021 and the provider was issued with two warning notices and a requirement notice. This inspection was to review compliance with the actions required to be taken in relation to the breaches identified. We inspected four of the five key questions: safe, effective, responsive and well led.

Our inspection was an unannounced inspection (the provider did not know we were coming).

This service was placed in special measures in April 2020.

During this inspection we found that significant improvements had been made by the provider and that all appropriate actions had been taken to address the regulatory breaches identified at the last inspection in May 2021.

Following this inspection, we have not taken any enforcement action and we have re-rated the service to demonstrate the improvements made.

Our rating of this location improved. We rated it as good because:

- The registered manager had improved processes for ensuring vehicle cleanliness.
- A clinical waste contract had been set up to ensure the safe management of clinical waste.
- Policies had been developed with the support of an external agency to ensure they referred to up to date guidance.
- Regular meetings had been established with referring providers to discuss any concerns and issues.
- All staff had completed safeguarding adults and children training appropriate to their role and were up to date with training requirements.

However:

- We found that pre-employment recruitment checks were still not robust. Not all staff files fully complied with schedule three recruitment requirements.
- There was limited use of performance and outcome information by the service and still no system of routine audits to monitor quality.
- The service still did not have any measurable standards identified within its statement of purpose document to enable demonstration of achievement of service objectives and aspirations.
- Governance systems were still not embedded to ensure the manager had full oversight of issues, concerns and quality.
- Patient complaint information was still not displayed in transport vehicles.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	Our rating of this location improved. We rated it as good because: • The registered manager had improved processes for ensuring vehicle cleanliness. • A clinical waste contract had been set up to ensure the safe management of clinical waste. • Policies had been developed with the support of an external agency to ensure they referred to up to date guidance. • Regular meetings had been established with referring providers to discuss any concerns and issues. • All staff had completed safeguarding adults and children training appropriate to their role and were up to date with training requirements. However: • We found that pre-employment recruitment checks were still not robust. Not all staff files fully complied with schedule three recruitment requirements. • There was limited use of performance and outcome information by the service and still no system of routine audits to monitor quality. • The service still did not have any measurable standards identified within its statement of purpose document to enable demonstration of achievement of service objectives and aspirations. • Governance systems were still not embedded to ensure the manager had full oversight of issues, concerns and quality. • Patient complaint information was still not displayed in transport vehicles.

Summary of findings

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Summary of this inspection

Background to SNP Medical

The provider, SNP Medical is an independent ambulance service working within Leicestershire and Rutland. It opened in 2016 and the current registered manager has been in place since opening. The registered manager is also the owner.

SNP Medical provides patient transport services in and around Leicester and Leicestershire. The service transports adults, children and those detained under the Mental Health Act 1983. The service provides transport services to the local NHS trust and works with other local independent providers. There are six staff working for SNP Medical as non-clinical ambulance care assistants in addition to the registered manager. All these staff worked in patient transport service attendant roles. Additionally, there is one administrator working in the service.

The service had three patient transport vehicles available for use.

The regulated activity delivered by the provider is transport services, triage and medical advice provided remotely.

We last inspected SNP Medical in May 2021 when we rated the service as inadequate. Two warning notices and a requirement notice were issued following the inspection. We issued two Section 29 Warning Notices for breaches of Regulation 15 and Regulation 17. We also issued a Requirement Notice for a breach of Regulation 19. An action plan was submitted by the provider.

How we carried out this inspection

The service was inspected using focused inspection methodology under the core service framework of Patient Transport Services (PTS). During our site visit on 4 November 2021 we inspected two patient transport vehicles (ambulances) that were in use on the day. We spoke with the registered manager for the service and four members of staff. We were unable to speak with patients as observations of care were not permitted in line with COVID-19 restrictions. We reviewed staff files, service policies, and the incident and complaints log. Following our inspection, we requested further data and information to support the evidence collected onsite during the 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

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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 SHOULD take to improve:

- The service should ensure that the governance around staff recruitment is robust and that all staff files are fully compliant with schedule three recruitment requirements
- The service should consider how they use data and information collected by the service to enable the monitoring and achievement of performance standards to demonstrate quality of care.

Summary of this inspection

- The service should consider how it can measure the achievement of service aims and objectives.
- The service should consider how information about the complaints process is made available to all patients.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Not inspected	Good	Requires Improvement	Good
Overall	Good	Good	Not inspected	Good	Requires Improvement	Good

Good

Patient transport services

Safe	Good
Effective	Good
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Good

Our rating of safe improved. We rated it as good.

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 and they knew how to apply it. However, safety was still not consistently promoted in recruitment practice.

Staff had received training specific for their role on how to recognise and report abuse. All staff had now completed the required level of safeguarding training for adults and children in line with the service policy.

Staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They were able to describe when they may need to raise safeguarding concerns, how to make a safeguarding referral and who to inform if they had concerns.

There was an updated safeguarding policy for adults and children's safeguarding which now referred to all relevant and up to date guidance. The safeguarding policy included reference to all types of abuse such as domestic abuse, female genital mutilation, modern slavery and radicalisation.

Safety was still not consistently promoted in recruitment practice. Not all staff files fully complied with schedule three recruitment requirements. We checked six staff folders and found that five staff had evidence of enhanced disclosure and barring service (DBS) checks with barred list checks. However, one had a DBS certificate from a previous job role and did not have a certificate relevant to their current job role at SNP Medical. This was raised with the manager during our inspection and they started the process for a new application through the council website whilst we were on site. One further staff member was a new starter in September 2021 and had a DBS application in progress. The manager explained the staff member had a DBS certificate from a previous employment role, but this had required updating as it was not relevant to their current role. However, the manager did not have a copy of this certificate in the staff file. The manager did explain that the staff member was not working unsupervised whilst waiting for their DBS application to be processed.

The DBS policy stated that staff were required to renew their DBS certificate every three years. However, the manager was unclear of how they would know if a staff member's DBS certificate was due for renewal and there was no system in place for monitoring dates of certificate renewal. Following our inspection, the manager put a system in place to ensure DBS renewal applications were completed regularly and in a timely way.

Not all staff had previous employment references in their staff files. Three out of six staff had character references but no previous employment references. We also noted that references were not always received prior to staff commencing in employment. The manager explained that although they requested references, there was no obligation for employers or individuals to provide references meaning that they often had to repeatedly request references and did not always receive them back.

All staff files now contained a copy of staff driving licence's and there was a process for licence checks to be completed by the manager every six months.

All staff files now contained the right to work in the UK declaration signed by both the staff member and the manager.

Although there were still some gaps in staff recruitment files, the manager's recruitment systems and processes had improved.

Cleanliness, infection control and hygiene

The service now controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They now kept equipment and patient transport vehicles visibly clean.

Vehicles we inspected were now visibly clean and well-maintained. We inspected the two vehicles that were in use for patient transport journeys on the day of our inspection and found both were clean and fit for the purpose of transporting patients.

Cleaning records were up-to-date and demonstrated all vehicles were cleaned regularly. Processes ensured staff cleaned vehicles at the start of each shift before the vehicle was taken out on patient transport journeys. Staff completed a list of cleaning tasks in accordance with a daily vehicle cleaning checklist which staff ticked and signed against each task to evidence that it had been completed. Vehicle checklists were consistently completed daily for all vehicles that were in use that day. Once the cleaning was completed the manager reviewed the vehicle cleanliness to ensure it had been completed to an acceptable standard. Vehicles only left the site once the manager was satisfied that they were clean.

In addition to daily cleaning, there were scheduled deep cleans of vehicles carried out every six weeks. The manager completed the deep cleans using a checklist and could evidence the process had been completed appropriately.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff now managed clinical waste well.

Good

Patient transport services

Stretchers in patient transport vehicles had three body straps to secure patients during transport journeys. Transport vehicles did not have four-point harnesses on stretchers which was not in line with best practice. Providers have a responsibility to ensure patients are always fully secured during journeys. We raised this with the manager and following our inspection they had harnesses fitted to the stretchers in all patient transport vehicles to ensure compliance with best practice and keep patients safe.

There was a process for maintaining equipment used on patient transport vehicles. Electrical equipment, manual handling equipment, stretchers, wheelchairs and carry chairs were all required to receive an annual service. The manager provided evidence that these had been completed for all items of equipment on all vehicles.

Staff now disposed of clinical waste safely. A clinical waste management contract had been agreed. Staff could now dispose of clinical waste on site and there was a contract for regular removal and safe disposal of clinical waste.

Incidents

The service now managed patient safety incidents well. Managers now investigated incidents and shared lessons learned with staff.

The manager investigated incidents involving patients reported by staff. The manager now took ownership of the incident investigation process. They kept a log of all incidents which identified any learning or actions resulting from the investigation.

Staff received feedback from investigation of incidents. Any reported incidents were discussed at daily 'tool box talks' with each crew before they left the base on patient transport journeys.

Staff met to discuss incident feedback and look at any improvements to patient care. There was a monthly staff team meeting where any areas for improvement identified through incidents were discussed and any learning shared. However, there was no standing agenda item for routine discussion of incident learning at these meetings.

There was evidence changes had been made as a result of incident feedback.

Are Patient transport services effective?

Good

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

The service now demonstrated that the care and treatment it provided was based on national guidance and evidence-based practice.

Policies were now appropriate and fit for purpose to enable staff to plan and deliver high quality care according to best practice and national guidance. Policies now referred to current national guidance. The manager had employed the services of an external consultancy agency to review and update service policies.

Good

Patient transport services

Patient outcomes

Managers had some processes for monitoring the effectiveness of care and treatment. Performance data was collected by the service but was not routinely used to make improvements and ensure good outcomes were achieved for patients. Minimal audits were completed by the service

The service collected some patient outcomes data in the form of patient feedback and staff observations to monitor the effectiveness of care provided. In addition, the manager kept a log of patient journey details such as time referral received, collection and drop off times. The manager told us that they reviewed this data daily when they inputted it into a log but they did not use the data for any performance monitoring. However, the manager told us that they had plans to add some patient journey data to a staff information board and to discuss it at monthly team meetings.

The manager still did not carry out a comprehensive programme of repeated audits to check improvement of the service performance over time. There was still no evidence that audit data was used to improve care to patients.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance through annual appraisal and observations of staff providing care.

The manager supported staff to develop through yearly appraisals of their work. Two staff members had received an appraisal within the last year, but the other staff had not received one as they had worked for the service for less than one year.

The manager supported staff to develop through observations of the care they provided to patients. The manager completed observations of care during a shift with all staff members and this was documented and signed by the manager and member of staff. The observation of care document had been developed to be a more comprehensive review of staff performance. However, the manager did not always manage to complete the observations in line with the planned frequency for all staff.

Are Patient transport services responsive?

Good

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people.

The service planned and provided patient transport journeys in a way that met the needs of local people. The service worked with others in the wider system and local organisations to plan care.

Good

Patient transport services

The manager planned and organised patient transport services so they met the changing needs of the local population. There were arrangements to cover regular work from two different referring providers and the manager planned staff rotas to ensure sufficient crews were available to deliver this work. Although, there were no formal contractual arrangements in place with the referring providers, there were now twice-yearly meetings between the provider and each referrer.

The provider was part of a social media group for third party transport providers who completed work for a local NHS trust. These engagement forums enabled discussion of workload management so that the manager could plan his staffing to meet the demands of the work referred.

Resources were appropriate for the services being delivered. There were now three patient transport vehicles in regular use by the service. Six staff were employed all on a zero hours contract basis.

Learning from complaints and concerns

It was still not always easy for people to give feedback and raise concerns about care received. However, the service now treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers were still not always provided with information on how to complain or raise concerns as information was not widely available on patient transport vehicles. However, the manager showed us laminated copies of the patient charter which contained details of how to complain. They explained they intended to display these in the transport vehicles. As this had not yet been done, the manager printed some paper copies of the charter and placed some in each vehicle during our inspection.

The service now had an updated complaints policy which set out the complaints process, including timescales for response and details of how service users could complain.

The service had not received any new complaints since our last inspection so we could not review the complaints investigation process.

The manager shared feedback from complaints with staff and learning was used to improve the service.

Are Patient transport services well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Vision and Strategy

The service had a vision for what it wanted to achieve but still did not have a robust strategy to turn it into action. There was a statement of purpose for the organisation which outlined some objectives for the service.

However, this had not been developed in partnership with staff or referring providers. The statement of purpose was not focused on sustainability of services or aligned to any local plans within the wider health economy. Leaders and staff did not have a process to apply the objectives identified in the statement of purpose to monitor progress.

There was still no vision and strategy document for the organisation other than a brief statement of purpose one-page document. Although this identified some broad aims and objectives for the service, there were no measurable standards. The manager explained they planned to contact a consultancy agency for support in identifying appropriate measurable standards.

There was still no evidence of involvement of staff or referring providers in the development of the purpose of statement document. Staff remained unaware of any vision or strategy for the service.

Governance

Leaders still did not always operate effective governance processes, throughout the service. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service. However, staff had regular communication with the manager and were clear about their roles and accountabilities. There was now regular communication with partner organisations. Policies were now based on up to date guidance.

The service had improved structures, processes and systems to support the delivery of good quality sustainable services but there were gaps in performance and quality oversight. There were still no service level agreements or formal contractual arrangements with referring providers but there were now regular meetings between the manager and both referring providers. This meant the expectations of both referrers and the ambulance service could be discussed. However, these meetings were not always minuted and did not always follow a set agenda. The manager collected data about patient journey times but did not routinely collate this or use it to provide and share information about service performance.

Although staff meetings were held, there was no set agenda item which incorporated good governance. For example, there was no agenda item for sharing learning from incidents or complaints with staff, or for discussing service performance or satisfaction.

The service did not have a clinical governance policy or governance framework which set out systems or processes to achieve robust governance within the service. There were still no systematic audits completed within the service. Data and feedback collected was not reviewed in order to evidence that services were of high quality. However, the manager had improved some governance processes including monitoring the cleaning of vehicles, staff pre-employment checks, staff training records and the management of clinical waste.

The manager now took ownership for incident investigations of incidents occurring whilst patients were in their care. There was a process for identifying and sharing learning from incidents.

Policies for the service were now devised by the registered manager in partnership with a consultancy agency. This meant that policies now referred to up to date guidance and best practice. All policies were held electronically meaning staff could access them on the ambulance mobile phones. There was a system for the consultancy agency to review and update all policies every two years. All policies we looked at were in date for review.

Overall, we were still not assured that the manager had full oversight of issues, concerns and quality within the service.

Good

Patient transport services

Managing risks, issues and performance

The manager used limited systems to manage performance effectively. The manager had a process for identifying, recording and managing service risks. The service had a plan to cope with unexpected events.

There was still no robust system for monitoring of service performance at the time of our inspection. The manager collected some limited performance information but did not have a systematic programme of audit. The manager did review the vehicle cleaning process, completed staff observations and collected some patient journey data, but they did not collate this information to use it for service improvement. There were no routine audits of staff hand hygiene, service satisfaction, or any delays in patient journeys. There were no key performance indicators set by the manager or reported to referring providers. However, feedback from referrers was positive and they reported being satisfied with the service provided. However, there were now twice-yearly meetings in place with referring providers to discuss any concerns or issues. In addition, the manager was in the process of developing a satisfaction survey for providers to gather feedback about the quality of the service.

There was no system for monitoring referrers satisfaction with the service provided at the time of our inspection, but the manager was in the process of developing one. They had devised a satisfaction survey for use by referring staff to provide feedback about quality issues. The manager planned to roll this out to all referring staff and collate the feedback to use for learning and improvement. At the time of our inspection there was no system to share performance information with staff.

The manager kept a folder of risk assessments for potential risks and these risks were rated and actions to mitigate the risk were identified. In addition, the manager kept a document identifying current risks which were rated based on likelihood and impact. The manager was named as the responsible risk owner for all these risks and mitigating actions were identified. This meant that the manager had oversight of all identified risks across the service.

We saw that there was a business continuity plan for the service which identified critical functions required to continue service delivery and resources required for their recovery in the event of a system failure.

Engagement

Leaders and staff had some engagement with patients and local organisations to plan and manage services. There was regular communication between the manager and staff in the service. However, there was limited engagement with staff to involve them in decisions about delivery of care.

The service now had a twice-yearly engagement process with each referring provider to discuss any issues or concerns. However, at the time of our inspection the manager did not actively seek feedback about the service performance from the providers who referred work to them. They did have a plan to roll out satisfaction questionnaires to staff in referring services to gather feedback about their experience of working with SNP Medical. There was limited discussion between the service and referring providers about capacity and demand, activity levels and wait times. Engagement conversations focused on any arising issues or concerns including any complaints or incidents. There was limited engagement with local stakeholders to appropriately plan and manage the service delivery but there were plans to increase engagement.

Patient feedback forms were kept on each transport vehicle and were available to all service users. The service received limited feedback from patients, either through the use of feedback forms or through comments left on the service website or review sites. There had been no new examples of patient feedback since our last inspection in May 2021.

Good

Patient transport services

The manager held regular meetings with staff in the service. There were daily tool box talks at the start of each shift and regular staff meetings to enable staff to more actively engage with the manager. The monthly staff meeting had a set agenda including matters arising, vehicle issues and staff welfare. A social media chat group had been set up between the manager and all staff to enable regular and ongoing communication and updates. However, staff were not routinely consulted on aspects of how the service was delivered. There was still no evidence that staff views and ideas for service improvement were actively sought by the manager. There was no staff survey to enable staff to feedback their experience of working in the service.