

Alpha Care Ambulance Service Limited

# Alpha Care Ambulance Service

## Quality Report

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Website: [www.alpha-care.co.uk](http://www.alpha-care.co.uk)

Date of inspection visit: 28 March 2019  
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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.

## Ratings

Overall rating for this ambulance location

Requires improvement



Patient transport services (PTS)

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Alpha Care Ambulance Service is operated by Alpha care Ambulance Service Limited. The service provides patient transport service and some emergency and urgent care to the local area.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 28 March 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated this service as Requires improvement overall.

- The service provided care and treatment based on national guidance, however did not always show the evidence of its effectiveness.
- There was no assurance that the service had full oversight of its medicine service and required further advice in relation to the licence of controlled drugs.
- The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Information about the outcomes of people's care and treatment were not routinely collected and monitored.
- The service provided mandatory training in key skills to all staff however not everyone had completed it.
- Staff kept equipment and their premises clean and used control measures to prevent the spread of infection, however the service did not have a full oversight of infection control audits.
- There were limited systems to improve service quality and safeguard high standards of care.

However

- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient and event.
- Staff cared for patients with compassion.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The service planned and provided services in a way that met the needs of local people.
- People could usually access the service when they needed it.

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 also issued the provider with a warning notice and three requirement notices that affected Alpha Care. Details are at the end of the report.

**Dr Nigel Acheson**

Deputy Chief Inspector of Hospitals London and South.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Requires improvement



### Rating

### Why have we given this rating?

We found the following issues that the service provider needs to improve:

- The service provided mandatory training in key skills to all staff however not everyone had completed it.
- The service provided care and treatment based on national guidance, however did not always show the evidence of its effectiveness.
- Information about the outcomes of people's care and treatment were not routinely collected and monitored.
- There were limited systems to improve service quality and safeguard high standards of care.
- The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However, we found the following areas of good practice:

- Staff completed and updated risk assessments for each patient and event. Records were clear, up-to-date and easily available to all staff providing care.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service had enough staff to keep people to provide the right care and treatment.
- The service planned and provided services in a way that met the needs of local people.

# Alpha Care Ambulance Service

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

## Contents

### Detailed findings from this inspection

	Page
Background to Alpha Care Ambulance Service	5
Our inspection team	5
Facts and data about Alpha Care Ambulance Service	5
Our ratings for this service	6
Action we have told the provider to take	21

## Background to Alpha Care Ambulance Service

Alpha Care Ambulance Service is operated by Alpha care Ambulance Service Limited. The service opened in 2001 and is an independent ambulance service in Moulsoford, Oxfordshire. The service primarily serves the communities of the Oxfordshire and Berkshire. The service has had a registered manager in post since July 2011

Alpha Care are registered to provide 'Transport services, triage and medical advice provided remotely' and

'Treatment of disease, disorder or injury'. The service provides non-emergency patient transport (PTS) and medical cover at private events and some emergency and urgent care (E&UC) transfers.

Alpha Care had a comprehensive inspection in March 2017 when it had its registration suspended due to significant concerns of the immediate risk to patients. After a follow-up inspection in May 2017 the suspension was lifted due to improvements in the service. The well led element was re-inspected in March 2018 which found further improvements to the service.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist

advisor with expertise in Patient Transport Services (PTS) and Emergency and Urgent care (E&UC). The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

## Facts and data about Alpha Care Ambulance Service

Alpha Care Ambulance Service is operated by Alpha Care Ambulance Service Limited. The service was registered on 27 July 2001 and is an independent ambulance service based in Moulsoford, Oxfordshire. The service primarily serves the communities of the Oxfordshire and Berkshire areas.

Alpha care provides non-emergency patient transport (PTS) and medical cover at private events and some emergency and urgent care (E&UC). The service runs from 7.00am to 8.00pm seven days a week.

The main service provided is PTS and medical cover to events at private organisations. This comprised non-emergency patient transport to NHS trusts and local social services and school transport for special needs

# Detailed findings

children. The service told us they also provided some E&UC transport for the local NHS trust. This arrangement was for transporting patients to an external MRI scanning unit from the coronary care unit.

The Alpha Care fleet consists of ten vehicles currently on the road, five PTS ambulances, two, front line ambulances, two 4x4 cars and one wheelchair accessible vehicle. The service is owned and run by a registered manager and director of operations who are both senior paramedics and work alongside the crew. There were seven ambulance care assistants and a bank of temporary staff which included paramedics and technicians.

During the inspection, we visited the Alpha Care base. We spoke with five staff including; registered paramedics, patient transport drivers and management. We observed two patient journeys and spoke with two relatives.

Activity (April 2018 to March 2019)

- In the reporting period April 2018 to March 2019 there were two emergency and 18 urgent care patient journeys undertaken.
- There were 1716 patient transport journeys undertaken.

Track record on safety







- No never events
- No serious injuries
- One non-clinical near miss
- One clinical near miss
- No complaints

## Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

# Patient transport services (PTS)

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	
Overall	Requires improvement	

## Information about the service

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The main service provided is PTS and medical cover to events at private organisations. This comprised non-emergency patient transport to NHS trusts and local social services and school transport for special needs children. The service told us they also provided some E&UC transport for the local NHS trust. This arrangement was for transporting patients to an external MRI scanning unit from the coronary care unit.

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# Patient transport services (PTS)

## Summary of findings

We found the following issues that the service provider needs to improve:

- The service provided mandatory training in key skills to all staff however not everyone had completed it.
- The service provided care and treatment based on national guidance, however did not always show the evidence of its effectiveness.
- Information about the outcomes of people's care and treatment were not routinely collected and monitored.
- There were limited systems to improve service quality and safeguard high standards of care.
- The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However, we found the following areas of good practice:

- Staff completed and updated risk assessments for each patient and event. Records were clear, up-to-date and easily available to all staff providing care.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service had enough staff to keep people to provide the right care and treatment.
- The service planned and provided services in a way that met the needs of local people.

## Are patient transport services safe?

Requires improvement



We rated safe as **requires improvement**.

### Incidents

**There was an incident reporting and management process in place and managers investigated incidents and verbally shared lessons learned with the whole team.**

- The service had not reported any never events or incidents since registration in March 2018. A never event is a serious incident that is wholly preventable because guidance or safety recommendations providing strong systematic protective barriers are available at national level and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, have occurred in the past and are easily recognisable and clearly defined.
- The service had an incident reporting, risk assessment and risk register policy and procedure which was in date and version controlled. Managers investigated incidents and shared lessons learned with the whole team verbally as the team was small. However, we were not assured that the service logged all incidents. The service used a paper-based reporting system to document incidents, actions taken and completion dates. We saw a folder was used to section outstanding incidents from those actioned and closed. Staff told us they would differentiate between serious incidents, patient safety and non-clinical near misses, never events and incidents. Staff we spoke with said they would report incidents and escalate risk to the leads when necessary.
- We reviewed two near miss reporting forms both had actions taken to ensure the incident was not repeated and were signed as completed by the director. One near miss identified an issue around charging of equipment by schools that the service users accessed. Alpha Care purchased their own emergency charging equipment, to reduce the risk of this ever happening again. Prior to the equipment arriving, only specific vehicles with the correct emergency charging equipment were accessed by the service user.



# Patient transport services (PTS)

- There was a paper log which provided oversight of the progress of any incident reported. This recorded who raised the incident, who reviewed it, planned completion date and comments. There were ten incidents on the log, the first dating back to 2007. The latest incident logged was dated 1 July 2018, however there had been a further incident on the 18 January 2019 which when we reviewed the report, saw it was not added onto the log. This meant the service may have missed other incidents from the log and therefore important themes may not have been identified.
- Duty of Candour (DoC) is a regulatory duty that is defined as: as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. The registered manager had knowledge of duty of candour and there was a policy outlining the procedure to follow. However, the service had not reported any incidents requiring duty of candour regulation to be followed and therefore we were unable to assess the effectiveness of the process.
- In February 2018, Alpha Care started using Health Education England's on-line Care Certificate as part of their mandatory training. The Care Certificate is an identified set of standards that health and care professionals adhere to in their daily working life. This was designed for the non-registered workforce however all staff at Alpha care were expected to complete these certificates. This identified 15 sets of standards for health and care professionals, which staff needed to complete yearly and in full to gain the certificate. The standards included, dementia and cognitive issues, duty of care and mental health awareness. However, at the time of our inspection only three out of the nine permanent staff had completed all 15 modules, therefore would have received the certificate. However, although not all staff had achieved the care certificate in full they had completed multiple modules and were working towards gaining the core skills required to deliver the service.
- Yearly mandatory training such as basic and intermediate resuscitation and life support for adults and children had expired for five members of staff in March and April 2018, four remaining members of staff had not received their official training. We discussed this with the senior team who explained that they used an external trainer to deliver resuscitation skills, first aid and oxygen training, this had been booked but was cancelled due to the trainer experiencing unseen events. However, staff transported children with difficult airways issues and some patients may require benzodiazepines (sedatives) which could compromise breathing. To mitigate this risk staff received face to face refresher training, delivered in house by the senior paramedic. At the time of our inspection all staff had received their updates and yearly training had been re-booked for August 2019.

## Mandatory training

### **The service provided mandatory training in key skills to all staff however not everyone had completed it.**

- The service had a training schedule which included a large amount of mandatory training and some optional training. Staff received mandatory training during face to face modules and e-learning. Face to face modules were provided by the specialist paramedics and the local safeguarding board. Alpha Care also required staff to complete further mandatory training either yearly, two yearly or every three years. This was not always achieved by members of the team, for example only three out of the nine staff were up to date with their control of substances hazardous to health (COSHH) three yearly training, only five members of the clinical team had completed their infection control yearly training and medication management, yearly training had last been completed by clinical staff in March 2017. Specific training on the Deprivation of Liberty standard (DOLs) and the Mental Capacity Act was required every three years and only four out of the nine staff had completed this at the time of our inspection.

## Safeguarding

### **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training provided on how to recognise and report abuse.**

- Since our last comprehensive inspection in 2017, Alpha care had improved its safeguarding processes and training. The managing director and director were lead and deputy lead for safeguarding, both had completed level three training, one of whom was either on duty or

# Patient transport services (PTS)

on call and staff told us they would report any concerns to them. Staff showed us where they could access the safeguarding adults and children policy which was in-date, version controlled and located in the office. There were phone numbers and details of the local authority safeguarding teams for adults and children.

- Staff received training in safeguarding from in-house trainers on starting employment and were expected to complete the e-learning mandatory updates.
- Alpha Care had also organised three yearly face to face training for children and disabled children with a local safeguarding board. At the time of our inspection, staff had either received this face to face training or had the training booked for the following month. Eight out of the nine staff had completed all the required training for safeguarding adults and children level 2, and four out of eight staff had completed safeguarding children level 3.
- Alpha care provided transport for local social services and told us that to identify if there was a protection plan in place social services would give the relevant information verbally or by secure email. Staff told us if they received a booking they were unsure about, then they would contact the relevant social services to confirm. Staff gave us an example of when this happened, what they did and how they reported it, which showed they had received effective training.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff kept equipment and their premises clean. They used control measures to prevent the spread of infection, however we were not assured the service had a full oversight of infection control audits.**

- The service made sure vehicles and equipment were appropriately and safely cleaned prior to and after use. Colour coded buckets and mops were displayed, and it was clear from posters what colour should be used for what area of cleaning, for example specific colours were identified for cleaning inside and outside the ambulances.
- Alpha care had a vehicle standard operating procedure (SOP) and a decontamination of equipment SOP, both of which were in date. These identified what should be cleaned and how and we saw evidence of monthly

vehicle cleaning records which had been signed off by the registered manager. Ambulances also had individual interior cleaning checklist and we saw daily completed checklists for all vehicles in use.

- Staff took infection prevention and control kits out onto vehicles prior to undertaking a journey. The kits included bowls, incontinence sheets, wipes and personal protective equipment (PPE) such as gloves and aprons.
- We observed the interior of three vehicles were visibly clean, with clean linen, PPE and hand cleansing gel available.

## Environment and equipment

**The service had suitable premises and equipment and looked after them well.**

- The services essential emergency equipment, such as automated external defibrillators (AEDs - which are portable electronic devices which check heart rhythm and deliver an electronic shock to the heart if needed for a patient in cardiac arrest) were held in the main office. These were checked by either the director of operations or the registered manager. Once checked and assessed, a tag was applied which indicated to staff that the equipment was ready for use. Equipment that was incomplete or damaged, was stored separately and marked as not to be used. Once a tag was applied to equipment, staff were no longer able to check it unless they broke the seal of the tag. We saw that 12 of the AEDs had an in-date service label and an 'I am clean label' and were ready for use.
- All vehicles were stored securely at the registered location and keys were held in a key safe within a locked office and building. We checked three vehicles which were ready for use and saw all equipment had an in-date service. Each vehicle had a standardised vehicle inventory checklist which had been completed this ensured each vehicle was ready for use. Each vehicle had a paperwork box in the cab, which included - Accident Forms, Near Miss Forms, Incident Forms, Safeguarding Forms, Complaint/Compliment Forms and Fuel Sheets. We were told these were completed by staff and handed in as soon to end of shift as possible.
- Each vehicle had harnesses available to safely transport children.

# Patient transport services (PTS)

- We reviewed a folder which contained twice weekly tyre pressure checks. All vehicles had completed and up to date checks with no gaps missing, those vehicles which were off road were clearly identified as vehicle off road (VOR).
- The service accessed a local mechanic who maintained all their vehicles. Vehicles were serviced yearly, and detailed information of what work has been carried out was handed over, for the service to monitor how the vehicle was performing. The mechanic and the director of operations kept up to date records which identified which vehicle needed an MOT, service and Tax. To assure staff that the vehicle they were driving was safe a list was available to all staff at the base. We reviewed five MOT certificates which showed that vehicles had passed, and any advisory notes/ work had been completed.
- The fire risk assessment was due for review at the end of the March 2019. There were four fire extinguishers at the base all had been serviced although one did not have a service sticker on it. We checked the service record and saw it had been serviced and highlighted this to staff at the base.

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient and event. They kept clear records and asked for support when necessary.

- Risk assessments (RA) and an event medical cover plan were carried out prior to people using the service and prior to services provided at events.
- Each child who received specialised patient transport had an individual travel pack. Personalised information recorded normal clinical observations and information about seizures the child may have and how their clinical observations would change. We saw completed observation sheets and a seizure action plan. For those children who may require a medication administered in case of seizure then the patients specific medicine was prescribed.
- We reviewed a RA which had been completed prior to an upcoming event in April 2019 this identified what equipment, medicines and staff would be required to attend the event. It was clearly identified that as only one emergency ambulance would be on site, if

transport in an emergency was required, the event would be stopped, if more than one patient required treatment the local ambulance NHS trust would be called. The event was risk assessed and a scoring matrix was used to identify suggested number of staffing, according to the RA this would be two first aiders, however the service decided due to the nature of the event to provide one senior paramedic, one blue light technician and one emergency care assistant (ECA) along with one front line ambulance.

- We reviewed a medical event plan and risk assessment for an event which had taken place the week prior to our inspection. The event had been risk assessed and rated as requiring four first aiders. Due to the size and nature of this the service supplied two senior paramedics, two technicians, one emergency care assistant (ECA) and one first response emergency care qualified technician (FREC 3), one emergency ambulance, one treatment ambulance and one 4x4 car. Although the RA suggested resource requirements and the service recognised that the event was a higher risk than the assessment suggested, we could not be sure that the RA matrix truly reflected the potential risks.
- We were told that on the rare occasion the service transported patients with a mental health diagnosis. Staff said they would be contacted by the local NHS trust and had the option to decline if they felt it was in appropriate referral.

## Staffing

### The service had enough staff to keep people safe from avoidable harm and to provide the right care and treatment.

- The service directly employed nine members of staff which included the registered manager and the director of operations, both of which were the services senior paramedics. Also employed were one ambulance care assistant/ administrator and six ambulance care assistants. The service had bank staff which included paramedics, technicians, emergency care assistant and first aiders.
- Staff told us bank staff were expected to send in certificate evidence of the completion of mandatory training We reviewed two bank staff files and saw that

# Patient transport services (PTS)

this evidence was out of date. We were told that these bank staff had not worked for Alpha care for some time. However, these staff were still listed as available for shifts, regardless of their training not being in date.

- Senior staff told us that patient transport services were the main service provided and this meant they could plan when they needed to bring in qualified bank staff.
- The service told us they were fully recruited at the time of our inspection and sickness was reported at six days in total for all staff over the last year.
- All staff had an enhanced Disclosure and Barring Service (DBS) check, we were provided with issue dates for all nine staff. With the exception of one staff member all were within three years of issue and the one staff member whose DBS was over three years was in the process of renewing it.
- Pre-employment checks were not consistently undertaken. We reviewed six staff files and saw some files were incomplete. Three files did not have their references completed. We asked senior staff why some references were missing and were told that they had been requested but not returned, when this occurred there had been no further or alternative action taken to mitigate this risk. One file had no personal details stored in it and one other had no passport checks. Therefore, there was no assurance that checks were consistently completed.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

- Each child who received specialised patient transport had an individual travel pack. In the packs were a personalised kit identifying information about the child. We reviewed two packs which contained booklets 'all about me' these identified likes, dislikes and individual behaviours and personalised information
- Patient Record Forms (PRFs) were routinely created for patient transport journeys. Demonstration PRFs were used to help train staff to complete them accurately. We reviewed two sets of PRFs and saw they were clearly documented with a care plan and observations recorded. All records were stored securely in a locked cupboard in the office.

- We reviewed two individual packs for children who regularly were transported to school. We saw that, where applicable, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders and advance care plan were kept in these. We reviewed one advance care plan which identified clearly the wishes of the individual, staff were aware of what these were, and the travel pack always accompanied the individual on each journey.
- Senior staff told us should a call come through for a patient to be transported with a DNACPR order in place then this would be added on to the booking forms.
- Staff told us they would keep PRF records for up to 25 years prior to destroying them. This was not in line with the records management code of practice for health and social care 2016, which states eight years for care records and up to the 25th or 26th birthday for children's records.

## Medicines

**Whilst there were no reported medicine incidents, there was no assurance that the service had full oversight of the management of medicines.**

- The services training schedule was duplicative, and it was unclear who was required to complete what element. According to the schedule, all staff were expected to complete three-yearly training in the control and administration of medicines level three, and yearly medication management. At the time of our inspection only three members of staff had completed the three-yearly requirement and no staff were in date with the yearly medication management module. This meant that not all staff were up to date with the medicine training requirements.
- Oxygen and nitrous oxide were kept in locked metal containers at the rear of the property. Staff received oxygen and nitrous oxide training yearly whilst this was booked for August 2019 the training schedule showed that no staff had completed this training at all, therefore there was no assurance that staff were trained or followed best practice when administering oxygen or nitrous oxide.
- The service completed a drug stock check where it checked expiry dates. This had been completed four times in 2017, once in 2018 and twice in 2019. During our comprehensive inspection in 2017 there were no

# Patient transport services (PTS)

recorded medicines audits completed. We asked if these had been added to the audit schedule and were told that only one audit had been completed for March 2019. Overall, this did not provide us with the assurances that regular checking was completed, and oversight was assured.

- The service kept schedule four (diazepam) and schedule five (oromorph) medicines without a home office licence. The service was not aware if they did or did not require a home office licence to keep these medicines and we were told they had not contacted the home office for advice.
- Staff that used were provided with a certificate of competence of which medicine could be given. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber. Teaching was provided by senior paramedics and certificates were signed by the medical director who staff told us would come in and update these certificates of confidence yearly. Staff were required to read the qualified staff drug protocols 2017 policy which outlined protocols and contraindications. All staff had an up to date certificates which showed they had read the protocol, been trained appropriately and had been assessed as competent.
- All medicines were kept in a locked cupboard within a locked room. Keys were held by the paramedic and a CCTV system was installed for observation. For those children who may require a medication administered in case of seizure then the patients specific medicine was prescribed. Prior to the journey medicines would be signed out of a locked cupboard and would accompany the child on the journey.

## Are patient transport services effective?

Requires improvement



We rated effective as **requires improvement**.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance, however did not always show the evidence of its effectiveness.**

- Folders contained organisational and clinical policies, and were stored at the base, these included the staff handbook, whistleblowing policy, incident reporting, medicines management and bullying and harassment. All, policies in these folders we reviewed were in date and had a staff sign off sheet. However, not all staff had signed the sheets to say they had read the policies, for example incident reporting had only be signed as read by six staff and the clinical audit policy had been signed by seven members of staff. This meant that, the service was not always able to assure itself that staff assessed patient needs against policies to provide care and transport.
- Joint Royal Colleges Ambulances Liaison committee (JRCALC) and National Institute for Health Care Excellence (NICE) clinical guidelines were kept in a folder in the base office. Although staff did not have access to these in the ambulances, they could access Joint Royal Colleges Ambulances Liaison committee (JRCALC) from their phones or from phones provided by the service. Whilst paramedic staff had access to JRCALC clinical practice guidelines there were no regular clinical audits to monitor adherence to these guidelines.
- For those patients who were regularly transported and had their own individual packs, it was clear that the child's mental health, physical needs and needs of the family were holistically assessed.

### Nutrition and hydration

- Staff received yearly training on fluids and nutrition as part of the care certificate module. Nine out of the nine staff had completed this training at the time of our inspection.

### Response times / Patient outcomes

**Information about the outcomes of people's care and treatment were not routinely collected and monitored.**

- During our previous inspection in 2017 we found there was no formal system in place to monitor the services key performance indicators (KPIs). During this inspection senior staff shared with us the new key performance dashboard which had recently been developed. This included 12 KPIs such as collection on time, number of complaints, number of incidents reported and sickness days. some of the KPIs had a



# Patient transport services (PTS)

target percentage to show if compliance was achieved and this could be assessed over a 12-month rolling period. However, this had not been started at the time of our inspection therefore the service was still not monitoring their performance formally.

## Competent Staff

**The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance. Formal clinical supervision meetings were not completed with staff to provide support and monitor the effectiveness of the service.**

- Managers did not always appraise staff's work performance. Staff appraisals were to be completed yearly and at the time of our inspection four staff had received their appraisal, three staff were within their probationary period and two staff members were outstanding their appraisal. We reviewed one appraisal which showed areas for improvement and future objectives had been identified and recorded.
- There was no official documentation of clinical supervision as staff competence of delivering patient care was assessed by senior staff in the field. The senior paramedics worked with all the members of staff and completed regular assessments of competence. This would take place during events, whilst this was not officially recorded we were told this would be when issues were picked up and discussed with staff.
- Five members of the team were trained to drive on blue lights and training was delivered by the two senior Institute of Health and Care Development (IHCD) trained senior paramedics. The IHCD ambulance training is an acknowledged gold standard course and showed that driver training was delivered by a competent body.
- Four members of the team had received British Off-Road Driving Training (BORDA) for off road events and their certificates were displayed at the base. All certificates were in date and valid for five years.
- Staff received an effective induction; we reviewed one new starter's file who was coming to the end of their three-month probation period. This included a completed induction checklist covering, first aid training, health and safety, infection control, incident reporting, risk assessments, medications and PGDs and

confidentiality. For those staff who were suitably qualified training was given and recorded in Patient Group Direction's (PGD) for specific medicines. We saw seven members of staff who were up to date with their PGD training.

- Senior staff sought training from the local NHS trust staff to be able to use certain equipment. Once they were trained and deemed competent they could train the rest of the staff at the station. For example, training was provided on how to use a mobility stand to help move patients and maintain their dignity and independence.
- Staff were supported to facilitate their development. The service encouraged and financially supported their staff to expand their knowledge and skills. The service provided an e-learning platform which give staff the opportunity to not only comply with their mandatory requirements but provide courses to help develop staff portfolios and specific professional interest.

## Multi-disciplinary working

**Staff working for the service worked with other healthcare professionals appropriately.**

- The service contacted staff at the local NHS trust and local authority to arrange external training. Face to face safeguarding training and children's learning disabilities had been attended. Specialist nurses from the acute trust had also provided equipment training.
- The staff worked well with local schools where they provided transport for children with specialist needs. Handovers would be given prior to every trip and then this information would be relayed to parents.

## Health promotion

There was no evidence to indicate the service considered health promotion.

**Consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLs)**

**Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care, training was not always up to date.**

- Staff we spoke with had knowledge of the MCA and Deprivation of Liberty Safeguards. The service did not

# Patient transport services (PTS)

undertake secure mental health patient transfers and told us that due to the nature of pre-booking they would not expect to transfer any patients experiencing a mental health crisis.

- The service had a Mental Capacity Act and Deprivation of Liberty (DOLs) policy which was in-date and version controlled. This included the key principles of the Mental Capacity Act (MCA) 2005. This explained capacity to consent, consent for adults and children, refusal of treatment, consent in children under 16, children 16-17 and children lacking capacity.
- The service provided three yearly training for staff on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), however at the time of our inspection only four out of nine staff had ever completed this training.

## Are patient transport services caring?

Good



We rated caring as **good**.

### Compassionate care

#### Staff cared for patients with compassion.

- We attended a patient transport service (PTS) journey which incorporated the collection and drop off, of children with special needs this allowed us to observe care and speak with parents.
- Although there was limited observation, what we saw showed us that staff took the time to interact with their patients in a considerate and respectful way. Staff showed supportive and sensitive attitudes to the patients and to their family and it was clear that the staff had an excellent relationship and rapport with patients and their families.
- Staff took regular observations throughout the journey and were ready to respond to any issues that might occur. As staff had an in-depth travel pack/ care plan they knew what to expect and what actions to take to keep vulnerable children safe.
- Staff knew their patients and could respond to their needs in a knowledgeable yet professional way. The school staff gave a handover to the ambulance staff and

this was written in their care plan. Once they had arrived home staff gave a handover to the parents. This meant that all people involved with the child were up to date and fully informed.

### Emotional support

#### Staff provided emotional support to patients to minimise their distress.

- Staff had a good rapport with the children whose journey we observed. Staff sat with them throughout their journey which could be a source of anxiety for the children. We observed how the children were excited and happy to see the staff when they arrived to collect them from school.

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

#### Staff involved patients and those close to them in decisions about their care and treatment.

- Staff understood the impact that a person's care, treatment or condition had on those close to them, both emotionally and socially. Parents told us they provided 'an excellent service' another told us they were 'a god send' as no other crew were available to transport their child to school.

## Are patient transport services responsive to people's needs?

Good



We rated responsive as **good**.

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

#### The service planned and provided services in a way that met the needs of local people.

- Alpha Care provided a patient transport service and minimal urgent transport services for specific inter hospital transfers. The service worked on an ad hoc basis for local authorities or NHS transfers and had recently had a short-term contract extended with the local NHS winter pressures plan.

### Meeting people's individual needs

#### The service took account of patients' individual needs.

# Patient transport services (PTS)

- There were no formal means available to support patients whose first language was not English or those with communication problems. We asked staff how they would communicate with patients who spoke different languages and staff told us they would use an online translation service. Staff had access to work mobile phones but often chose to use their own.
- The service used communication sheets for patients who had difficulties in communicating and they told us when possible they would request for a relative/friend to travel with the patient to avoid any unnecessary stress.
- The service took account of the needs of patients living with dementia, mental health or a learning disability. Staff had a mandatory requirement to complete the care certificate standards which included, dementia and cognitive issues, mental health awareness, there was a three-yearly requirement for staff to complete disability awareness training.
- Staff told us when possible if a patient had cognitive issues then they would ask has a friend or relative to travel with them to reduce any patient stress. If this was not possible, the crew would take their time to gain the confidence of the patient and try to make their experience as calm as possible.
- Vehicles had different points of entry, which included a sliding door and tailgate so people who were immobile or in wheelchairs could enter the vehicle safely.

## Access and flow

### People could usually access the service when they needed it.

- Alpha care ambulance service provided primarily a patient transport service and limited emergency and urgent care inter hospital transfers between the hours of 7.30am to 8pm, seven days a week.
- Bookings were managed by the service through a booking form and members of the public could book the service directly. Some parents booked the services privately during the school holidays to enable their children to get to appointments and days out.
- The majority of patient transport bookings were made in advance therefore the resource requirement and

capacity could be arranged in advance. For on-the-day bookings, the registered manager or the director of operations would assess if there was availability within the service to take the booking.

- We observed how well staff worked to accommodate a regular child who had required an unexpected earlier pick up time. Staff went out of their way to accommodate this change in plan which included changing members of the team's jobs and vehicles to ensure they could respond to the unexpected change.
- Bookings and referrals could be made via the telephone, at the time of our inspection the service's internet page was under re-construction. Members of the public could also access Alpha Care via a social media platform.

## Learning from complaints and concerns

### Staff told us they treated concerns and complaints seriously. However, there had been no complaints received during the period of April 2018 to March 2019.

- We saw cards and letters displayed in the staff rooms from service users and their families and from the local NHS trust bed management teams, thanking the service for all its hard work during the winter pressure plan.
- During our inspection we saw envelopes ready to be sent out with satisfaction questionnaires for patients or carers to complete. We saw there were complaint/compliment forms on every vehicle for patient use. Social Media was also a means in which service users and their families could give feedback.
- Complaints were part of the standardised agenda for patients and safety governance meetings, the two minutes we received identified no complaints had been identified.
- The service had an in-date complaints and compliments policy and procedure. This which detailed how complaints would be investigated, actions that needed to be taken to prevent re-occurrence and how these would be considered on a regular basis to improve and develop the service.

## Are patient transport services well-led?



# Patient transport services (PTS)

Requires improvement



We rated Well Led as **requires improvement**.

## Leadership of service

**Whilst the managers ran the service safely they did not always have the right skills and abilities to monitor the effectiveness of the services they delivered.**

- Since our last inspection a training schedule had been developed to improve leadership skills, this included three yearly training in ten topics such as, interview skills, safer recruitment, risk assessment and management in care and complaints handling. However, at the time of our inspection only the director of operations had completed three out of the ten training topics.
- The senior team consisted of a medical director, who provided remote advice and visited ad-hoc. The service was owned and managed by a registered manager and a director of operations. The registered manager and director were both senior paramedics and worked as part of the team during the day to day running of the service. The service was supported by an ambulance care assistant who also provided administrative support.
- Leaders were visible and approachable and operational staff spoke very highly of their managers who would often work alongside their staff to deliver a responsive service. Staff told us they were frequently reminded that 'no question was a stupid question' and felt they could approach and ask the senior team anything.

## Vision and strategy for this service

**The service had a vision for what it wanted to achieve and plans to turn it into action.**

- The service had a vision to provide a "high quality, cost effective service that was patient centred with dignity and respect, by a skilled, compassionate workforce who are open and honest and work as a team."
- The service had seven strategic aims based on the word "mission", motivation, inspire, satisfaction, staff, and infrastructure, open and never stop listening. This was

on the staff notice board. To achieve these goals, the service aimed to support and develop their staff by ensuring staff had the knowledge, vehicles and equipment to fulfil their roles to the highest of standards. Whilst this was being achieved in part, with safe vehicles and equipment staff were not always up to date with all their mandatory training.

## Culture within the service

**The registered manager for the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**

- Staff reported that working for the service had an "inclusive, family like culture". There were conversations and discussions after any distressing event or occurrence for example when patients who staff had been providing a service for passed away.
- Staff also reported to us that senior managers were very supportive if staff had personal or family issues.

## Governance

**There were limited systems to improve service quality and safeguard high standards of care.**

- There were no effective structures in place to monitor key performance indicators. The service recognised this should be monitored and had created a form to complete this, however this had not been started at the time of our inspection. This meant there was still limited opportunity for the service to measure its quality.
- During our last comprehensive inspection in September 2017 it was identified there was no evidence of governance meetings. As the service was small and the managers worked together daily they discussed issues on a day to day basis therefore issues were not documented officially or captured regularly. Since the 2017 inspection two patient safety and governance meetings had been officially recorded. The first meeting took place in September 2017 the next was due in January 2018 but did not take place until September 2018. Whilst this was an improvement, the minutes which spanned a year lacked thoroughness and results from the audits were not fully explored or discussed. There were no actions plans or allotted actions to specific persons and the discussion of audit during the

# Patient transport services (PTS)

two safety and governance meeting minutes was minimal. Although there had been some improvement there remained no assurance that the systems in place to routinely collect or monitor information reflected how the service was performing.

- The service had policies and procedures in place. The policies we reviewed were in date and had been personalised for the service. Staff signed a list to say they had read these and all were readily available at the base. However, the number of staff that had signed to say they had read the policies varied.

## Management of risk, issues and performance

### **The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**

- During our inspection we reviewed the service risk register. We saw this included business, organisational, clinical and staff related risks, and this was an improvement from previous inspections. However, the record was incomplete. There were no dates to indicate when the risk had been entered onto the risk register; the assessed level and impact of risk was not recorded prior to mitigation and only partially scored after mitigation. There were no review dates for any of the risks on the register therefore it was not possible to establish how long these risks had been recorded on the risk register or if there were reviewed in a timely way. This meant that while identified risk had been acknowledged and recorded there was no assurance these risks were being adequately monitored and effectively managed.
- During our last comprehensive inspection in 2017, the service did not undertake audits, which would allow it to assess if it was meeting the needs of the patient groups it served. During this inspection we saw there had been some improvement and we were provided with a list of six audits the service now completed. However, the audit schedule had no dates or frequencies of how often these should be completed. The audit tools were not used correctly for those audits which could be scored such as the medicines audit, the environmental audit/checklist and the infection control

audit. The audit tool stated on the front that a score of less than 75% was not compliant, but these audits had not been scored therefore the service could not monitor compliance over any given period of time.

- During our inspection we reviewed the completed audit documentation for the medicines audit, the environmental audit/checklist and the infection control audit. These had not been completed in their entirety with no outcome score recorded. Therefore, there was no recorded evidence of compliance or non-compliance. Neither was there any documented action plans to address any issues identified during the audits and we were told there was no planned re-audit date. Some audits for example the environmental and decontamination audits were recommended monthly, however the decontamination audit had been completed twice in five months and the environmental audit/checklist had been completed once since October 2018. Therefore, the service was not consistently and effectively using audit to monitor and improve the quality and safety of the services it provided.

## Information Management

### **The service collected and managed information well to support all its activities, using secure electronic systems with security safeguards.**

- Staff were expected to complete handling information training as part of the care certificate standards, however only four out of the nine staff had completed this. Staff were also expected to complete three yearly information governance training and only five out of the nine staff had completed this.
- All patient records were locked in a secure cupboard.

## Public and staff engagement

### **The service engaged well with patients, staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**

- The service did not have official team meetings and therefore there were no documented minutes, however staff told us that they would have a social night when the service was not so busy so as many staff could attend. This was organised by the senior staff and they told us this was as a thank you for all their hard work.

# Patient transport services (PTS)

- The service sought feedback from patients and used a printed form to do so. However, the service found that they often did not get feedback returned so had encouraged service users to access social media to give feedback.

## **Innovation, improvement and sustainability**

- The service had just received an extension to its contract to help provide transport services for a local NHS trust during the winter pressures.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The service must act to address shortfalls in staff completion of mandatory training.
- The service must ensure a robust governance system is in place and understood by all staff. This must include a full oversight of audit processes and key performance indicators to improve practice and patient outcomes.
- The service must contact the home office in relation to a licence for schedule four and five medicines.
- The service must ensure that risks are adequately monitored and effectively managed.
- The service must ensure processes are in place, so all staff employed have had reference checks or mitigation if references are not provided.

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

- The service should log every incident on its own paper system to maintain oversight of any emerging themes.
- The service should consider aligning its own risk assessment staffing matrix with the realities of the services provided
- The service should encourage and give time to all its staff to read company policies and procedures and sign that they have done so.
- The service should consider a formal means of translation services
- The operations manager should update their DBS
- The service should consider more frequent patient safety and governance meetings and document these more thoroughly, therefore providing a more robust oversight of the safety of their service.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

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

**Regulation 12-(1) (2) (c) (g).**

The service must act to address shortfalls in staff completion of mandatory training.

The service must contact the home office in relation to a licence for schedule four and five medicines.

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

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

**Regulation 19-3 (a).**

The service must ensure processes are in place, so all staff employed have had reference checks or mitigation if references are not provided.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>S29 Warning Notice</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance (1)(2) (a) (b)</p> <p>The service was not consistently and effectively using audit to monitor and improve the quality and safety of the services it provided.</p> <p>There were no assurance risks were being adequately monitored and effectively managed.</p>