

W & N Training Limited

# W & N Training Limited t/a Want Medical Services

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Want Medical Services (WMS) is operated by W & N Training Limited. WMS is an independent ambulance company, based in Portslade (Brighton) offering event medical cover, medical repatriation, ambulance transport, first aid training and medical supplies across the South of England.

In England, the law makes event organisers responsible for ensuring safety at the event is maintained, which means that event medical cover comes under the remit of the Health & Safety Executive. The activities at WMS regulated by the CQC are transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury.

The non-event service at WMS is small and has declined with changes in the way patient transport services have been provided in the region. WMS undertakes occasional transport work for private patients, health insurance providers (repatriation) and local NHS trusts. We were told that training and supplies of first aid products had ceased. We requested information from the provider regarding the scale of the service, but this was not provided.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 14 February 2017.

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 how the provider understood and complied with the Mental Capacity Act 2005.

We regulate independent ambulance services but we do not currently have a legal duty to rate them.

We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At this inspection, we found the following issues:

- There was insufficient focus on infection prevention and control. The premises, including offices, storerooms and vehicles were not visibly clean. Used linen was not managed appropriately.
- The storeroom was chaotic with equipment stored on the floor and equipment stored was not visibly clean.
- The management of waste did not meet current guidance. The clinical waste storage facility was unsecured and we found that waste was not always properly disposed of.
- Segregated medical gasses were not stored in line with guidance. Staff stored the cylinders in the main storeroom rather than a separate area and there was no separation. We found oxygen cylinders that had past their expiry date in use.
- Medicines were not managed appropriately. Prescription only medicines were not securely stored. We found numerous medicines that were past their expiry dates. The provider did not have the required Home Office Licence to hold stocks of controlled drugs, which they used.
- Equipment used to provide services to patients was not regularly serviced. We found patient carry chairs, a patient trolley and extrication boards with labels that had no record of when they were serviced.
- We found numerous consumables that had passed their expiry date, sometimes by years.
- There were fire safety and health and safety risks identified. Old lead-acid type vehicle batteries were stacked by the front entrance, close to an open and unlocked clinical waste bin and two loose oxygen bottles. This constituted a serious fire hazard in addition to the risk of unauthorised access to the clinical waste. Staff had cluttered the storerooms on both floors and stacked a number of items too high for safety.

# Summary of findings

- There was a lack of systems and processes to assess, monitor and improve the quality and safety of services. There was no formalised system of governance.
- There were unclear audit arrangements. The registered manager told us the operations manager performed spot checks but was unable to provide evidence of these or explain findings or resulting actions. There was no auditing of patient transport services.
- Systems for checking the cleanliness and readiness of vehicles at the start and end of each assignment were not accurately completed or checked.
- The registered manager had difficulty locating and providing key documents and information when requested and was unable to provide us with documents and records. Prior to our inspection, the registered manager did not provide any data or other information requested by the CQC.
- There were limited systems to collect feedback from patients.
- There was a lack of processes to assess, monitor and mitigate risks relating to the health and safety and welfare of patients and others as the provider did not maintain a risk register and could not provide an explanation of how risks to staff, patients and others were identified, assessed and how mitigating actions were put in place.
- Staff records did not take into account the information required in 'Schedule 3' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the above, CQC urgently suspended registration of the following regulated activities until 22 April 2017 to allow the provider to address the issues identified at the inspection.

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

This means the provider cannot carry out these regulated activities. We will re-inspect the service before this date to gain assurance that sufficient progress has been made to ensure the service meet standards of quality and safety, before lifting the suspension of registration.

**Alan Thorne**

**Head of Hospital Inspections**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating Why have we given this rating?

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

- Safety was not a sufficient priority as there was no measurement and monitoring of safety performance.
- The management team did not recognise concerns, incidents and near misses. There was no evidence of learning from events or actions taken to improve safety.
- The premises, equipment and facilities were unsafe due to the lack of servicing of equipment and fire risks identified regarding storage facilities.
- There was insufficient attention to safeguarding adults and children and staff did not respond appropriately to abuse.
- Medicines were not managed in line with legal requirements.
- Systems to control and prevent infection were ineffective and standards of hygiene and cleanliness were unacceptable.
- Equipment used to treat patients was not regularly serviced.
- Policies were out of date and care and treatment did not reflect current evidence based guidance.
- There was no assurance patients received care from staff who had the skills and experience that was needed to deliver effective care.
- Consent to care and treatment was not obtained in line with current legislation and guidance.
- There were shortfalls in how the needs of different people were taken into account, for example, people detained under the Mental Health Act, people with Dementia and children and young people.

# Summary of findings

- Complaints were not always handled appropriately and there was no evidence of learning from complaints and feedback.
- Patients were unable to access the care they needed as the company telephone and email were not responded to.
- There was no clear statement of the company's vision and values.
- The delivery of high quality care was not assured by the leadership team due to a lack of governance structure.
- There was no effective system for identifying, capturing and managing issues and risks. This reflected the significant issues that threatened the delivery of safe and effective care.
- The leadership team did not have the necessary capability to effectively lead the service. For example, they did not understand the importance of a governance structure or the need for a risk register.
- We were unable to make any judgements regarding whether the service was caring as there were no patient transport service journeys on the day of our inspection. Therefore, we did not view staff interactions with patients and the public. We asked the manager for details of patients we could contact but these were not supplied.

# W & N Training Limited t/a Want Medical Services

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to W & N Training Limited t/a Want Medical Services

Want Medical Services (WMS) is operated by W & N Training Limited. The service opened in 2000, originally as a training centre. WMS is an independent ambulance company, based in Portslade (Brighton) offering event medical cover, medical repatriation, ambulance transport, first aid training and medical supplies across the South of England.

The service has had the current registered manager in post since 2011.

CQC inspected the service in January 2014. During the inspection, CQC found breaches in regulations around infection control; however, the provider had satisfactorily addressed these issues during a follow up inspection in May 2014.

This was the first CQC inspection of this service using the current methodology.

## Our inspection team

The team that inspected the service comprised an inspection manager, Shaun Marten, two CQC inspectors and a specialist advisor with expertise in ambulance services.

Alan Thorne, Head of Hospital Inspection, oversaw the inspection team.

## Facts and data about W & N Training Limited t/a Want Medical Services

The service is registered to provide the following regulated activities since 2011:

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

Patient Transport Services were arranged by either on the spot purchase from a local NHS trust or on an ad hoc basis. At the time of inspection, the main types of transfers the company was completing were long distance and palliative care transfers.

We inspected the headquarters and vehicle base in Portslade, Brighton, which consisted of a training room,

equipment stores, cleaning store and administration office. Off-street parking was provided for two vehicles. The fleet consisted of two accident and emergency vehicles, one high dependency unit vehicle and three 4x4 wheel drive emergency response vehicles.

During our inspection, we reviewed five sets of staff records and interviewed the registered manager. We requested information from the provider regarding patient journey numbers and breakdown of journeys based on patient acuity. However, this information was not provided.

We also requested information about safety performance, complaints, other performance and

## Detailed findings

governance arrangements, however this was not provided. At the inspection, we requested this information again from the registered manager, but it was not supplied.

At the beginning of 2014, CQC inspected the service using the old methodology and found the service was not

meeting requirements regarding infection prevention and control. However, CQC re-inspected the provider later that year and found it was meeting all standards of quality and safety it was inspected against.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Are patient transport services safe?

### Incidents

- We requested information on safety performance from WMS prior to our inspection and during our visit, but this was not supplied. We gave WMS an additional 10 days to send the data following our inspection but the provider has not made any further information available to us.
- This meant we have been unable to review the organisation's track record on safety, or establish what lessons were learned and improvements made if things went wrong. We saw no evidence of any reliable systems, processes and practices in place to keep people safe or safeguarded from abuse.
- We were shown a paper-based incident reporting system, which was available at the WMS base. This meant there was the potential risk that staff may omit details of an incident, as they were unable to complete the form at the time the incident took place.
- We found completed incident forms in a folder marked 'complaints and safeguarding'. One incident regarding driving skill involved two members of staff on zero hour contracts. We saw that by the time the investigation was completed, both members of staff had ceased employment at the company. The investigator did not deem it necessary to train individual employees as the staff involved had left the company. The proprietor stated that driver training had been introduced for all staff. We requested evidence showing staff had been trained but this information was not made available. Therefore, there was no assurance the organisation had responded to or learned from this incident.
- No staff were present at the time of our inspection, so we could not determine if staff understood their

responsibilities to raise concerns, record safety incidents and report near misses. We were unable to ascertain if safety goals had been set by the company or how well performance against them was being monitored.

- We were told that staff received feedback from incidents via the company employee online system. If a staff member was involved in the incident or was the person who reported it, they also received written and verbal feedback. However, as there was no staff to talk to on the day of our inspection, or records of this process available, we were unable to test this.
- Nor were we able to clarify if staff could describe the basis and process of duty of candour, under Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

### Mandatory training

- We requested information on mandatory training from WMS prior to our inspection and during our visit, but this was not supplied. We gave WMS an additional 10 days to send the data following our inspection but the provider did not make any further information available to us.
- We asked for training records for all staff for topics such as first aid, use of medical gases, patient handling, communications, infection prevention and control, Mental Capacity Act and consent. Mandatory training was available for staff to access on the company employee online system. However, there were no

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systems in place to check staff compliance with mandatory training or check completion rates. Therefore, management did not have assurance that staff were completing mandatory training.

- As there were no staff to talk to at the inspection, we were unable to ask staff if they thought the training they received was effective in relation to systems, processes and practices.
- As we were not provided with training records, we could not determine if staff were suitably trained to carry out essential duties safely as we were unable to check staff were trained to the correct level. For example, all clinical staff must be trained to level 3 children's safeguarding, however, administration staff only need to be trained to level 2. As records were unavailable, we could not check this.
- Nor could we determine if staff were suitably trained and assessed to carry out essential driving duties safely.

## Safeguarding

- The inspection team requested evidence of staff safeguarding training, including details regarding the level of training and expiration dates. We also requested the number of safeguarding referrals the service had made in the 12 months prior to inspection. We gave WMS an additional 10 days to send the data following our inspection but the provider has not made any further information available to us. None of this information was provided. Therefore, we were unable to check staff compliance with safeguarding training.
- The registered manager was the safeguarding lead and was trained to safeguarding level 4 for both adults and children, which was in line with legislative guidelines. During an interview he advised us his training was "probably due an update" and he was not sure whether or not it had expired. Part of level 4 core competencies as stated in 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014' is to be "Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice. Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections." Therefore, there were no assurances the safeguarding lead at WMS was competent in these roles as they were unsure if their training was up to date.
- We were told that staff were mainly student paramedics who worked for other larger ambulance companies and therefore received safeguarding training from their main employer. 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate document 2014', states all clinical staff working with children, young people and their parents and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person must be trained to safeguarding children level 3, with non-clinical staff trained to level 2. However, there were no systems in place to check what level staff were trained to or whether training was out of date. Therefore, staff may not be aware of recent developments and changes to practice regarding the safeguarding of children.
- In accordance with the 'Statutory Guidance Care Act' and 'Working together to safeguard children 2015', a safeguarding policy must state procedures for recognising abuse. We viewed WMS safeguarding policies for both adults and children and found they listed the different types of abuse, but they did not inform staff how to recognise signs and symptoms of abuse. Therefore, the company safeguarding policies were not compliant with this legislation.
- The safeguarding adults' policy under 'Prevention of Abuse' stated "[Staff] will act appropriately in reporting it", however the policy did not provide details of who staff should report to, how they should report safeguarding concerns nor provided timeframes. Therefore, there was no assurance that staff would act in accordance with legislation in the event of a safeguarding concern.
- We saw a copy of a safeguarding reporting form used by staff, it advised staff to report any concerns to the duty manager and advised staff to call 999 if there were immediate concerns. However, best practice following suspicion of a safeguarding concern is to make a referral to the local authority (LA) and if a crime has been committed, such as sexual or financial abuse, to make a referral to the police. Therefore, the course of actions as stated on the safeguarding reporting form did not follow best practice procedures.
- In the 'safeguarding and complaints' folder, we found a 'Social Concern Report' hand written on the back of a 'Minor Injuries and Illness Record'. It stated the plan of

# Patient transport services (PTS)

action following the concern was to contact the registered manager and leave the patient and their wife at hospital, as this was felt to be the safest place for them. There was no further information within the folder regarding staff contacting the LA, whether the hospital had contacted the LA or next steps and there was no evidence of learning from the incident or discussion with staff. The information had not been transferred onto a safeguarding report form, despite the company having one. Therefore, there were no assurances staff were taking appropriate paperwork whilst transporting patients or that management used safeguarding incidents for learning and development.

## Cleanliness, infection control and hygiene

- Overall, we found that WMS failed to meet the standards set out in 'The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'.
  - We noted the 'Infection Control Annual Statement 2014-2015' on the company website, which said, "Staff are trained on vehicle and personal hygiene on induction and monitored during normal working shifts by the management team." However, due to the unclean state of the vehicles, there were no assurances this was being carried out.
  - The document also stated that managers reviewed and updated the policy "If appropriate". We saw the most recent infection prevention and control policy was two years old. The Health and Safety Executive (HSE) states health and safety policies, such as infection control, should be reviewed "At least once a year". The review process should: examine whether the health and safety policy reflects the organisation's current priorities, plans and targets; examine whether risk management and other health and safety systems have been effectively reporting to the board; report health and safety shortcomings, and the effect of all relevant board and management decisions; decide actions to address any weaknesses and a system to monitor their implementation; consider immediate reviews in the light of major shortcomings or events." This indicated that WMS was non-compliant with legislative requirements.
  - The inspection team requested the last three cleaning audits as well as details of waste transfer notes for the last six months. This was not provided. Therefore, there were no assurances that cleanliness and waste management was being audited and reviewed at WMS.
- ### Premises
- The 'Statement of Purpose' on the WMS website, stated the Portslade location had separate training rooms, equipment and cleaning stores. However, at the time of inspection, we found the training room was being used as a storage room and therefore there was no space to provide a training area. The equipment and cleaning stores were disorganised and we found medical equipment stored next to cleaning equipment and soiled linen. This was not compliant with the Department of Health, 'Health Building Note 00-09: Infection control in the built environment', which states that storage areas should be separate from clinical areas, that waste, laundry and cleaning equipment should be stored separately to protect from damage and contamination.
  - The ground floor rooms were carpeted apart from the cleaning cupboard, toilet and kitchenette. Carpets looked visibly soiled and covered with fine particles or dirt and small pieces of litter, which indicated they had not been cleaned for some time. Other flooring appeared visibly dirty and the rooms we inspected were untidy and cluttered.
  - A small lobby area leading from the front entrance contained a clinical waste bin, which was unlocked. During our visit the main entrance remained unlocked, which increased the risk of unauthorised entry and interference or pilferage of clinical waste items.
  - Visibly soiled linen was heaped by the entrance to the room as was a red-coloured bucket and mop filled with dark-coloured and malodorous fluid. Half-full black bin bags were scattered on the floor and contained mixed waste including foodstuffs and used clinical items such as gloves and dressing packaging. This did not meet legislative standards as set by the Environmental Protection Act 1990 Section 34 and meant waste was not being disposed of in line with guidance.
  - The toilet did not appear to have been cleaned for some time and neither had the kitchenette, which contained

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food items in an open plastic box placed on the sink next to a hot water urn. The waste bin beside the work surface was overflowing with used paper towels that spilled across the floor.

- We saw soap dispensers located in the kitchenette and lobby entrance, but both were empty of cleansing gel. The cleaning cupboard located under the stairs was cluttered with containers of fluid, tools, a vacuum, a high-pressure cleaner, electrical cables, loose cloths and buckets.
- The amount of material in the room made it difficult to reach the cleaning items contained in the cupboard. We saw no segregation of cleaning mops or cloths and buckets. There were no cleaning schedules or advisory signs. Our observations indicated that WMS had failed to adhere to national guidance such as that contained in the 'Healthcare Cleaning Manual' by the Association of Healthcare Cleaning Professionals (2013).

## Vehicles

- We read the 'Infection Control Annual Statement 2014-2015' on the company website, which said, "Staff are trained on vehicle and personal hygiene on induction and monitored during normal working shifts by the management team." This statement was inconsistent with our observations.
- We inspected two of the vehicles and detected a number of issues of concern. Both vehicles had visibly dirty exteriors, drivers' compartments and interiors. Vehicle storage bins were dirty and in one vehicle, the fitted waste bin still contained soiled items despite a checklist in the front compartment that indicated the vehicle had been restocked and cleaned after its last use. This indicated that WMS checklists and systems for cleaning and provisioning of consumable items were not used by staff and not monitored by managers.
- Reusable equipment such as splints and slide sheets were also covered in grime. Patient trolleys and chairs were visibly dirty and lacked asset or maintenance labels.
- We saw clean disposable linen in one vehicle and noted cleansing gel was available. However, there was no

personal protective equipment (PPE) such as gloves and aprons, which meant there was no assurance staff were protecting themselves and patients from transfer of infection.

## Medicines

- The inspection team requested to see a copy of the policy for managing medicines and medical gases. This was not made available.
- At the time of inspection, WMS did not hold a Home Office controlled drug licence, nor was the registered manager aware of the existence of this requirement. This meant the service was not compliant with legislation as set out in the Misuse of Drugs Regulations 2001. We referred this matter to the Sussex Police controlled drug liaison officer for further investigation.
- At the base, we found medicines were stored in a locked safe within a locked cupboard in accordance with guidelines. However, the safe contained medicines that were out of date including Salbutamol that expired in November 2016 and January 2017, Lidocaine that expired in July 2016 and Diazepam that expired in November 2016. Medicines ingested after their expiry date may be unstable and ineffective.
- We checked the controlled drugs (CD) register, which correctly tallied with the CD stock held in the safe. We noted a signature list and controlled drugs register that was last dated and checked on the 4 February 2017, when we asked for a copy of an audit this was not provided.
- We saw a response pack in the training/storage area that had bandaging that expired in 2002 and sterile water (2016). The registered manager told us the pack was not in use but there was no indication to warn potential users of this.
- A defibrillator on one of the vehicles we inspected contained conductive gel that expired in 2013. This meant the provider no longer had assurance that the product was effective and it raised the risk that the gel would not work during an emergency where the defibrillator was required.

# Patient transport services (PTS)

- We found adrenaline, a prescription only medicine (POM) and other frontline drugs in an unsealed paramedic pack left in the rear of a response vehicle, along with a variety of medicines including POM's stored insecurely in the back of a vehicle.
- Both vehicles we checked had cylinders of oxygen that were out of date, visibly dirty and placed insecurely. This indicated that WMS had failed to follow nationally recognised guidance such as 'The code of practice 44: the storage of gas cylinders (2016)' and 'Technical information sheet 36 (2017)' from the British Compressed Gases Association.

## Equipment and environment

- CQC requested to see copies of the last three audits for equipment. We asked to see service and maintenance records but these were not provided. Therefore, there were no assurances that equipment was being audited and maintained to ensure safety.
- In the upstairs storeroom, we found Electrocardiography (ECG) pads that expired in 2014, which could mean they were ineffective. Electrocardiography is the process of recording the electrical activity of the heart over a period of time using electrodes placed on the skin.
- We saw two large oxygen bottles resting on the floor in the lobby area, along with folded cardboard waste containers and a stack of lead-acid vehicle batteries. The batteries were stacked against a wall adjoining the stairs and their position made them an obstruction to anyone trying to walk down the stairs. The combination of flammable items, accelerants and obstructed access constituted a significant fire hazard.
- The registered manager told us that the training room was no longer used for courses and had been turned into a stores area. The manager explained that stores had recently been returned to the office after the company ceased using an external storage facility. We saw that the room contained a large range of items including furniture, transport boxes, clinical stores and medical kits, training stores and oxygen bottles. Stores were placed at random around the floor and some items had been stacked high enough to be a safety hazard.
- Narrow gaps between stacked items afforded limited access to the cleaning cupboard, toilets, kitchenette and storeroom. We saw a rack that contained used oxygen bottles mixed with bulk canisters of unknown liquids and packets of anti-microbial cleaning towels.
- The staff toilet facilities were located directly next to the staff kitchen area. The kitchen and toilet facilities shared a sink, which was directly next to a kettle and food point. The Department of Health 'Health Building Note 00-09: Infection control in the built environment' 3.147 states "Kitchens should have a separate staff wash-hand basin with non-touch taps, liquid soap and paper towels." Therefore, the kitchen and toilet facilities did not meet these requirements.
- In each vehicle cab we checked, we saw a folder containing equipment checklists and cleaning logs. These were designed for use by crews at the end of each shift to record the completion of equipment checks and cleaning. We also saw papers in the folders that indicated neither vehicle was insured. We were subsequently shown new insurance policy documents, MOT papers and service receipts. There were no asset number labels or labels showing that the portable electrical devices (such as suction pumps) had been safety tested.
- We saw consumable items and sterile supplies stored in bins in the vehicle. Not all the items were in date and some of the packaging looked visibly soiled. We noted vehicle harnesses and chairs for transporting children were located in the storeroom.

## Records

- In one of the vehicle folders, we found a completed personal patient record dated 25 January 2017. The folder was pushed under the passenger seat but otherwise unsecured. The presence of patient data indicated that the vehicle had not been checked properly at the end of a shift and leaving confidential medical information in a vehicle in this manner constituted a breach of regulations. This was brought to the attention of the registered manager during our inspection.

## Staffing

- The inspection team requested details of staff turnover rates from the previous 12 months, staff sickness and

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absence rates from the 12 months prior to the inspection and the number of staff within the last 12 months who had entered formal disciplinary proceedings. We also requested the number of registered paramedics, paramedic technicians and patient transport service drivers working for the company at time of inspection. None of this information was provided.

- Staff worked zero hours contracts and were able to organise their own shifts via the company employee online system. We were advised staff appreciated the flexibility this gave and allowed them to balance working with home life and university studies.
- We saw printouts from this system which showed staff allocated themselves onto jobs depending on their study schedule, as the majority of staff were student paramedics who also worked for the local NHS ambulance service.

## Response to major incidents

- We requested information on major incident training and business continuity preparedness prior to our inspection and during our visit, but this was not supplied. We gave WMS an additional 10 days to send the data following our inspection but the provider has not made any further information available to us.

## Are patient transport services effective?

### Evidence-based care and treatment

- The inspection team requested all local audit results from the 12 months prior to the inspection. We gave WMS an additional 10 days to send the data following our inspection but the provider has not made any further information available to us. Therefore, there were no assurances that WMS were auditing patient transport services.
- Staff were contracted on a zero hours basis from other ambulance services in the area. The registered manager advised us this was useful in learning lessons from other organisations as staff could embed evidence based ideas and practices used in other ambulance service into WMS. However, he was unable to provide any examples of this.

- The registered manager advised us that WMS conducted informal checks on practice but had not taken part in any local or national audits within the 12-month period prior to our inspection. Therefore, there were no assurances that the company was following best practices or benchmarking itself against other independent patient transport services.
- We viewed company policies and found them all to be out of date. Eight policies showed expiration dates of 2013, the policy for 'Isolation of service users with an infection' expired in 2012 and the policy for 'Minor and moderate injuries' expired in 2011. We found a further 16 policies dated 2013 where the typed date had been crossed out and "April 2015" hand written as the new expiration date. There was no evidence to show these policies had been reviewed to reflect up to date practices and the April 2015 date meant the policy review had still expired.

## Assessment and planning of care

- The inspection team requested evidence of how WMS worked with outside agencies to ensure the implementation of special notes, advanced care plans and DNACPR (Do not attempt cardiopulmonary resuscitation) orders. This information was not provided. We gave WMS an additional 10 days to send the data following our inspection but the provider did not make any further information available to us.

## Competent staff

- The inspection team requested staff appraisal rates for the 12 months prior to the inspection, divided into staff group. This information was not provided. Therefore there were no assurances that staff received appraisal and were given the opportunity to discuss professional development. As there were no staff available to speak to on inspection, we were unable to get verbal confirmation that staff received timely appraisals or discussed the quality of the appraisal process.
- Paramedic and driving staff worked zero hours contracts and chose their own shifts according to availability as detailed on the WMS website. However, as staff chose which days they worked, management could not be assured staff with appropriate skills attended a transfer of a particular patient group. For example, there were no assurances that staff transferring a patient with

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Dementia had appropriate Dementia training. We asked the manager if he kept records detailing any specialist training his employees had in order for him to allocate jobs accordingly. He advised us he did not.

- There were no systems in place for checking staff had up to date Health and Care Professions Council requirements. The registered manager assumed this was up to date as paramedics also worked for a local NHS ambulance service.
- We were advised staff induction included; a supervised first shift, demonstrations on how to access vehicles and the base office, demonstrations on using the vehicle tracking system, staff were also shown how to access and use the online HR system so they can arrange booking shifts and complete online training. However, there were no staff available during the inspection for us to discuss the effectiveness of induction and there was no evidence in staff record files that any inductions had been completed.
- WMS used student paramedics from years 1, 2 and 3; however, there was no system in place to ensure each job had an appropriate staff skill mix. For example, two year 1 student paramedics could do a job together as work was organised on an ad hoc basis.
- We checked five staff files, all had up to date driver's license checks and Disclosure and Barring Service checks (a check to prevent unsuitable people from working with vulnerable groups, including children). The inspection team requested evidence of how the management team monitored driving offenses and their plan for checking this. This information was not provided.
- Staff records did not take into account the information required in 'Schedule 3' of the 'Health and Social Care Act 2008 (Regulated Activities) Regulations 2014'. Of the five staff personnel files we viewed, none were fully completed or up to date. Required information that was missing included, appropriate references, full work history, medical questionnaires, evidence of appraisals and evidence of qualifications. For example, the application in one staff file showed three references who were all friends of the applicant. Only one reference provided a contact telephone number, none of the references gave address details and none of the references were from an employer. Therefore the

systems for checking the suitability of applicants were not robust. The registered manager also advised us there was no formal interview process for the operations manager.

## Access to information

- Policies were stored in folder labelled 'CQC Folder' therefore it was not obvious to staff where they could get information regarding the companies policies and procedures.
- The company employee online system was used to disseminate learning, for example, the company had introduced a new policy regarding epinephrine auto-injectors (a device used to manage potentially life-threatening anaphylactic reactions to allergens). Staff used a tick box system to show they had read and understood the information, however there were no records to support this.
- Managers used the website to notify staff of any changes to policy and procedures, for example, the policy on the use of mobile phones. However, there were no systems in place to monitor whether or not staff had read and understood policy changes or whether the changes were being implemented by staff. When we asked the registered manager how they ensured staff adhered to policy changes, he replied "I hope they do."

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

- We viewed the company consent policy which provided a definition of consent, referred to the Mental Capacity Act 2005 and stated the importance of not assuming a patient lacked capacity due to age, disability or because their views differed from your own. However, the policy did not provide guidance or pathways for staff to follow in the event they suspected a patient lacked capacity. Therefore, there were no assurances staff would follow legal practice in the event a patient lacking capacity.
- The consent policy did not refer to Gillick Competencies or define staff responsibilities when providing treatment to young people when a parent/carer was not present. Gillick Competencies is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

# Patient transport services (PTS)

## Are patient transport services caring?

### Compassionate care

- We were unable to make any judgements regarding whether the service was caring as there were no patient transport service journeys on the day of our inspection. Therefore, we did not view staff interactions with patients and the public. We asked the manager for details of patients we could ring but these were not supplied.
- The registered manager offered to seek consent from a patient who had been recently transported as a medical repatriation case. This information was not subsequently provided, although it indicated that the provider still undertook ad-hoc transport work.
- We saw past customer comments, which included; “The service delivered by Want could not have been better or more person centred.” and “The crew were very respectful to my mother and treated her with great dignity, consideration and kindness.”

## Are patient transport services responsive to people’s needs? (for example, to feedback?)

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

- The inspection team requested evidence of monitoring response times, the percentage of on time patient journeys and the percentage of same day bookings from the six months prior to the inspection. This information was not provided. Therefore, there were no assurances service planning was monitored.
- The registered manager advised us staff responded to work as it came in as the majority of patient transport service requests were on an ad hoc basis.

### Meeting people’s individual needs

- At the time of inspection, the ‘Statement of Purpose’ on the WMS website stated the company could provide Patient Transport Services to; people with learning disabilities or autistic spectrum disorder, older people, younger adults, children 0-3 years, children 4-12 years,

children 13-18 years, people with mental health issues, physical disability or sensory impairment, people with dementia, people detained under the Mental Health Act, people who misuse drugs and alcohol and people with an eating disorder. However, when we spoke with the manager, he advised us WMS no longer provided support for most of these groups and the website was out of date. Therefore, there was a risk patients with these conditions would employ WMS presuming staff had the knowledge, skills and training to be responsive to their needs.

- We asked the manager how the environment within the ambulances were adapted to meet the needs of people in these groups. We were advised crew had access to an air mattress for transport over long distances to support patients who were at high risk of pressure ulcers, for example older people. We were also shown a vehicle that had a solid bulk head which prevented patients in the back of the ambulance gaining access to the driver. This was used to transport patients living with dementia and mental health issues. We were also advised three members of staff would undertake any patient transfers involving someone living with dementia or a mental health issue. This ensured two members of staff sat in the back of the ambulance with the patient at all times. However, we were not shown any records to confirm three staff attended these patients.
- National statistics showed 8% of people living in the area surrounding Portslade do not have English as their main or preferred language. WMS were unable to show evidence of access to or support from translation services. Therefore, there were no assurances that patients whose first language was not English had access to reliable information regarding Patient Transport Services.

### Access and flow

- At the time of inspection, telephone and email contact details on the WMS website were not responded to and were out of date. The only effective way for the public to contact the company was using the online booking form. Therefore, there was a risk the public could not get access to patient transport services when they were required, as the methods of contacting the company were unreliable.

### Learning from complaints and concerns

# Patient transport services (PTS)

- The inspection team requested the number and details of complaints from the 12 months prior to the inspection. This information was not provided. Therefore, there were no assurances complaints were monitored.
- The complaints policy stated all complaints must be responded to within seven days. Of the three complaints, we saw, all had been responded to within seven days and were investigated by the operations manager.
- However, we viewed the company complaint files and found the registered manager had completed an investigation into a complaint involving a member of staff he was related to. The reason given as to why the registered manager investigated the complaint and not the operations manager was that the operations manager was also involved. However, this could be seen as a conflict of interest and therefore there were no assurances the complaint was investigated without bias.
- An example of policy change because of a complaint was the use of mobile phones by staff when they are accompanying patients in the back of vehicles. A policy had been implemented that staff must not use personal mobile phones at any time during an assignment and that mobiles must only be used in an emergency. However, there were no systems in place for checking this was happening.

## Are patient transport services well-led?

### Vision and strategy for this core service

- During our inspection, we did not see any evidence of promoting the company values, for example posters in staff rooms. The registered manager was unable to tell us what the company's values were.
  - We found the companies 'Mission Statement' on the WMS website. However, when we asked the manager to confirm what the mission statement consisted of, he did not know.
  - The manager was unaware the statement of purpose was out of date and stated the company no longer provided transport for example; to people in the autistic spectrum and people detained under the Mental Health Act. CQC registration processes for providers' states "You will need to notify us if you make any changes to your statement of purpose...You must also send us a revised copy of the statement." Therefore, WMS was not meeting requirements set out by CQC registration processes.
- ### Governance, risk management and quality measurement
- As part of CQC inspection processes, the CQC inspection team contacted the provider 12 weeks prior to our announced inspection to advise the registered manager of our visit and enable the provider to collect data as part of the pre inspection report. However, WMS did not provide CQC with any data prior to our inspection and there was no engagement with CQC from WMS prior to the day before inspection. On the day of inspection, the registered manager was an hour late for the arrival of the CQC inspection team. As the data requested on the pre inspection report had not been submitted, on the day of inspection the team supplied a list of 28 data requests and gave the registered manager 10 days to provide the information. None of this information was made available to us within the 10 day period.
  - The registered manager was unclear about auditing at the company. We were informed the operations manager performed spot checks, however we were not shown evidence of this and the management team were unable to explain findings or any resulting actions. Therefore, there was no auditing of patient transport services that could be described or produced.
  - There was a system for checking the cleanliness and readiness of vehicles by crew at the start and end of each assignment. We saw completed checklists; however, the state of the vehicles did not demonstrate the checklist had been accurately completed or that managers checked the quality of cleaning.
  - The environment at the base was chaotic which produced difficulty in locating key documents requested by the inspection team. For example, we asked to see the incident folder; however, the folder we were directed to did not include data regarding incidents. We found a loose incident form on a desk dated 2015 and were told this was due to be filed. Therefore, the environment and filing systems in place were not conducive to effective risk management.

# Patient transport services (PTS)

- We found there was a lack of processes to assess, monitor and mitigate the risks relating to the health and safety and welfare of patients and others. The company did not maintain a risk register or have access to a health and safety committee. The registered manager was unable to provide explanations of how risks to staff and patients were identified, assessed or detail any mitigating actions.
- The registered manager and the operations manager met monthly to discuss the current state of the business, incidents and complaints. The registered manager advised us these meetings were not minuted, however the operations manager completed an action log detailing further actions, completion dates and a responsible person. During the inspection we asked to see the log and were advised it was not kept on the premises, as the operations manager kept it with him. Therefore, the management team were not compliant with the Data Protection Act 1998 and the CQC team was not sent evidence of the action log after the inspection.
- We saw risk assessments for specific pieces of equipment such as ramps and carry chairs. However, these were generic assessments and contained little detail regarding best practice and reporting of issues.
- We noted that the registered manager had not reviewed the company web-site or statement of purpose held by the CQC. These were not current at the time of the inspection and gave inaccurate information to the public. We also noted that policies were not regularly reviewed and kept up to date.
- The registered manager was the safeguarding lead and was also responsible for manual handling, infection prevention and control and first aid training. The operations manager was responsible for overseas operations such as expatriation, they were also the lead for paramedics, the accountable officer for controlled drugs and responsible for company policies and procedures and dealt with complaints. There was also a personnel officer who was responsible for references and human resources.
- There were no staff available to speak to on the day of inspection to ask about the culture of WMS.
- The leadership team did not have the capability to run the service effectively due to the lack of understanding of their responsibilities around governance, the lack of risk register meant the management team were unsure of the risks around them, the chaotic environment, the inability to provide CQC with information and the lack of engagement with CQC prior to the inspection.

## Public and staff engagement

- The inspection team requested results from patient and customer surveys. This information was not provided. Therefore, there were no assurances WMS was engaging with the public or its staff.
- The WMS website did not contain up to date information at the time of inspection. Specialist services available to the public were incorrect and the contact details provided were not responded to. After the inspection we noted the provider had not updated the website to reflect the regulatory action we had taken. After advising the provider of this, the website was updated.
- The WMS website had a feedback page where customers could voice their views regarding the service they had received. The company also contracted a business review website to receive patient feedback. However, the contract ended in 2016 due to a lack of responses from the public.
- All vehicles had a sign stating customer feedback was welcome and all vehicles carried 'How are we doing?' forms. These asked members of the public to comment on 'Your Transfer', 'Our Staff' and provided space for comments. We were advised returned feedback forms were collated in a folder. However, when we were shown

## Leadership / culture of service related to this core service

- The registered manager had been in post since August 2011 and was also the company director and had therefore been with the company since it started in 2000. As well as the registered manager, the management team comprised of the medical director who reduced their commitment to the company two years ago but remained in a supporting role as a medical advisor on a part time basis. On the company website the medical advisor was still noted to be the medical director, even though they had stepped down from the role 18 months prior to the inspection. There was also a freelance operations manager who worked part time and had been in post 12 months.

# Patient transport services (PTS)

the folder it did not contain any completed feedback forms and this was the only method of public feedback used by the company. Therefore, there were limited systems for gaining patient feedback and the systems that were available were not effectively used.

- In the 12 months prior to our inspection, WMS had not conducted a staff survey. Therefore there were no systems in place for staff to anonymously give their views regarding the management of the company.

- The registered manager was proud of the work WMS undertook on behalf of charities such as Oxfam.
- The business had seen much of its patient transport services work decline in recent years due to the structure of the local health economy. At the time of inspection there were no plans regarding the sustainability of the business. The registered manager said the plan was “to still be in business in 12 months’ time.”

## **Innovation, improvement and sustainability**

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital MUST take to improve

- Review cleaning guidelines and policies to ensure effective cleaning of the environment
- Regularly audit cleaning schedules to ensure standards
- Ensure staff toilet facilities and kitchen have separate hand washing facilities
- Ensure floors are not used for storage
- Introduce regular checking of the cleanliness of vehicles
- Review clinical waste storage facilities to ensure they are secure
- Review waste policies to prevent mixing clinical and domestic waste
- Review medicines policies, procedures, storage and auditing practices to ensure medicines are not out of date and stored correctly in line with current legislation and guidance
- Review the storage of medical gasses to meet current guidance
- Review equipment maintenance, servicing and cleaning schedules to ensure all equipment used by patients is clean and properly maintained
- Review methods of notifying staff about the proper of use equipment
- Introduce a formalised system of governance including scheduling, agenda, content and minutes
- Implement an auditing plan for all aspects patient transport services and their management
- Review systems for checking staff compliance with training, cleaning and management notifications
- Ensure policies include guidance or pathways for staff to follow in the event they suspect a patient lacks capacity to give consent, or if consent is required to provide care and treatment to a child
- Ensure that complaints are handled in line with the organisational policy, and that investigations are carried out by an appropriate person
- Review office information systems to ensure easy access to information and compliance with information governance standards
- Review and expand systems of obtaining public and commissioner feedback
- Introduce methods of obtaining staff feedback
- Introduce and maintain a risk register
- Review systems that maintain staff records to ensure compliance with 'Schedule 3' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>12. — (1) Care and treatment must be provided in a safe way for service users.</b></p> <p>(2)</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</p> <p>(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;</p> <p>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <p>(g) the proper and safe management of medicines;</p> <p>(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>15. — (1) All premises and equipment used by the service provider must be—</b></p> <p>(a) clean,</p>

## Enforcement actions

- (b) secure,
- (c) suitable for the purpose for which they are being used,
- (d) properly used,
- (e) properly maintained,
- (2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

17. — (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of

the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from

the carrying on of the regulated activity;

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and

treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

(d) maintain securely such other records as are necessary to be kept in relation to—

This section is primarily information for the provider

# Enforcement actions

(i) persons employed in the carrying on of the regulated activity,

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed <b>19. - (3) The following information must be available in relation to each such person employed—</b> (a) the information specified in Schedule 3