

Network Medical Services Ltd

Network Medical

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

Network Medical is operated by Network Medical Services Ltd. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC regulates the patient transport service and treatment of disease, disorder and injury service provided by Network Medical, which makes up approximately one per cent of the business. The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Network Medical that we do not regulate are occupational health services and event services. The service had not transported any children since it was opened in 2016.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 17 July 2018.

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.

Services we do not rate

We planned and carried this inspection out under our previous comprehensive methodology, before we had the legal duty to rate services.

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

We found the following areas of good practice:

- Although the service had reported no incidents, no serious incidents and no never events, staff were aware of their roles and responsibilities to report, investigate and learn from incidents, offering apologies and explanations to patients in an open and transparent manner.
- Staff were up-to-date on mandatory training and there were systems in place to monitor staff compliance with mandatory training.
- Patients, planned journeys and events were risk assessed prior to completion. Templates were used to collect key information such as past medical history, any clinical risks, mobility issues, and equipment needs.
- Patient records were written and managed in line with good practice. We saw patient transport forms were accurate, complete, legible, and up-to-date. Staff had access to relevant information when needed.
- Policies and guidance were largely based on national guidance and recommendations.
- Patient transfers were delivered in a coordinated way with all other services involved.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- Patients were treated with compassion, in a respectful and dignified way. Patients and their relatives/carers were kept informed if there was likely to be any delay.
- The service effectively planned and delivered services based on patient needs.
- The service could facilitate the transfer of patients with additional needs, such as patients living with dementia.
- Effective procedures were in place to respond and learn from complaints.
- The service had a clear vision underpinned by strong patient-centred values.

Summary of findings

- The service had an open and learning culture, fully focused on patient care. Stakeholders told us that the service was flexible, reliable, with professional and dedicated staff.
- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had a clear vision underpinned by strong patient-centred values.

However, we found the following issues that the service provider needs to improve:

- Infection prevention and control and environmental audits were not undertaken. This meant procedures and practice were not reviewed which meant opportunities to learn and improve were lost.
- There was not an effective governance process in place to provide oversight of medicines and disposable equipment checks.
- There was not an effective system in place to manage medicines as we found a variety of out of date medicines. We raised this with the registered manager who immediately removed the out of date medicines from use. Staff administered medicines, but had not received recognised training and we did not see clear evidence of their competency to enable them to administer these medicines. Temperatures where medicines were stored were not monitored or recorded. Therefore, we could not be assured medicines were stored at their recommended temperatures. We could not be assured of the efficacy of some medicines stored by the service.
- Staff administered life-saving medicines under patient group directions. We saw no evidence that staff had necessary the competencies to enable them safely administer these medicines to patients in their care.
- The provider did not ensure staff had the required authorisation to administer prescription-only medicines. Paramedics, nurses and technicians had access to several medicines they were lacked authorised to administer.
- The registered manager/safeguarding lead was not trained to level four safeguarding adults and children which was not in line with national guidance.
- A registered manager led the service who had most of the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.
- The service did not have an effective system in place to demonstrate risks had been identified and actions taken to mitigate risks. Risks found on inspection had not been recognised by the service. Audits were not planned so learning could not be used to drive improvements.
- Due to the small size of the service, it did not have any key performance indicators and did not routinely monitor performance beyond bookings taken. Governance systems were not established or effective. There were not effective systems in place to ensure policies were reviewed to reflect current guidance.

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 three requirement notices that affected patient transport services. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region),

On behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Why have we given this rating?

Patient transport services were a small proportion of activity with three journeys in the past year. The main service was occupational health services (90%) which we do not regulate. The service completed private patient transfers between healthcare providers and the patient's home. Network Medical also provided a small proportion (9%) of medical cover for sports games and community events.

Staff were caring and aimed to deliver a high-quality service for patients. Governance arrangements for management of medicines and disposable equipment were not effective and not all risks in the service had been identified. Senior staff did not have the right level of safeguarding training. There was no formal audit process used to drive improvements in the service.

Network Medical

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Network Medical

Network Medical is operated by Network Medical Services Ltd. The service opened in 2016 as Network Medical Limited Liability Partnership (LLP). The company changed its legal entity in March 2018 from Network Medical LLP to Network Medical Services Ltd. It is an independent ambulance service in Shefford, Bedfordshire. The service primarily serves the community of Bedfordshire. The service provides non-urgent, planned transport for patients with a medical need who need to be transported to and from other services. The service also provides occupational health services and first aid cover for planned events such as shows and school events. The service does not provide an emergency response service.

The Network Medical fleet consists of one vehicle, used for transporting people in stretchers and wheelchairs. The service employs five staff, which includes a mixture of nurses and ambulance technicians.

The service has had a registered manager in post since registration in March 2018. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. We carried out an announced inspection on 17 July 2018 under our comprehensive methodology. This was the first inspection of the service under its new registered legal entity.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Phil Terry, Inspection Manager.

Facts and data about Network Medical

Network Medical provides the transportation of patients between providers, locations and patients' homes. The majority of services are provided around Bedfordshire and the surrounding counties.

The service is registered to provide the following regulated activities:

- Transportation Services, triage and medical advice provided remotely.

- Treatment of disease, disorder or injury.

During the inspection, we visited the base unit. We spoke with the registered manager and a bank paramedic. During our inspection, we reviewed two sets of patient records. We inspected the one vehicle at the base site.

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

Detailed findings

This was the first inspection of the service under its new registered legal entity.

Activity (May 2017 to June 2018)

- In the reporting period May 2017 to June 2018, there were three patient journeys undertaken and the service provided cover at 14 planned events.

The service employs five full time and one part time bank staff members. A named medical director assisted with the clinical management of the service.

Track record on safety:

- No never events.
- No clinical incidents.
- No serious injuries.
- No complaints.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The main service provided by this service was occupational health services, which is out of scope for CQC registration. Patient transport services were a very small proportion of activity. Where arrangements were the same, we have reported findings in the patient transport services.

Summary of findings

We found the following areas of good practice:

- Although the service had reported no incidents, no serious incidents and no never events, staff were aware of their roles and responsibilities to report, investigate and learn from incidents, offering apologies and explanations to patients in an open and transparent manner.
- Staff were up-to-date on mandatory training and there were systems in place to monitor staff compliance with mandatory training.
- Patients, planned journeys and events were risk assessed prior to completion. Templates were used to collect key information such as past medical history, any clinical risks, mobility issues, and equipment needs.
- Patient records were written and managed in line with good practice. We saw patient transport forms were accurate, complete, legible, and up-to-date. Staff had access to relevant information when needed.
- Policies and guidance were largely based on national guidance and recommendations.
- Patient transfers were delivered in a coordinated way with all other services involved.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- Patients were treated with compassion, in a respectful and dignified way. Patients and their relatives/carers were kept informed if there was likely to be any delay.

Patient transport services (PTS)

- The service effectively planned and delivered services based on patient needs.
- The service could facilitate the transfer of patients with additional needs, such as patients living with dementia.
- Effective procedures were in place to respond and learn from complaints.
- The service had an open and learning culture, fully focused on patient care. Stakeholders told us that the service was flexible, reliable, with professional and dedicated staff.

However, we found the following issues that the service provider needs to improve:

- Infection prevention and control and environmental audits were not undertaken. This meant procedures and practice were not reviewed which meant opportunities to learn and improve were lost.
- There was not an effective governance process in place to provide oversight of medicines and disposable equipment checks.
- There was not an effective system in place to manage medicines as we found a variety of out of date medicines. We raised this with the registered manager who immediately removed the out of date medicines from use. Staff administered medicines, but had not received recognised training and we did not see clear evidence of their competency to enable them to administer these medicines. Temperatures where medicines were stored were not monitored or recorded. Therefore, we could not be assured medicines were stored at their recommended temperatures. We could not be assured of the efficacy of some medicines stored by the service.
- Staff administered life-saving medicines under patient group directions. We saw no evidence that staff had necessary the competencies to enable them safely administer these medicines to patients in their care.
- The provider did not ensure staff had the required authorisation to administer prescription-only medicines. Paramedics, nurses and technicians had access to several medicines they were lacked authorised to administer.

- The registered manager/safeguarding lead was not trained to level four safeguarding adults and children which was not in line with the intercollegiate document.
- There was no formal audit process used to drive improvements in the service.
- The service did not have an effective system in place to demonstrate risks had been identified and actions taken to mitigate risks. Risks found on inspection had not been recognised by the service. Audits were not planned so learning could not be used to drive improvements.
- The service did not have any key performance indicators and did not routinely monitor performance.
- Leaders did not have effective systems in place to ensure policies were reviewed to reflect current guidance.

Patient transport services (PTS)

Are patient transport services safe?

We planned and carried this inspection out under our previous comprehensive methodology, before we had the legal duty to rate services.

Incidents

- There was an effective system in place for reporting incidents, and staff understood how to report, record and investigate an incident using the service's incident reporting process and documentation.
- There were no never events reported in this service from May 2017 to June 2018. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The service had an incident policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.
- There had been no incidents reported from May 2017 to June 2018. The service used a database for the recording or monitoring of incidents, investigations, outcomes or learning. As there had been no incidents reported, we did not see any evidence of investigations, feedback to staff or learning from incidents. Staff were aware of their roles and responsibilities to report, investigate and learn from incidents, offering apologies and explanations to patients in an open and transparent manner.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that 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.
- The provider had a policy in place, which described their responsibilities under the duty of candour legislation. Staff had an awareness of the requirements of duty of candour.

Clinical Quality Dashboard or equivalent

- Due to the small size of the service, there was no quality dashboard in place. The manager monitored activity using feedback forms to identify areas for improvement. We saw evidence of feedback forms received which revealed positive feedback from stakeholders.
- Network Medical did not complete environmental cleaning audits. There was no evidence the service undertook audits of staff adherence to personal protective equipment (PPE) procedures, infection prevention and control procedures, or in relation to the completion of patient records. We were not therefore assured the service monitored their systems and used results to improve patient safety.

Mandatory training

- The service provided mandatory training to staff and had systems in place to monitor staff compliance with mandatory training. Compliance was 100%.
- A programme of mandatory training included face-to-face training and e learning, which was accessed via the staff portal. Staff were provided with access to the portal which could be used on computers in the ambulance station.
- An external company provided mandatory training annually. We reviewed five staff training records and found all staff had completed initial and refresher mandatory training which included fire safety, first aid at work, moving and handling, protecting vulnerable adults and children, duty of candour, infection prevention and control, and Mental Capacity Act training. Staff with particular roles, such as ambulance technicians and emergency medical technicians, were required to complete additional mandatory training essential to their roles.
- Evidence provided following our inspection showed that all staff had received intermediate life support training.
- We saw that all staff with driving responsibilities had completed the necessary training and fitness to work checks were in date.
- We saw evidence that all driving licenses were checked to ensure staff were licensed to drive the correct class of vehicle and did not have any driving convictions that would affect the organisation. Driving licenses were checked via the Driver and Vehicle Licensing Agency (DVLA).

Patient transport services (PTS)

Safeguarding

- There were systems, processes and practices in place to protect adults, children and young people from avoidable harm; however, senior staff did not possess the necessary level of training.
- The service had a safeguarding policy for vulnerable adults and children in place. It contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. The policy also held contact details of local authority safeguarding teams who could be contacted for advice or to make a safeguarding referral.
- The service had not had to complete any safeguarding referrals from May 2017 to June 2018.
- All staff had received safeguarding adults and children level two training. Compliance for this was 100%. The registered manager was the appointed safeguarding lead for vulnerable adults and children. They had been trained to level two. This did not meet national guidance. National guidance from the Intercollegiate Document for Healthcare Staff (2014) recommends that named health professionals in ambulance organisations should be trained to level four. There were also no arrangements in place for the provider or the registered manager to seek advice from a safeguarding lead from another external organisation. We raised this with the registered manager. Evidence was provided following our inspection which showed the registered manager had booked a place on a safeguarding children training level four course in September 2018.
- Arrangements for checking all staff's fitness to work with vulnerable adults and children were effective and essential checks had always been carried out for all staff. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. Disclosure and barring service (DBS) checks were carried out for all staff. The service had a policy and checklist to complete to ensure staff had up to date DBS certificates on file.
- There was an up-to-date infection prevention and control (IPC) policy, and this was available electronically and stored as a paper copy in policies and procedures file. The IPC detailed routine practice and control measures for all staff. This included guidance on correct hand washing, personal protective equipment and cleaning regimes.
- We saw that staff had received infection control training as part of induction and annual mandatory training.
- There was a standard operating procedure for decontamination dated April 2018 in place, which detailed decontamination procedures, risk assessment for decontamination and responsibilities of cleaning the equipment in use and the ambulances.
- There was a cleaning and deep cleaning schedule, which detailed the frequency, method and responsibilities of cleaning the equipment in use and the ambulances. However, not all equipment within the vehicle was visibly clean at the time of inspection. We raised this with senior staff at the time of our inspection who said thorough cleaning including swabbing will be undertaken. The registered manager provided evidence of deep cleaning undertaken following our inspection.
- We saw that sanitising hand gel was available on the vehicle. Staff were able to account for when this would be used.
- The service provided appropriate waste disposal systems, which included domestic waste, clinical waste and sharps bins. The appropriate containers were observed to be in place during inspection.
- There were colour-coded bins in place for both general and clinical waste. Clinical waste was stored on site, and was collected at prearranged times when necessary. The clinical waste bin was locked. This meant clinical waste could not be removed from the bin therefore did not present a health and safety risk.
- Personal protective equipment, such as gloves and aprons, were available on the ambulance. However, we found disposable gloves which were out of date in 2016. We raised this with senior staff who removed the gloves from the vehicle.
- Staff washed their uniforms at home. We looked at the IPC policy, which detailed staff keeping a spare uniform at base in the event of contamination.
- A spillage kit was available in the vehicle we looked at. Staff we spoke with knew the process of decontamination following transportation of patients with suspected communicable diseases.

Cleanliness, infection control and hygiene

- The service had systems in place to maintain cleanliness of vehicles and equipment. This included pre- and post-use cleaning regimes and monthly quality control checks. However, staff did not undertake vehicle cleanliness audits to identify areas for improvement.

Patient transport services (PTS)

- As the service completed only pre-planned transfers, staff could be informed of any communicable infection risks prior to completing the transfer. Additional precautions such as goggles and masks were available if necessary.
- There was signage to alert staff to storage of Control of Substances Hazardous to Health (COSHH) substances and a folder detailing individual storage requirements and risk.

Environment and equipment

- Premises and equipment were appropriate and well maintained. However, the service did not have effective systems in place to ensure that all medical consumables and clinical stock on the vehicle was fit for use.
- Network Medical premises was situated on an industrial estate on a farm. The service included an office area, staff room, storage room and kitchen area. There was secure storage for the vehicle and the kits within the vehicle.
- The service did not have a robust system in place to ensure the safety and maintenance of equipment. For example, we found a range of out of date disposable equipment in the vehicle including disposable gloves (use by date was August 2016), electrocardiogram (ECG) electrodes (use by date was 2017), suction catheter (use by date was 2017), instant easy ice pack (use by date 2016), wound dressings (use by date 2014), lubricating gel (use by date 2016), burn dressings (use by date 2017), four airways tubes (use by dates were 2013, January and April 2018).
- We raised this with the registered manager who immediately removed out of date equipment from the vehicle. Following our inspection, we asked for assurance of how staff oversight of equipment checks will ensure this does not happen again. We received an action plan which detailed actions including applying a list of equipment and bag seals with marked expiry dates to mitigate future risks.
- We saw that all vehicles were registered with valid Ministry of Transport (MoT) certification, with appropriate insurance in place. All keys were kept securely within the property.
- The service had an agreement with a local garage who maintained their vehicle. The vehicle we checked had appropriate checks for roadworthiness.
- A system was in place for the management of faulty equipment. If a piece of equipment was identified as being faulty, it was removed from use and documented on a record sheet. Arrangements were made to fix the fault so it could be returned as swiftly as possible.
- The vehicle we inspected had equipment that included first aid equipment, defibrillator, blankets and suction equipment. A defibrillator is an electronic device that applies an electric shock to restore the rhythm of a fibrillating heart.
- We saw that equipment was available to ensure patient safety throughout a journey. This included a wheelchair and stretcher, which could be strapped into place for safety.
- Although the service did not routinely transfer children, staff had access to paediatric straps. If children were to be transported, they would be accompanied by a parent or carer.
- Patients using the service, who had their own equipment such as wheelchairs, were assessed prior to agreement of the transfer by the service lead. This process ensured that the vehicle was appropriate and that the transfer would be safe.
- Fire extinguishers were available in the vehicles and had undergone checks to ensure safety. We found fire extinguishers were clearly marked with the next service test date and all were within date.
- The service was not used for the transfer of patients detained under the Mental Health Act (1983).

Medicines

- There were ineffective systems in place regarding the management, use and storage of medicines.
- The medical director and registered manager took responsibility for the safe provision and management of medicines. The medical director ordered medicines, that the manager received and stored securely in a locked cupboard by the manager.
- There was not an effective system in place to manage use of medicines safely. For example, we found five medicines out of date. These medicines were up to six months past their expiry date. We raised this with the registered manager who immediately removed the out of date medicines from the stock cupboard and the vehicle and said they will be taken to a local pharmacy for safe disposal and systems will be put in place to ensure expiry dates are checked regularly. Following our inspection, we asked for assurance of how staff

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oversight of medicines stock checks will ensure this does not happen again. We received an action plan which detailed actions including reviewing the current policy, introducing a list of medicines and bag seals with marked expiry dates to mitigate future risks.

- The service stored a medicine that was also a controlled drug used to treat seizures. The service lacked the relevant Home Office license. Controlled drugs are medicines that require an extra level of safekeeping and handling. We raised this with the registered manager who told us following the inspection that this medicine had been returned to a local pharmacy
- We found four medicines bags (grab bags) in the ambulance vehicle containing prescription only medicines (POM). Staff said the grab bags were used for event cover. The grab bags were permanently stored in the vehicles which meant that medicines were also available and could be used during patient transfers. These grab bags were available for use to both clinical staff (nurses) and non-clinical staff (ambulance technicians) who had not received appropriate authorisation, training and guidance on these medicines. For example, appropriately written and authorised Patient Group Directions (PGDs) allow specified healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- We asked for evidence of PGDs for staff and were provided with a document which included a list of medicines which had been signed by both a doctor a member of staff. This lacked the detail we would expect to see within a PGD in line with the Human Medicines Regulations (2012) and National Institute for Clinical Excellence (NICE) PGD guidance.
- NICE guidance states that before practising under a PGD, health professionals should ensure they have undertaken the necessary initial training and continuing professional development have been assessed as competent and authorised to practise, have signed the appropriate documentation and have read and understood the content and context of the PGD. We therefore could not be assured that staff had necessary competencies to safely administer medicines to patients in their care in the event of sudden deterioration during a patient transfer journey.
- POMs were available for use by staff who did not have the necessary competencies and qualifications to safely administer medicines.
- There was not an effective system in place to manage medicines as we found medicines storage temperatures were not monitored or recorded and a variety of out of date medicines. We raised this with the registered manager who immediately removed the out of date medicines from use. Staff administered medicines but had not received recognised training and we did not see clear evidence of their competency to enable them to administer these medicines. We could not be assured of the efficacy of some medicines stored by the service.
- There was a specific locked cupboard for storing medicines. Storage temperatures were not monitored or recorded. Therefore, we could not be assured that medicines were stored at their recommended temperatures. We raised this with the registered manager who acknowledged this was an issue and said this would be addressed. One medicine held should be stored in a fridge, but can be also stored at room temperature with a revised expiry date. We found this medicine stored at room temperature but were not assured that the expiry date was appropriately revised.
- Nurses, a paramedic and technicians had access to several medicines they were not authorised to administer. Therefore, we were not assured of the safe prescribing and administration of this medicine. There was a potential risk that these medicines may be used in an emergency when the service was providing a regulated activity. Following our inspection, we sent an urgent letter to the registered manager requesting for further assurance. In response, we were told registered nurses administered medicines and this was covered under professional accountability. All crews had undertaken a course of 'first person on scene' (FPOSi) training or equivalent. The course included training and assessment for the safe administration of medicines. In addition, all staff had undertaken a medicine administration assessment and were approved to administer medicines within their clinical grade upon successful completion. A copy of authorisation was maintained by everyone.
- We reviewed the medicines' management policy, which was in date. The policy was stored electronically and a paper version was available in the policies and procedures file.

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- Small oxygen cylinders were available on ambulances to enable the transfer of oxygen dependent patients to and from the ambulance. Medical gases were stored in a well ventilated and secure area. The manufacturer delivered medical gases to the service.

Records

- Patients' individual care records were well managed and stored appropriately and securely in the premises. Records seen were accurate, complete, legible and up to date in all cases.
- We looked at two patient transport forms and saw that they were accurate, complete, legible, and up-to-date. Patient information from other providers was held electronically and stored on password-protected computers.
- Network Medical had a General Data Protection Regulation (GDPR) policy which stated that all medical information, records, treatment sheets and other personal data will be stored in accordance with GDPR. The policy detailed the length of time records would be stored and personal detail would not be shared with a third party without permission except where required by law.
- Patient information was recorded on paper templates, which were stored securely at the service address after use.
- Control staff sent patient and journey details to staff through hand held electronic devices. Information sent included patients names, contact telephone number, collection and destination addresses, and any special notes about the patient's mobility needs or medical conditions.
- If patients carried paper records with them, they were stored with the patient's property.
- Information on whether a patient had a do not attempt cardiopulmonary resuscitation order in place or end of life care planning notes were recorded on the patient notes section of the electronic record.

Assessing and responding to patient risk

- Appropriate procedures were in place to assess and respond to patient risk, including appropriate response to vehicle breakdown.
- Staff completed risk assessments for all planned activities. This included a risk assessment of the patient's conditions, their location, and access to the building. Staff also reviewed risks for staff attending to

ensure that staffing numbers and abilities were appropriate to the needs. We saw that the risk assessments were completed prior to the date of activity.

- Staff were encouraged to risk assess patients who may be aggressive or violent during their journey.
- Staff had access to training to support patients with mental health needs should those patients being transferred have deterioration in their mental well-being. However, the service did not transfer patients detained under the Mental Health Act or any patient who had a history of violence or aggression.
- All staff on the ambulance had been trained in intermediate life support, which gave them initial skills to notice if a patient was deteriorating, and when to call emergency help.
- Staff told us if a patient became unwell during a journey, they stopped their vehicle when safe to do so and then assessed the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support.

Staffing

- Staffing levels and skill mix were planned and reviewed to ensure that patients received safe care and treatment at all times.
- The service had five substantive members of staff and regular bank staff. The manager was responsible for the safe staffing of all transfers and activities. The bank staff attended work on an ad-hoc basis.
- The service did not employ any doctors for taking patients from events to hospital.
- Bank staff supplemented the service when activity was high. These were recruited through an external agency provider, who ensured that the service had access to staff details, training records and competencies prior to agreeing their attendance.
- During the inspection, we reviewed the lone working policy that was in date and appropriate. The policy was available electronically and in paper format which meant it could be accessed by staff at any time.
- The service used two crew members for patient transfer journeys and did not take any out of hours patient transfer requests.
- Staff told us there was a robust recruitment procedure, which included face-to-face interviews and checks were

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made to ensure the applicant was suitable to work with vulnerable adults and children. These checks included references from previous employers and a disclosure and barring service check. Staff files were held on-site.

Anticipated resource and capacity risks

- The service did not have a business continuity plan in place. However, senior staff told us they planned for anticipated risks and understood how to manage foreseeable risks such as adverse weather.
- Potential capacity risks were considered when planning services. Seasonal fluctuation in demand was recognised by the registered manager. This included a higher number of event bookings in the summer.
- There were processes in place on how to manage short-term sickness or emergency annual leave.

Response to major incidents

- The service did not have a major incident policy in place and did not provide an emergency response service.
- The service had a fire safety risk assessment policy dated July 2016 that gave guidance for all staff in terms of managing fire safety on vehicles and within the premises.
- In the event of a major incident, the service would refer to the emergency services for support, and complete tasks that they were competent and qualified to manage.
- For events' management, the service manager worked collaboratively with the events team to provide appropriate safety measures. This included the ensuring staff awareness of risks, actions required and escalation processes.
- Vehicles were covered with emergency breakdown cover for any vehicle failures whilst on the road.

Are patient transport services effective?

We planned and carried this inspection out under our previous comprehensive methodology, before we had the legal duty to rate services.

Evidence-based care and treatment

- There was an effective system in place to demonstrate that policies had been developed, reviewed, however, not all had been updated to reflect current practice. The service's policies were based on evidence-based guidance, standards, best practice, and legislation.
- There was a system in place to demonstrate that policies had been developed. Policies were based on evidence-based guidance, best practice, and legislation. These included the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute for Health and Care Excellence (NICE) guidance. NICE guidelines were followed for sepsis and the management of the deteriorating patient.
- Senior staff were aware of current evidence based guidance, standards and best practice was used to develop how their service, care and treatment was delivered.
- We reviewed all policies in place for the service; including those for infection prevention and control, medicines management, do not attempt cardiopulmonary resuscitation and incident reporting policy. Most policies had a date when first produced and a version number. However, we saw no evidence of dates for next review to reflect current practice.
- Local policies and standard operating procedures (SOPs) were available electronically in the station. Staff knew there were policies and procedures and could access them electronically.
- All staff employed by the provider had pre-employment checks, references and training records to ensure that they were competent and suitable for their role.
- The service did not complete formal audits, but we saw evidence that the service had a system to regularly assess and monitor the quality of service people received which included satisfaction surveys.
- Call-handling staff had different flowcharts to assess patients' eligibility for transport, depending on whether the call was being made by the patient, their representative, or a healthcare professional.

Assessment and planning of care

- Control room staff followed a script, which ensured relevant questions about a patient's mobility or additional needs were asked at the time of booking. The service had not transported any patients since its registration.

Patient transport services (PTS)

- The manager was informed of the patient's condition at the time of booking; this enabled the service to provide the necessary equipment and staffing numbers. Bookings were usually planned several days or weeks in advance.
- Staff identified patients by confirming their full name, home address and destination address to ensure they had the right details and were going to the correct destination.
- The service used national assessment tools for the monitoring of pain, and offered basic analgesia when necessary, during events. This was provided following an assessment and record of allergies, in line with the practitioner's registration.
- Patients' hydration needs were considered and there were some arrangements such as bottled water in the vehicle, which could be given to the patient if required.
- There were no service level agreements in place with NHS providers or clinical commissioning groups. This meant there were no formally agreed criteria of which patients Network Medical Services Ltd staff were transporting to and from hospitals.
- Patients' nutrition and hydration needs were considered and there were some arrangements such as bottled water in the vehicles, which could be given to the patient if required.

Response times and patient outcomes

- Due to the small size of the service, it did not monitor key outcome data. The service did not have any key performance indicators or performance monitoring information. For example, staff were unable to provide the number of journeys or patients transported at the time of our inspection. This information was collated by the registered manager following our inspection. The number of patient transport journeys was provided. The service had undertaken three patient transfer journeys from August 2017 to June 2018.
- The service accepted allocated work details, which were recorded electronically and were used to inform the resource required to effectively fulfil the booking.
- Staff collected data from completed vehicle movement sheets, which were reviewed internally by the registered manager to inform resource planning.
- There were no service level agreements or contracts in place with providers therefore we were unable to review how demand that exceeded contracted levels was managed.

Competent staff

- Staff had the skills, knowledge, and experience to deliver effective care and treatment. The service had systems in place to manage the effective staff recruitment process.
- Staff had the appropriate qualifications and experience for their role within the service. The manager held a nursing and midwifery qualification.
- The service employed two nurses. We checked the details of their professional registration with the Nursing and Midwifery Council (NMC) and found they were appropriately registered as nurses at the time of our inspection. This meant there were qualified, skilled and experienced staff to meet people's needs.
- The service had systems in place to manage recruitment processes. For example, we reviewed five staff files and found evidence of satisfactory references being requested and reviewed, driving license checks and professional registration certificates. Bank (temporary) and substantive staff underwent the same recruitment checks, induction and training programme.
- Bank staffs' skills and experience were assessed prior to commencing employment with the service. We saw bank staff training records, curriculum vitae, registration details and disclosure and barring service checks were shared with the service lead.
- The service did not employ any paramedics as substantive staff. Paramedics were used as bank staff. We saw evidence of their qualification, local induction and competencies within their files. We reviewed the file of a bank staff and found they had completed a service induction programme.
- The service undertook Disclosure and Barring Check (DBS) checks on both substantive and bank staff prior to their employment.
- We reviewed all staff records and found pre-employment DBS checks had been completed.
- There was an induction process and recruitment checklist in place. We saw evidence that all staff had received an induction.
- Driving licence checks were completed prior to commencement of employment, and checked annually by the manager to confirm staff's ability to drive the ambulances. The service did not provide a blue light service which meant that drivers were not required to complete a blue light course.

Patient transport services (PTS)

- The service did not monitor appraisal rates. Senior staff told us that staff met with the registered manager regularly to discuss any extra support they may need. However, there was no monitoring of how many staff had undergone an appraisal.

Coordination with other providers and multi-disciplinary working

- There were clear lines of responsibility and accountability for the service. Patient transfers were delivered in a coordinated way with all other services involved.
- During our inspection, we spoke with some of Network Medical corporate clients (representatives of a private hospital who used their services for patient transport services). They told us the service was reliable and the staff were knowledgeable and qualified. They said the service always sent a suitable person with the relevant medical equipment to be able to do the job effectively.
- Effective and positive multi-disciplinary working was evident. All necessary staff, including those in different services, were involved in assessing, planning, and delivering people's care and treatment. Staff told us they had effective communication with other services and teams of individuals they worked with.
- When staff transferred patients between services, they received a formal handover from staff at the transferring hospital.
- Staff telephoned care providers if there was a delay with the transfer of a patient.

Access to information

- Staff accessed relevant information, which was confirmed at the time of booking on the patient record form. This was supported by their own assessment of the patient.
- Staff accessed the information needed for specific patient journeys via the control room and reported that this worked well. Staff were reliant on the control room staff inputting all the relevant information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act 2005 (MCA), consent, and Deprivation of Liberty Safeguards (DoLS) were included in an annual training day provided by an external company. We found that all staff were up-to-date on this training.

- The service had a consent policy which was not dated. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Due to the nature of the service provided, the service had not completed any mental capacity assessments or best interest referrals from May 2017 to June 2018.
- Staff told us that consent was obtained from patients prior to all interventions, treatments and transfers.
- Network Medical had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) policy which referenced MCA in place (which was neither dated nor had a review date). This policy gave clear guidance for staff on managing bookings and for ambulance crew to check original DNACPR documentation when receiving a patient. The policy stated that in the event of an emergency where no DNACPR decision was in place, cardiopulmonary resuscitation must be attempted in accordance with the UK Resuscitation Council's guidelines.
- Staff were informed of active (DNACPR) orders prior to completing the planned transfer. On any occasion where DNACPR had not been discussed prior to transfer, patients would be resuscitated in line with Network Medical Services Ltd policy.

Are patient transport services caring?

We planned and carried this inspection out under our previous comprehensive methodology, before we had the legal duty to rate services.

Compassionate care

- Staff said they maintained patients' privacy and dignity, by using clean blankets to cover them and ensuring they closed the vehicle door before moving or repositioning patients. We saw that each vehicle had a supply of extra linen to support patient dignity when transporting patients.
- We were told that staff "did everything they could to make the journeys as comfortable as possible", responding "quickly to needs".
- Ambulance crews said they maintained patient's privacy and dignity by completing treatments behind closed doors and seeking permission prior to any personal activities.

Patient transport services (PTS)

- When patients were accompanied by relatives or carers, we were told that the ambulance crew would ensure that all passengers were comfortable and safe prior to commencing the journey.
- We saw a sample of comments and feedback messages received by the service, which were complimentary about the care and respect shown by staff to patients. They referred to their kindness and professionalism of the staff.

Understanding and involvement of patients and those close to them

- Crew members kept patients and/or their relatives updated if there were likely to be any delays.
- Staff could recognise when patients and those close to them required additional support to help them understand and be involved in their care during a patient journey. Staff also knew how to access the additional support when required.

Emotional support

- Although we were unable to observe staff and patient interactions directly, we spoke with ambulance staff in the service about what they would do when transporting a patient in receipt of end of life care. Staff we spoke with demonstrated a consideration for the emotional wellbeing of patients and their relatives.
- Staff understood the impact that a patients' condition, care and treatment would have on their wellbeing.
- Crew members said they had never had a patient die in their care during a patient journey. However, they had received training in communication which included communicating with patients' relatives in the event of a distressing event.

Supporting people to manage their own health

- Staff empowered and supported patients to manage their own health, care and wellbeing and to maximise their independence during patient transfer journeys.
- The two patient transfer forms we looked at showed staff had carried out an assessment of how patients could travel, if they required a wheelchair or if they could walk. Patients who could walk were encouraged to walk to maximise independence.

Are patient transport services responsive to people's needs?

We planned and carried this inspection out under our previous comprehensive methodology, before we had the legal duty to rate services.

Service planning and delivery to meet the needs of local people

- The service provided ad hoc non-emergency planned transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and being discharged from hospital wards. There were no formal contracts in place to provide patient transport services.
- Network Medical provided event medical cover, response treatment and transport for persons requiring hospital treatment in conjunction with risk assessments carried out by show organisers. A safety operating procedure from one of the events covered by Network Medical showed only 1% of patients treated would require to be transferred to an emergency department for treatment. Staff said they had not had to transfer any patients from an event to hospital and would ring 999 if required.
- Service delivery was based on pre-bookings with private hospitals and other services. The service employed staff with different qualifications to meet the needs of people in their locality and wider community who required patient transport services.
- All work agreed by the control office was standard patient transfers. No high dependency work was undertaken.
- We saw that the event organisers and stakeholders were involved with the planning of the service. The team were hired to complete specific roles, such as first aid, which were determined in advance through discussion.
- A seven-day service was provided from early morning until 8pm and was flexible to extend the times if there was a need outside of these hours.
- As the service primarily assisted patients with transfers between sites, staff ensured patient safety and monitored patients' medical conditions between pick up and destination only.

Patient transport services (PTS)

- The facilities and premises were adequate for the needs of the service. Ambulances were located off road, with CCTV surveillance.

Meeting people's individual needs

- The service was generally tailored to each patient's individual needs and risk levels.
- Services were planned according to patients' needs during initial assessments. A variety of specialist equipment was available and additional staffing could be sourced according to the needs of the patient.
- Patients with any additional needs were identified prior to the transfer. Patients who had impairments such as those living with dementia, a learning disability or visually impaired were accompanied by a regular carer or relative for any planned journeys. Staff had had dementia awareness training. The service generally did not cater for patients with advanced cognitive impairments.
- The service had a 'red book' with translated texts, signs and pictures used for translation services. Staff said they have not required to use translation services for any patient transfer journeys.
- Staff were experienced at dealing with patients with a learning disability and people living with dementia. For example, they would adjust communication to suit the needs of the patient.
- Eligibility to use the service was discussed by the control room staff. Information received by the control room was forwarded to staff. Any additional needs were communicated in the same way.
- The ambulance was accessible by wheelchair users with a rear ramp lift to enable access.

Access and flow

- Patients had access to timely care and treatment.
- Emergency treatment or transfers were not provided by the service, although the team did complete initial assessments of people requiring first aid during events. Anyone requiring first aid at events would be seen on a first come, first served basis, following a self-referral.
- Due to the specific type of pre-booked service provided, response times, on the scene times, and turnaround times were not recorded or monitored.
- Patients' eligibility for the service was assessed at the point of booking through the internal booking system. The eligibility criteria were based on a range of

circumstances including the medical need for transport, patient's physical needs, specialist equipment required, whether an escort was needed and any other patient needs.

- Due to the size of the service, the service did not monitor compliance against its own key performance indicators (KPIs) to continue to drive improvements in patient outcomes.
- No patient journeys had been cancelled from May 2017 to June 2018. Staff said they would only cancel a journey if it was necessary and the reason for cancellation would be explained to the patient or their relative.

Learning from complaints and concerns

- Effective procedures were in place to respond and learn from complaints. The service had a complaints policy in place, dated March 2016. The policy stated all complaints would be acknowledged within two working days of receipt. This gave clear guidance to staff on how to record a complaint and how it would be investigated. The complaints manager was responsible for managing and investigating complaints. Timescales for a response was 28 days for all complaints.
- The service had received no complaints from May 2017 to June 2018. Staff said low-level concerns were managed locally and not recorded as concerns.
- Staff told us if someone had a concern or a complaint, they would try and deal with the matter there and then.
- We did not see any displays informing staff on how the business was performing in relation to complaints or concerns.

Are patient transport services well-led?

We planned and carried this inspection out under our previous comprehensive methodology, before we had the legal duty to rate services.

Leadership of service

- A registered manager led the service who had most of the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. The manager had been in post since registration, and was responsible for the daily running of the service, provision of suitable staff and equipment. The manager was fully aware of the Care Quality Commission

Patient transport services (PTS)

registration requirements but lacked a full understanding of the essential standards Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a management structure, with the registered manager working alongside a small team of partners and staff who were allocated roles according to their training and competence.
- The registered manager was a trained nurse who was registered with the nursing and midwifery council.
- The manager was aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked for.

Vision and strategy for this this core service

- The service had a clear vision underpinned by strong patient-centred values. Ambulance staff and managers displayed the company values when speaking about their work, strategy and motivations.
- Network Medical aimed to provide emergency care and ambulance service that always treats patients to the highest possible standards. The service aimed to listen to their service users and implement appropriate changes.
- The service was designed and focused on a specific type of work activity for pre-booked patient transfers, with some event cover provided.
- A business strategy for 2018 had been developed. The registered manager had a clear vision for the service to develop the service to provide high, quality care for patients.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service did not have an effective system in place to demonstrate risks had been identified and actions taken to mitigate risks. Governance systems were not established or effective.
- The company had implemented new policies and procedures, and staff told us they saw the changes as positive and a journey to improve patient care.
- Due to the service having a small number of substantive staff, there was a limited formal governance structure. There was not an effective governance system in place

to monitor outcomes. For example, we did not see any cleanliness, hand hygiene or environmental audits carried out. Incidents were not always reported learning was not shared.

- During our inspection, we found out of date medicines and equipment. There was not effective governance process in place to provide oversight on medicines, disposable equipment and management of patient group directions (PGDs) to ensure safe administration of medicines.
- The service employed nurses and technicians who administered medicines during events using PGDs which had not been fully ratified. We saw no evidence of where staff competencies had been checked under PGDs. We could not be assured that staff had necessary skills and competencies to enable them safely administer medicines to patients in emergency situations.
- The service did not have a formal risk register or effective systems to recognise, assess and mitigate risks. We were not assured that all risks were routinely monitored or that mitigating actions were taken. Risks found on inspection were not recognised, such as the safeguarding training for senior staff, the potential use of medicines that staff did not possess formal competencies to use, and the lack of clearly defined PGDs for staff to follow.
- Given the small size of the service, it did not use any key performance indicators to monitor performance and patient care beyond feedback and bookings taken. There was a stakeholder feedback questionnaire, which was given to stakeholders when bookings were confirmed. The manager requested completed questionnaires once transfers were completed. We saw that all responses were positive.
- There were no formal systems in place to monitor performance other than records of business activity such as type and frequency of bookings, and the collection of patient and stakeholder feedback.
- Most policies and procedures were in date and were accessible on the company's computer system and in paper format. However, we found most policies were not dated with review dates missing in some policies. We were not assured there were effective systems in place to ensure policies were reviewed to reflect current national guidance.

Patient transport services (PTS)

- Staff had regular meetings to discuss the service, to review planned events and discuss any concerns. We looked at minutes from April and May 2018 team meeting and saw bookings for patient transport service and safeguarding issues were discussed.

Culture within the service

- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service was a family run business with four family members as co-directors. The registered manager had an open office approach with the team and often provided support where required.
- The culture of the company was positive and team-based. It was apparent that staff wanted to provide a caring transport service. All staff told us they felt well supported.
- Staff we spoke with felt respected and valued. Staff told us that it was a great organisation to work for and they felt well supported.
- Senior staff were competent to manage staff performance. Action was taken if staff did not comply with mandatory training or failed to conduct themselves to the expected standard.

- Team meetings were held. Staff said that they felt listened to and the managers were approachable.

Public and staff engagement (local and service level if this is the main core service)

- Stakeholders told us that the service was flexible, reliable, with professional and dedicated staff.
- We saw that stakeholder feedback was very positive, complimenting staff on their helpfulness, punctuality and all recommending the service for future use.
- Given the small size of the service, there was limited evidence of meaningful engagement with the community and with the small staff team (aside from team meetings).

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The service did not routinely complete audits to inform service improvement. For example, infection prevention audits and patient record form audits were not completed to inform service improvements. This meant information could not be shared with staff to improve outcomes regarding patient care.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Ensure staff have the required authorisation from a prescriber to administer prescription only medicines in line with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines and schedule 17 of the Human Medicines Regulations 2012.
- Ensure that a Home Office license is obtained where controlled drugs are stored.
- Ensure that medicines are fit for use and that those requiring storage at specific room temperature are checked and disposed of according to guidelines.
- Ensure that staff have the necessary competencies required to safely administer life-saving medicines to patients in emergency.

- Ensure that all staff receive the required safeguarding children and adult training to keep children and adults safe from avoidable harm.
- Ensure effective systems are in place to recognise, assess and mitigate risks to patients.
- Ensure clinical supplies are fit for use.
- Ensure all policies are up to date and reflect national guidance.

Action the hospital **SHOULD** take to improve

- To consider a structured system for carrying out routine audits to confirm safe practice and adherence to policy.
- To review all policies so that they are dated and updated at regular intervals to ensure they contain the most up-to-date guidance.

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

Evidence was not provided to demonstrate that:

- Medicines held were within their expiry dates.
- Medicines were stored within their recommended temperature ranges.
- Appropriate licenses were held to hold controlled drugs.
- Staff were appropriately authorised to administer medicines for example PGDs.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- Senior staff had not received appropriate safeguarding of vulnerable adult and children training.

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

- There was not an effective governance process in place to provide oversight on medicines and disposable equipment checks.
- Risks found on inspection had not been recognised by the service.
- Audits were not planned so learning could not be used to drive improvements.
- Not all policies were up to date and reflected national guidance.