

# 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 trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

Are services at this trust safe?

Are services at this trust effective?

Are services at this trust caring?

Are services at this trust responsive?

Are services at this trust well-led?

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Want Medical Services (WMS) is operated by W & N Training Limited.

CQC inspected the service in 2014 and found issues around non-compliance in relation to infection control practices. An inspection later in the year found the provider to be meeting the required standards.

We completed a comprehensive inspection of Want Medical Services (WMS) on 14 February 2017 and found the following issues:

- There was insufficient focus on infection prevention and control.
- The management of waste did not meet current guidance.
- Segregated medical gasses were not stored in line with guidance.
- Staff did not manage medicines appropriately.
- Equipment used to provide services to patients was not regularly serviced.
- We found numerous consumables that had passed their expiry date.
- There were fire safety and health and safety risks identified.
- 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 and there was no auditing of patient transport services.
- The registered manager had difficulty locating key documents and information when requested and was unable to provide us with documents and records.
- 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.

- 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 meant the provider could not carry out these regulated activities.

The purpose of the 11 April 2017 inspection was to review the provider's progress against the issues identified in February 2017 and assess whether the provider had met standards in order to lift the suspension on 22 April 2017.

This was an announced inspection that was focused on issues seen in the February report. Therefore, we did not look at all areas normally contained within an ambulance report.

At our 11 April 2017 inspection, we were not assured that people would be safe from avoidable harm and high quality care was not assured by the current governance arrangements. There was also insufficient assurance to demonstrate patients received effective care and services were not advertised in a way that ensured patients' needs could be met.

We found the following issues:

- The premises and the vehicles still did not meet 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)'.
- Medical gasses were still not stored in line with current guidance.
- Equipment had not been serviced or maintained since our previous inspection although there was evidence of some planning to commence this.

# Summary of findings

- We found some out of date medicines although the provider told us these had all been checked. However, all stocks of controlled drugs had been surrendered to the local police.
  - We found items of equipment that were out of date, despite assurances equipment had been checked.
  - There was a lack of systems and processes to assess, monitor and improve the quality and safety of services.
  - New policies had been formulated, however plans for implementing them were vague and did not include time frames or details regarding staff training. Plans did not include how policies were to be monitored and audited once they had been implemented.
  - The action plan rejected by the CQC had not been updated at the time of this inspection.
  - Audit activity, plans and schedules had still not been implemented. There was no evidence of how audit outcomes and details were to be reviewed or how audit formed a part of the governance structure.
  - A risk register template had been set up, however this was empty. Therefore, risks had still not been identified, neither were plans to mitigate risks in place.
  - Disclosure and Barring Service checks were requested by former employers or universities and not by WMS, which is not in line with recommendations set by the Disclosure and Barring Service.
- However:
- The prescription only medicines were stored in a locked cupboard and were secured with digital key access. All stock inside the prescription only store was in date.
- As a result, CQC extended the suspension of regulated activities until 21 July 2017.

**Alan Thorne**

**Head of Hospital Inspections**

# Summary of findings

## 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. From February 2016 to January 2017 there were 2,026 patients conveyed, all of which were booked on the same day.

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

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. Therefore, services providing ambulance support at events are not regulated by the Care Quality Commission as events are not classed as a regulated activity.

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.

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.

An inspection in February 2017 found a number of breaches in regulations around the cleanliness of the building and vehicles, the maintenance and servicing of equipment, lack of governance structure and ability to recognise and reduce risk and not meeting the requirements relating to information required to be kept in relation to persons employed in a regulated activity.

We carried out a short-notice (24 hours), focussed inspection on the 11 April 2017 to review the provider's progress against the identified issues. We assessed if the provider had met required standards that would enable us to re-instate the provider's registration.

We asked the provider to supply further documentary evidence by 21 April 2017 to demonstrate the required improvements had been achieved prior to the ending of the suspension of registration on 22 April 2017. We did not receive this information. Therefore, we suspended the provider's registration for a further three months as we were not assured that their service was meeting the required standards of safety and quality. We will assess the provider's progress before the end of this further suspension period to ensure that required standards are, or are likely, to be achieved when the regulated activity resumes.

## Our inspection team

The team that inspected the service comprised a CQC Inspection Manager, Shaun Marten and two other CQC inspectors. The inspection team was overseen by Alan Thorne, Head of Hospital Inspection, South East.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>We inspected the safety of the service in February 2017 and identified the following concerns:</p> <ul style="list-style-type: none"><li>• There was insufficient focus on infection prevention and control.</li><li>• The storeroom was chaotic with equipment stored on the floor, equipment was not visibly clean.</li><li>• The management of waste did not meet current guidance.</li><li>• Segregated medical gasses were not stored in line with guidance.</li><li>• Staff did not manage medicines appropriately.</li><li>• Equipment used to provide services to patients was not regularly serviced.</li><li>• We found numerous consumables that had passed their expiry date.</li><li>• There were fire safety and health and safety risks identified.</li></ul> <p>At this inspection we found that patients were still at risk of avoidable harm.</p> <p><b>Incidents</b></p> <ul style="list-style-type: none"><li>• WMS used a paper-based incident reporting system, which was available at the WMS base. On our February 2017 inspection, none of the vehicles carried incident forms. This meant there was a potential risk that staff may omit details of an incident, as they were unable to complete the form at the time it took place. On this inspection, we checked the paperwork folder in the vehicles and found only one contained incident forms. Therefore, there was still the potential for important information to be omitted.</li><li>• We could not determine if staff understood their responsibilities to raise concerns, record safety incidents and report near misses as there were no staff available on the day of inspection for us to contact.</li><li>• Similarly we were unable to clarify if staff could describe the basis and process of duty of candour. 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.</li></ul>	

# Summary of findings

- During the 11 April 2017 inspection, we saw the provider had developed a 'root cause analysis' policy. This meant the provider now had a policy which outlined a process to be followed when investigating safety incidents although had not had opportunity to put this into practice.

## Cleanliness, infection control and hygiene

- On our February 2017 inspection we found numerous breaches of the 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'. The environment in the store room and office had improved as they had been tidied, however they were still chaotic and did not meet the required standards.
- At the time of inspection the WMS website still showed an Infection Control Annual Statement dated 2015/2016. Therefore there were no assurances this information had been reviewed and updated as required. It was also providing the public with out of date information.
- We found the storage of cleaning materials still needed attention. We saw items in the cleaning cupboard were still stored on the floor, which was dirty. We found flammable cleaning liquid stored on top of an electronic panel. Different mops were used for different vehicles, however there was no separation of cleaning products and mops for kitchens and toilets. We found dirty cloths in a bucket with a clean mop head as well as two dirty mop heads in buckets and another dirty mop head on the floor.
- Since our February 2017 inspection, a cleaning schedule for vehicles had been introduced. However there was no place for staff to sign off that a task had been completed. Therefore, there was no method of monitoring whether effective cleaning had taken place. There was still no cleaning schedule for the premises. The last cleaning audit had been performed in September 2016, and these audit results did not identify areas of concern, training requirements or the sustainability of cleaning schedules. There had been no further audit carried out since our inspection in February 2017.
- Since our February 2017 inspection, no systems had been introduced to ensure vehicles were clean before staff went on an assignment.
- Standards of cleanliness were still not satisfactory. We observed the staff toilet was dirty, for example there was black particles and dust on the seat lid, rim and the main body of the toilet.
- On ambulance YX57 HKE, we found the stretcher was covered in white particles, the outside of a clamp box was covered in

# Summary of findings

mould; the first aid box was covered in dust and had dirty hinges. There was a portable suction unit which had mud on the bottom, the seatbelt and grab bags were also contaminated with what appeared to be mud. Therefore anyone using the equipment would have contaminated hands.

- We were shown cleaning audits from March 2016 to September 2016. However, they were a simple tick box to show whether a vehicle had been completely cleaned, half cleaned or not cleaned at all. There was no further information regarding what the findings meant in terms of patient numbers and how busy staff were, whether particular members of staff were not completing tasks or whether there was a need for retraining. Therefore there were no systems in place to ensure effective cleaning and to make improvements.
- Since the February 2017 inspection a weekly cleaning regime for the vehicles had been implemented which provided daily tasks for staff to complete on vehicles. However, the system had not yet been implemented as at the time of this inspection Patient Transport Services had been suspended.
- We found there were no medium sized gloves on the ambulance, there were two packets of small gloves, one of which was in the medium size holder. Therefore, in an emergency situation, staff may not have access to appropriately sized gloves. The 'Personal Protective Equipment Regulations 2002' states employers must make a range of sizes available to ensure employees can "Choose equipment that suits the wearer." Therefore, WMS was not assured of this.
- Since the February 2017 inspection, a lock had been placed on the clinical waste bin which was locked at the time of inspection and the door next to the bin was kept locked at all times to prevent the public gaining entrance and accessing the clinical waste.
- The registered manager showed us an up to date contract for the collection of clinical waste. However, he was not aware of his responsibility to follow the process of waste incineration at least annually in order to provide assurance the company he was using was compliant with legislative standards.

## Environment and equipment

- At the February 2017 inspection, we found empty and full oxygen cylinders were stored together, horizontally which did not meet best practice standards. Cylinders that were past their expiry date were kept with new cylinders, there was no method for ensuring staff did not take expired or empty cylinders out with them. At the 11 April 2017 inspection, we found out of date oxygen cylinders had 'do not use' labels to show they were out

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of date, however empty and full cylinders were still kept together in horizontal rather than vertical storage. In addition, we found three oxygen cylinders that were past their expiry dates with no labelling. This meant there was still no effective system of ensuring cylinders were checked and ready to use.

- Since the February 2017 inspection, oxygen cylinders were still not stored in a separate, designated room as stated by the British Compressed Gases Association 'Code of Practice: The storage of gas cylinders 2016'.
- We found a full oxygen tank stored next to the clinical waste bin. This constituted a fire hazard that had been identified at our previous inspection.
- At the February 2017 inspection, none of WMS's equipment had been serviced. Again at the 11 April 2017 inspection, none of the equipment had up to date servicing labels. The registered manager had set up an agreement with a contractor to provide this service. However, at the time of inspection there was no contract in place, no date as to when the service was to start, no details of what items were to be serviced and there were no plans regarding sustainability to ensure equipment was serviced on time in the future.
- There was no system to identify when equipment needed servicing in the future. The layout of the equipment folder made it hard to see what equipment was out of date as the folder only contained receipts from the last service. The only way to check was to go through the entire folder which was time consuming and not effective.
- On an ambulance we found, a stretcher and two carry chairs without servicing stickers, dirty automated external defibrillator (AED) bags, (an AED is a portable electronic device that automatically diagnoses and treats cardiac episodes through defibrillation) and a dirty grab bag. This meant there was no system to ensure equipment was clean and safe to use.
- The environment inside the base had improved since our inspection in February 2017. However, equipment had not been sorted and instead had been moved to the edges of the room. Equipment was still stored inappropriately on floors and we saw waist height cabinets that had boxes stacked five boxes high on top of them. This was too high to be safe and made it difficult to access equipment when it was needed.
- At the February inspection we found numerous items of equipment and consumables past their expiry dates. During the 11 April 2017 inspection we checked 263 consumable items (single use disposable items) and found that 34 were past the



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expiry date. For example, there were oxygen masks and breathing tubes which were past their expiry dates. This meant there was still not a system which ensured consumables were within their expiry dates and were safe to use.

## Medicines

- At the February 2017 inspection, we found many examples of medicines that were out of date. Part of the WMS action plan was to ensure “All out of date stock had been removed and taken for secure destruction by 24 February 2017”. However, the fact we found out of date medicines meant the systems being implemented for checking medicines were in date was not effective.
- We saw a monthly audit for stock medicines that showed stock being moved into grab bags and showed expiry dates to ensure out of date stock was not used. However, the monthly audits were not being consistently completed. The registered manager advised us he was introducing a new system to ensure audits were completed each month.
- We were advised all medicines had been checked on 10 April 2017, however we still found out of date medicines during our inspection on 11 April 2017. For example, we found adrenaline that expired in April 2016 and July 2016, Furosemide that expired in March 2016, Metoclopramide that expired in March 2016 and June 2016, and Salbutamol that expired in July 2016 in paramedic grab bags.
- On 11 April 2017 we checked 167 different medicines and found three strips of nebuliser drugs (a fine spray of liquid, used for example for inhaling a medicine) were out of date. The registered manager told us that all medicines had been checked however the three strips we found that were out of date were concealed within a grab bag pocket.
- We saw at the 11 April 2017 inspection, a signing in and out sheet for the grab bags which contained medicines had been implemented. This showed there was a process that ensured the monitoring of medicines when they were taken off site for use.
- We checked the prescription only medicines store and found the cupboard was locked and secure with digital key access. All stock inside the prescription only store was in date.
- In February 2017 we identified the provider did not have the required Home Office Licence to hold stocks of controlled drugs (CD's). We referred this matter to the Controlled Drug Liaison

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Officer (CDLO) at the local police who further investigated. As part of this, the CDLO informed us WMS had surrendered their CDs stocks to Sussex Police. There were no stocks of CD's on the premises when we inspected in April 2017.

## Safeguarding

- We found some of the issues relating to safeguarding identified at our February 2017 inspection had not been addressed.
- The provider's safeguarding policies policy had not been updated to reflect current guidance. The 'Statutory Guidance Care Act' and 'Working together to safeguard children 2015', says 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.
- During the 11 April 2017 inspection, we did not find any safeguarding forms in the paperwork folders within the vehicles and we found no system in place to ensure these were included within the folders. Therefore, there was a risk staff would not correctly note all information needed to complete a safeguarding referral as they would have to transfer the information onto a safeguarding form on return to base. This showed this issue had not been addressed since our February 2017 inspection.
- At our February 2017 inspection, the registered manager advised us their level 4 safeguarding children training was out of date. However, at this inspection the registered manager who was the safeguarding lead showed us evidence that he was in

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the process of updating his level 4 safeguarding training which is a requirement set by 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014'.

- The provider could not show us what level of safeguarding training staff had received or whether they were up to date. Therefore, there were no assurances that staff would know how to act in the event of a safeguarding incident.

## Assessing patient risk

- We saw during the 11 April 2017 the provider had a 'scope of practice and clinical standards' policy and a 'clinical risk' policy which were both in date.
- The provider had a policy to assess patients, however they were unable to evidence its use in practice due to the suspension.

## Response to major incidents

- There were no staff to talk to at this inspection; therefore, we could not check their understanding of what to do in the event of a major incident.
- At the base we found two fire extinguishers, one was clearly marked as a foam extinguisher, however the pin was half pulled out and therefore staff could easily set off the extinguisher before they were ready. We also saw another fire extinguisher labelled AFFF which is a type of foam extinguisher. However, this is not obvious from the labelling and therefore there is a risk someone may use the extinguisher to put out a fire it is not suitable for.

## Are services at this trust effective?

We inspected effectiveness at our inspection in February 2017 and found:

- There were unclear audit arrangements and no auditing of patient transport services
- The registered manager had difficulty locating key documents and information when requested and was unable to provide us with documents and records
- Staff files did not contain all the relevant information required for those carrying out a regulated activity

At this inspection, we found there was insufficient assurance to demonstrate patients received effective care.

## Evidence-based care and treatment

- Since the February 2017 inspection the WMS audit policy had been updated, however the reimplementation of the clinical

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audit process that was due to be completed by 1 March 2017 had yet to be reinstated. At the time of this inspection, there was no plan as to what areas were to be audited, the frequency of audit, or discussion within the governance team.

## Competent staff

- On our February 2017 inspection we found that 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 Dementia had appropriate Dementia training. Since the February 2017 inspection there had been no update in staff records that detailed specialist training in order that the registered manager could allocate jobs according to skill and training. Therefore, there was a risk staff might undertake a transfer they were not suitably qualified for.
- In the five staff files we reviewed all the DBS checks were requested by former employers or universities and not by WMS. This is not in line with recommendations set by the Disclosure and Barring Service and therefore did not meet the requirements set out by Schedule 3.

## Access to information

- A new policy folder had been implemented since our last inspection and therefore all policies were up to date. However, no system had yet been put in place to ensure regular review to prevent policies from going out of date in the future and to ensure adherence to up to date legislation.
- We saw staff modules for infection prevention and control that referred to policy numbers in the folder, however policy numbers in the module referred to the old policies and therefore the numbers did not match up. This would be confusing for staff completing their infection prevention and control modules.

## Are services at this trust caring?

When we inspected caring in February 2017 we found there were limited systems to collect feedback from patients.

At this inspection we found that there was a continued risk that patient's preferences and choices were not heard or acted upon as there were not robust plans to collect patient feedback.

## Compassionate care

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- 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 speak to about their experience but these were not supplied.
- However, the registered manager advised us he had plans to restart providing patient feedback sheets. Therefore, he would have a method of finding out and reviewing patient experiences.

## Are services at this trust responsive?

We inspected the responsiveness of the service on our February 2017 inspection. We found WMS advertised services to groups of patients where staff may not have the skills to meet their needs.

At this inspection we found services were not advertised in a way that ensured patients' needs could be met.

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

- At the time of this inspection the management team had received a proposal to work for a local NHS ambulance service to provide Patient Transport Services. However due to the suspension of the regulated activities, WMS were unable to proceed with this contract.

### Meeting people's individual needs

- At the February 2017 inspection we advised the registered manager that the WMS website advised 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, the registered manager advised us WMS no longer provided support for most of these groups and the website was out of date. The CQC team checked the website on the day of the 11 April 2017 inspection and found website information had not been updated. Therefore, issues previously identified had still not been addressed.

### Access and flow

- During the February 2017 inspection, telephone and email contact details on the WMS website were not responded to and

# Summary of findings

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. We found similar issues during the 11 April 2017 inspection and found emails and telephone calls were not responded to.

## Are services at this trust well-led?

We inspected the leadership of the service on our February 2017 inspection. We found:

- 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 was a lack of processes to assess, monitor and mitigate risks relating to the health and safety and welfare of patients.
- At this inspection we found the delivery of high quality care was not assured by the current governance arrangements.

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

- There were no changes to the management structure since our last inspection. 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. There was also a freelance operations manager who worked part time and had been in post 12 months.
- 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.

## Governance, risk management and quality measurement

- On this inspection we saw a copy of the urgent action plan WMS had created in response to our February 2017 inspection.

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However, when we returned at this inspection we found actions on the plan had not been adhered to. For example, the plan stated all out of date medicines were to be removed and securely destroyed by 24 February 2017. However, we returned on 11 April and found medicines were out of date. The plan also stated that by 24 February 2017 nothing would be stored in the reception area, however we found two oxygen cylinders were kept in storage there.

- The action plan provided to CQC had 44 points the WMS team needed to complete, all by the end of March 2017 in order to meet standards and lift the suspension of regulated activities on 22 April 2017. Of the 44 points, the WMS team had actioned 30. However, although some actions had been completed, they were not to an acceptable standard. For example, a new cleaning schedule had been produced and was clearly displayed, however there was nowhere for staff to sign off that a task had been completed and no method for the management team to ensure cleaning standards. Therefore the CQC inspection team were not assured the action plan would sufficiently support the WMS team to meet legislative standards.
- The action plan submitted to CQC stated WMS's first governance meeting was to be held in early March 2017, however at the time of the April inspection this had not yet taken place. There was an informal meeting on 8 April 2017, however no minutes or action log were produced.
- New policies had been introduced, however plans for implementing them were vague and did not include time frames or details regarding staff training nor how policies were to be monitored and audited once they had been implemented.
- Since our last inspection audit activity, plans and schedules had still not been implemented. There was no evidence of how audit outcomes and details were to be reviewed or how audit formed a part of the governance structure.
- A risk register template had been set up, however this was not completed. Therefore, risks had still not been identified, nor were plans in place to mitigate risks. There was no information regarding how risks were to be reviewed within the governance structure.

## Public and staff engagement

- After the suspension of services on 22 February 2017, the CQC inspection team requested that WMS update its website to show patient transport services and CQC registration had been suspended. Whilst the home page of the website had been

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updated, there was still a copy of WMS's CQC certificate of registration available on the website and in the hallway of the Portslade base. Therefore, there were no assurances the public were fully informed of the registration status of WMS.

## **Innovation, improvement and sustainability**

- We still had concerns around the non-achievement of the action plan as there were 14 areas where WMS had made no progress. Where there had been progress, not all of it had been successful or met required standards, for example medicine expiry checking and introducing a cleaning schedule. We were also concerned about the lack of sustainability of plans, for example, the action plan stated governance meetings were to be introduced, however there was no information regarding the structure of the governance team, the regularity of meetings or an agenda for the meetings. Therefore, there was no assurance of how issues and risks would be raised and dealt with in the future, rather than looking at the short term in order to lift the suspension.



# Outstanding practice and areas for improvement

## Areas for improvement

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

The provider must ensure that both the premises and ambulances meet hygiene standards.

The provider must ensure that oxygen tanks are stored in accordance with legislation.

The provider must ensure that equipment is regularly serviced.

The provider must ensure effective management of medicines to assure that medicines are not out of date.

The provider must ensure an effective governance structure is in place that has a set agenda and meets regularly.

The provider must ensure that risks are identified, reported to the governance team and mitigated.

The provider must ensure practices are audited and that action is taken against poor results to ensure good practice.

The provider must ensure all staff files meet the requirements of schedule 3.

## 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>12.—</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</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>(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>15. —</p> <p>(1) All premises and equipment used by the service provider must be—</p>

## Enforcement actions

- (a) clean,
  - (e) properly maintained,
  - (f) appropriately located for the purpose for which they are being used.
- (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;

(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;

(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

### Regulated activity

### Regulation

This section is primarily information for the provider

## Enforcement actions

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

19.—

(3) The following information must be available in relation to each such person employed—

(a) the information specified in Schedule 3.