

Response Services Group UK Ltd

Response Services Group UK LTD - Headquarters

Inspection report

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

Response Services Group UK LTD - Headquarters is operated by Response Services Group UK Ltd. The service is registered to provide treatment of disease, disorder or injury and to also provide a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced focussed inspection on 3 November 2020 covering aspects of the safe and well-led domains following concerns raised that had been received by the Care Quality Commission.

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

The main service provided by this ambulance service was patient transport. Where our findings on patient transport – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport section.

The service was not rated because not all domains were not inspected.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Patient transport services

Inspected but not rated



The service is registered with the CQC to provide patient transport services (PTS)
In the reporting period 1 April 2020 to 30 October 2020 there were 3277 patient transport journeys undertaken. Three children (under 18 years of age) were transported.

Summary of findings

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Summary of this inspection

Background to Response Services Group UK LTD - Headquarters

Response Services Group UK Ltd-Headquarters is operated by Response Services Group UK Ltd. The service registered with CQC in 2015 and is an independent ambulance provider based in Barnsley, South Yorkshire. It provides a range of services, including patient transport services and medical cover at events.

The service has to date only received focused inspections and was not rated. This inspection took place in October 2019 and looked at the Safe and Well-led key questions. The provider received 'should do' recommendations in relation to completion of appropriate safeguarding training, completion of mandatory training, effective infection prevention and control processes and storage of paper based records.

The main shareholder sold 80% of the company to an external company, which had entailed a change in the management structure with all senior managers being replaced.

The main shareholder was also the registered manager who had been in post since 2018. On the sale of the company they resigned as registered manager in September 2020, they also completed the deregistration process with the CQC at this time. There is an interim registered manager in post and their application was in progress at the time of inspection.

How we carried out this inspection

On inspection we spoke with the registered manager, interim Chief Executive officer, managing director, and members of staff

During our inspection, we reviewed ten sets of patient records and eleven staff files.

Activity (1 April 2020 to 30 October 2020)

- In the reporting period 1 April 2020 to 30 October 2020 there were 0 emergency and urgent care patient journeys undertaken.
- There were 3277 patient transport journeys undertaken. Three children (under 18 years of age) were transported
- The service directly employs 27 staff.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in took place in October 2019. The inspection looked at the Safe and Well-led key questions. The provider received 'should do' recommendations in relation to safeguarding training compliance, commendatory training compliance, infection prevention and control processes and the storage of paper based records.

Areas for improvement

The provider should ensure that mandatory training is completed by all staff and accurate records maintained.

The provider should fully embed the planned audit programme.

The provider should ensure that the pace of change within the service is maintained.

Summary of this inspection

The provider should test the business continuity plan for effectiveness.

The provider should ensure that governance meetings are held, and accurate meeting minutes recorded.

The provider should collect reliable performance data and analyse the data to aid service improvement.

The provider should ensure that staff meetings are held regularly, and accurate meeting minutes recorded.

The provider should implement service performance standards.

The provider should have effective arrangements for the management of information to allow for monitoring, managing and reporting of quality and performance data.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Patient transport services

Safe	Inspected but not rated 
Well-led	Inspected but not rated 

Are Patient transport services safe?

Inspected but not rated 

Mandatory training

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed mandatory training could not be evidenced due to incomplete training records. This was identified as an issue at the previous inspection in 2019 and whilst it is acknowledged that there had been a change in the senior management structure there had been insufficient progress made.
- Managers told us training records were maintained in staff files, and they were currently developing a new electronic database. We saw that this was in progress and yet to be completed.
- We asked to see training records for staff: the document provided listed the training courses staff should complete but did not demonstrate compliance, therefore we were not assured the provider had oversight of who had completed the required training, and when updates and refreshers were due.
- During inspection we reviewed ten staff files and found evidence of completed mandatory training in all ten files. Therefore, this demonstrated that mandatory training was being completed but that it was not being effectively recorded.
- The provider was developing a system to monitor the uptake of mandatory training against target. We were told that staff would confirm when they had undertaken training and would submit the training certification to evidence the completion.
- Our conversations with the new senior management team highlighted that they had encountered previous poor management of mandatory training prior to taking over and that had caused delays in introducing and embedding their own monitoring systems.
- Staff told us their ongoing training needs were assessed during the appraisal process, however we were not assured that all staff had a recent appraisal as no clear record was kept.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Patient transport services

- Low safeguarding training compliance had been identified as an issue during the previous inspection in 2019. During this inspection we reviewed the provider's staff safeguarding training and found 94% of all staff could evidence they had undertaken and completed safeguarding training to the required level for their role. Training was being facilitated online due to the restrictions associated with Covid-19.
- The safeguarding lead for the service worked within the service on a full time basis and had completed safeguarding training above the minimum level recommended by the Royal College of Nursing intercollegiate document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff', published in January 2019. Training records also demonstrated that the deputy safeguarding lead had completed the recommended level of safeguarding training appropriate for the role.
- In the reporting period the provider had not made any safeguarding referrals, however, staff we spoke with knew how to make a referral.
- We reviewed the recruitment documentation for 11 members of staff and ten had evidence of a completed decision and barring service (DBS) checks. We saw that one DBS check had returned a historical offence and there was evidence of a risk assessment process being completed and recorded in the staff member's record. We also saw that in one instance that a member of staff had been employed with a positive DBS return but no evidence of any risk assessment being completed and retained. This was identified to management during inspection and was immediately acted upon.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The service had an up to date infection, prevention and control (IPC) policy with additional entries for transferring suspected and confirmed Covid-19 patients.
- All staff we spoke with told us they felt they had been kept updated regarding recent Covid-19 related infection prevention and control information and had been able to readily access appropriate personal, protective equipment (PPE) at all times.
- We saw evidence that all vehicles had regular scheduled deep cleans recorded when completed. We also saw that all vehicles had scheduled adenosine triphosphate (ATP) cleaning verification which immediately determines if surfaces are clean. All deep cleans and enhanced processes were undertaken by an independent company and were regularly monitored.
- Staff told us that any infection risks were communicated to staff prior to undertaking patient transport. We saw examples of this documented on patient bookings.
- We saw all clinical waste being appropriately stored in secured receptacles.
- Staff told us that all vehicles were stocked with cleaning supplies and personal, protective equipment (PPE). We saw that stock levels featured on vehicle checklists.
- We saw evidence of daily cleaning logs being completed without omission for each vehicle, however there was no process in place to audit the completion of the vehicle cleaning logs.

Patient transport services

- There was hand cleaning facilities readily available on the vehicles and in the station, we inspected, however, the registered manager told us no hand hygiene audits of staff had been carried out.

Environment and Equipment.

- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The station environment was properly designed and maintained.
- The service managed replenishment of vehicles, equipment and supplies both at bases and between calls by accessing stock stored at the operating base.
- During inspection, we inspected the provider's stock room. Consumable items were stored on shelves in plastic lidded boxes which were labelled as to what the contents were.
- Fourteen consumable items were selected at random from the different lidded boxes. All were checked and found to be within the manufacturer's expiry date.
- We saw evidence that all equipment had been serviced within the previous 12 month period, we also noted that future service dates had been planned to ensure limited disruption to the service.
- The service ensured all vehicles had a current ministry of transport (MOT), service and were properly insured by recording this on a specific database. We saw that this information included all vehicles, and all were compliant.
- There was evidence of staff completing daily vehicle safety checklists. There was no evidence that these were audited by management to ensure the correct completion. We were told that it would be included in an ongoing audit plan that was in the process of being finalised.
- We were unable to inspect any vehicles as the inspection was unannounced and all vehicles were in operation.

Medicines.

- The service did not prescribe, administer, record or store any medicines.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. During inspection we reviewed five patient risk assessments and found no errors or omissions.
- The provider did have an up to date deteriorating patient policy. The purpose of this policy is to ensure that staff understand and are able to provide appropriate treatment in the event of a sudden deterioration of a patient or need for resuscitation. The policy would also describe the actions staff should take when providing emergency care during a medical emergency.

Patient transport services

• Staff we spoke with could describe how they would deal with a deteriorating patient. We reviewed patient record forms and we saw appropriate actions documented when the crew had dealt with a deteriorating patient.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service completed patient record forms (PRF) for all patient transport journeys using an electronic device. All PRFs could be printed off and hard copies created.
- We saw an example of the PRF template which had a designated section that detailed any do not attempt cardiopulmonary resuscitation (DNACPR) orders and end of life care planning.
- We reviewed ten examples of PRFs and found them all completed without omission. We saw end of life care planning documented where appropriate.
- Any specific details regarding a patient would be made available to staff through the electronic system prior to undertaking the journey. We saw one example of this in practice when a patient's allergy status was communicated.
- All confidential waste was securely held until it was disposed of.
- We saw no evidence of an up to date records audit being undertaken. We were told this was scheduled as part of the new ongoing audit process that was still to be finalised.

Are Patient transport services well-led?

Leadership of Service.

Leadership of Service.

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff. They had attempted to support staff to develop their skills and take on more senior roles. However, due to the recent ownership and management restructure they had not been able to fully embed the planned changes at the time of inspection.

- Staff we spoke with told us leaders were visible and approachable. They told us that, although there were specified managers to deal with certain issues, all were happy to be contacted and contact details were readily available. This included out of hours support if and when needed.
- All senior managers were able to describe the priorities for the service and were able to evidence the changes that had been made and what was still incomplete. There was a very clear development plan evident during inspection. We saw what actions had been completed and what was still outstanding.

Patient transport services

Culture

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff we spoke with felt supported, respected and valued.
- Staff we spoke with felt positive and proud to work in the organisation. They spoke of an open culture and said they would feel comfortable when raising concerns. All said the difference in culture since the change in senior management was markedly improved.
- Leaders and staff did understand the importance of staff being able to raise concerns without fear of retribution.
- We saw evidence that an appraisal system had been commenced for all staff, but this was not fully embedded due to the short timeframe since the management change.
- All managers and staff we spoke with understood what duty of candour meant and what action to take.
- We saw evidence that the duty of candour standard was maintained when we reviewed an historical complaint.

Governance

- Leaders did not fully operate effective governance processes throughout the service and with partner organisations. We did not see any evidence that there were any ongoing opportunities for senior managers to meet, discuss and learn from ongoing performance.
- There was limited evidence of effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services, such as an audit regime and a staff appraisal system. We saw that steps had been taken to address this shortfall, but they were not fully embedded.
- There was limited evidence that all levels of governance and management functioned effectively and interacted with each other appropriately. We were told how governance was to be organised, but this was not yet fully embedded.
- There were no agreed commissioning agreements or a service level agreement in place with the local NHS hospital requesting patient transport services (PTS).
- Managers told us they carried out all necessary checks at the time of staff recruitment to meet Schedule three requirements, including a review of training certificates and verification of professional qualifications. We saw compliance with schedule three requirements in ten staff files. We saw non-compliance in one staff file. This was raised during inspection and was immediately acted upon. We were shown the new recruitment policy and active database and were assured that this was an isolated incident. We compared recruitment files completed after the management change which demonstrated that the recruitment policy was being followed.

Management of risks, issues and performance

Patient transport services

- There was no evidence of a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, nor systems to identify where action should be taken. We were told that this had been commenced but due to the short time frame since the management restructure this was not yet fully embedded.
- We saw the corporate risk register, all expected risks were documented, and all had dates of entry, ownership of risk, mitigation and date for review.
- There was a business continuity plan but no evidence that it had been tested either in reality or through an exercise.
- There were no meeting minutes available from any management meetings, we were told that they were scheduled for a date after inspection as opportunity had been limited due to change of ownership, staff sickness and restrictions caused by Covid-19.
- There was evidence of alignment between the recorded risks and what managers said was 'on their worry list'. The registered manager told us the top three risks were; Covid-19 related restrictions, staffing and vehicles being off the road.
- We saw no evidence of ongoing clinical and internal audit. We were told that it would feature in the planned audit programme and we saw evidence that it was included but it had not been started due to limited opportunity since the management restructure.
- We saw no evidence of ongoing review of current and future performance. We were told that it would feature in the planned governance programme and we saw evidence that it was included but it had not been started due to limited opportunity since the management restructure.

Information management

- The service did not currently collect reliable data and analyse it. Staff could not find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were not consistently submitted to external organisations as required.
- The provider did not hold staff meetings where performance information could be shared or discussed. No performance information was displayed on any of the notice boards in the provider's operating base. We were told that management had planned to hold staff meetings, but this had not yet commenced.
- There was no evidence of clear and robust service performance measures, which were reported and monitored.
- There was no evidence of effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.
- There was no evidence of what action was taken when issues were identified.
- There was no evidence information technology systems were used effectively to monitor and improve the quality of care.
- There was no evidence there were effective arrangements to ensure that data or notifications were submitted to external bodies as required.

Patient transport services

- There was no evidence of robust arrangements, including internal and external validation, to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.
- The provider did not report any data security breaches in the reporting period.
- All staff we spoke with told us they knew how to access company policies.
- All policies that we reviewed were evidence based, up to date, version controlled and relevant to the service.