

E-Zec Medical Transport Services Ltd

# E-Zec Medical - Dorset

## 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

We did not rate the service at this inspection.

We found:

- The service did not always store medicines and oxygen cylinders safely.
- Managers processes for monitoring the service were not always effective. The system to confirm staff were completing the checks accurately was not working effectively and was not consistently acted on. Therefore, risks and concerns were not always identified, and mitigating actions could not be implemented to ensure improvement.
- The recruitment process did not ensure that safety checks about new staff were used to protect patients.

However:

- 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. There were good cleaning regimes and personal protective equipment used effectively. The service used systems and processes to safely make the decision to treat, administer and record medicines. 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. Risk assessment started at booking and continued throughout the patient journey.
- Local 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 to patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff told us they felt respected, supported and valued. Staff were focused on the needs of patients receiving care and clear about their roles and accountabilities. The service engaged well with local acute trusts to plan and manage services.

# 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	

# Summary of findings

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# Summary of this inspection

## Background to E-Zec Medical - Dorset

We carried out a focused inspection of E-Zec Medical- Dorset following concerns expressed to us and issues following inspection of the provider at another location. As this was a focused inspection, we only inspected parts of our key questions: safe and well-led. We did not inspect effective, caring and responsive. Due to the narrow focus of this inspection, we did not rate this service at this inspection.

E-Zec Medical Transport Services Limited is a family run independent private ambulance company set up in 1998 to provide patient transport services. E-Zec Medical in Dorset provides a patient transport service to patients who are registered with a GP in Dorset, Bournemouth and Poole and who meet the eligibility criteria, agreed with the commissioners. Throughout this report we will refer to the services provided in Dorset as 'E-Zec'. This location is registered to provide the following regulated activities:

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

E-Zec has one depot in Bournemouth but rents parking spaces at the local acute trusts it serves. The CQC registered location is at the Dominion Centre, Bournemouth. The E-Zec fleet consists of 62 vehicles comprising of cars and transport ambulances including two vehicles on loan from another location.

The location has a registered manager in post since 2020. 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.

The service employed 157 members of staff, which included five paramedics, ambulance care assistants, management team and administration staff. Between 1 March 2020 and 31 March 2021, the location provided 101,713 patient journeys.

The previous inspection of this service was October 2016. We had no legal duty to rate independent ambulance services at that time.

The service had 24 hours' notice of our visit, to ensure staff would be available to give us access to the site and observe routine activity. Before the inspection, we reviewed information we had about the location and intelligence we had received.

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

## How we carried out this inspection

The team that inspected this location comprised of a CQC Inspection Manager, a CQC Inspector, a Pharmacist Specialist and an Assistant Inspector. During the inspection, we spoke with 10 staff including the management team, a paramedic and other ambulance care staff. We reviewed documents and records kept by the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service MUST take to improve:**

We told the service that it must take action to bring services into line with two legal requirements.

- The service must ensure that medicines and equipment held on the vehicles are all in date and medicines are stored within their recommended temperature range to ensure they are safe and available for use.
- The service must ensure vehicle monitoring processes are effective to provide assurance the vehicles, equipment and medicines are safe to use.
- The service must ensure recruitment processes confirm the information required for each new member of staff is obtained before they are employed.

### **Action the service SHOULD take to improve:**

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service must remove the tape and repair the seatbelt anchor point in a patient transport ambulance.
- The services should consider managing stock replacement systems to ensure there is a continuous supply of in date medicines and stock.

# 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 

We did not rate the service at this inspection.

### 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.**

Staff had received infection control training as part of induction and annual mandatory training. Employee compliance was 97% at January 2021.

The provider had an infection prevention and control policy which had been updated with COVID-19 guidelines. Staff told us advice and support for infection control matters was available on a dedicated section of their intranet called the Hub. Also, bulletins were circulated on using a universal company email. Staff also received regular newsletters from clinical governance with any changes to national guidelines. Urgent or important changes were communicated to staff by the Patient Transport Liaison Officers (PTLOs), and staff were required to sign to say they had read and understood the content of these controlled memos. E-Zec also had a COVID-19 hotline available for all staff to use.

All staff used Personal Protective Equipment (PPE) in line with ambulance framework guidance issued by Public Health England. All staff had been advised on proper donning and doffing procedures through memos and training from E-Zec team leaders and work-based assessors.

We saw a comprehensive COVID-19 infection prevention risk assessment recently completed for all staff, visitors to premises and contractors to the base. There was clear signage on all rooms with occupancy details. Masks were worn by staff on the base when not at individual workstations. Meeting rooms and training rooms were utilised to enable social distancing.

Prior to the date of inspection, the service had recorded one COVID-19 outbreak among staff during the pandemic. An outbreak is defined as two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days (Public Health England, 2020). Eight members of the office staff had tested positive for COVID-19. In response to this, cleaning of office space was increased. Touch points, such as handles and keyboards, were cleaned three times a day by base staff.

An external contractor cleaned the premises six days a week in the evening. In the offices, we saw cleaning checklists indicating this cleaning regime was followed. The cleaning contractors undertook regular Lateral Flow Testing (LFT) for COVID-19.



## Patient transport services

There was alcohol hand sanitising gel and masks provided at the base for staff and visitors. Cleaning equipment, such as mops and buckets were colour coded and stored correctly. The premises were visibly clean, except for an old sink in the garage which looked stained and an open bin in the ladies' toilet.

Clinical waste was securely managed. Waste was managed to ensure it was suitably segregated, stored and disposed. An approved waste management company collected clinical waste weekly and extra collections were arranged when required. The clinical waste areas at the premises were clean and the bins were closed and not overfull. However, the clinical bin in the garage did not have a lid. The manager told us a new one had been ordered.

The service completed pre-planned transfers and were informed of any known communicable infection risks prior to picking up the patient. Risk assessment began at the booking stage and known infectious patients travelled alone. Staff we spoke with were aware of the PPE requirements for all patient transfers. Additional precautions, such as wearing goggles and masks, were taken if necessary. Staff told us social distancing was observed within the ambulances as per national ambulance guidelines and vehicle occupancy was in line with social distancing limitations. Temporary clear bulkheads were fitted to the fleet providing a shield between the driver and patients. We saw 'Notices of Improvement' issued to staff who had not complied with the infection prevention measures or PPE requirements of E-Zec, and the actions they needed to take. These stayed on employees' personnel files for three months and were discussed at managers meetings.

Drivers we spoke with were aware of their responsibility to maintain the vehicle and its cleaning schedule. Enhanced cleans were completed between each patient transfer. Staff told us they had initially received extra training for cleaning, but it was now incorporated into induction. We saw records that demonstrated each vehicle was deep cleaned by an external contractor at least every six weeks, more if required or heavily contaminated.

Staff were responsible for the cleanliness of their vehicle during a shift. The local acute trusts also provided cleaning stations for E-Zec staff to use when the patient was transported to hospital.

We checked three vehicles at the base. We found them to be visibly clean and well stocked with PPE, cleaning solution and wipes for cleaning between patients. However, one patient transfer ambulance had medical tape holding the anchor point for a seatbelt fastener together on a patient seat. This presented an infection risk and a risk of malfunction to patients. However, this vehicle was off the road at the time of our inspection as it was waiting for repair of this and also for a replacement windscreen.

All PPE was provided by the NHS supply distribution Network, which was Government approved and tested. National delivery to Dorset was twice weekly and they had enough stock. Also, PPE was offered to all service users.

E-Zec staff completed LFT for COVID-19 twice weekly as this was recently made mandatory. Results were recorded on the track and trace site with positive results communicated to the scheduling and management teams. Staff were asked to show the result on mobile phones to team leaders.

### 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.**

# Patient transport services

The Dorset location took direct patient bookings and control room staff completed risk assessments for all planned activities. This included a risk assessment of the patient's health conditions, location and access. We were told control room and frontline staff worked together to co-ordinate the safe movement of patients.

Staff we spoke to told us what they would do if a patient became unwell during their journey. All staff had been trained in basic first aid and some crews included paramedics for more specialist care. Staff knew when to call for emergency help if required during a journey. If a patient had deteriorated significantly or suffered a cardiac arrest, they would call 999 and request emergency aid. Staff told us they had yearly training for recognition of the deteriorating patient.

The service did not usually transfer patients detained under the Mental Health Act or any patient who had a history of violence or aggression. Staff we spoke to were aware of the protocol to follow for patients with disturbed behaviour.

## Medicines

### **The service did not always use effective systems and processes to safely prescribe and store medicines.**

The service held a small range of medicines, including medical gases, to treat patients if they became unwell during their transfer. While medicines were stored securely; the medical gas storage could not hold the cylinders safely. When we raised this with the service, they arranged for the excess stock to be removed.

The provider recorded the current room temperature in the medicine's storage cupboard. This meant the provider did not have documented temperatures over a 24-hour period to ensure the temperature was correct. Therefore, the provider could not be assured that medicines were stored within the recommended temperature range and would remain effective.

We found, on one occasion, stock records indicated a delay between one emergency medicine going out of date and replacement stock being received and distributed. Therefore, the provider could not be assured that medicines were always safe to use.

Vehicles, equipment and medicines were not always checked properly and safe to use and the service was unable to provide assurance. The service did not always manage medical equipment safely. Monitoring/audit tools used by the service were not always effective. Some, but not all, medical gas cylinders were checked as part of the vehicle check. We found an out of date cylinder had not been identified. The bag containing the out of date medical gas was not listed on the vehicle checking tool, nor was there a breakdown of the medical equipment expected to be within the bag. We also found Entonox (pain relieving gas mixture) cylinders in the Entonox grab bag which expired in January 2021. Also, in an oxygen cylinder bag we found four air ways which had expired between 2016-18 and a catheter mount expired in 2016. We also found on one vehicle had five pieces of disposable equipment and a medical gas cylinder out of date.

## Incidents

### **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff understood their responsibilities to raise concerns, record safety incidents and near misses, and to report them internally and externally.

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At the Dorset base, the incident reporting system had recently moved to a new electronic system and staff were aware of this and knew how to use it. The registered manager and the quality manager reviewed and investigated incidents. The registered manager told us they had received training in investigating incidents.

We saw examples of evidence of learning being shared nationwide from incidents through different communication channels. Staff told us about lessons learned from several incidents where injuries were sustained by patients from the use of wheelchairs. We were shown staff clinical governance bulletins and saw information in staff rooms containing evidence of learning from incidents.

The quality manager explained that E-Zec collated incidents and reported monthly to the clinical commissioning group (CCG) quality leads. We saw evidence that incidents, learning, complaints and compliments were discussed with the E-Zec management teams monthly.

The provider had a risk management policy, which also described their responsibilities under the duty of candour legislation. The registered manager showed us a copy of a duty of candour letter written to a patient following an incident. However, one member of staff (out of four asked), did not have an awareness of duty of candour.

### Are Patient transport services well-led?

Inspected but not rated 

We did not rate the service at this inspection.

#### Leadership

**Local 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 to patients and staff. They supported staff to develop their skills and take on more senior roles.**

The senior staff at E-Zec had the skills and abilities to run the service. They told us they had appropriate training and support for their roles. They did not have a formal leadership development programme. However, the local management team had held positions in E-Zec prior to rising to management level. A structured leadership course was available for managers from an external provider which the registered manager was undertaking. The registered manager at E-Zec had previously held the position of operations manager so was experienced in how the company ran and they continued to work clinical shifts. Managers told us they received training in investigation of incidents, risk assessments and managing staff.

Leaders understood the challenges to quality and sustainability. Managers told us about their key performance indicators (KPI) they needed to achieve. An example of managers understanding of challenges to quality and sustainability involved the dialysis KPI. There were complaints from patients about timeliness of pick up and collection. To manage this issue, extra early morning and twilight shifts were arranged. This has resulted in a reduction in complaints about response times for patients. The extra shifts addressed the timeliness issue because under its current contractual arrangement with the CCG, as increasing the size of their fleet was not an option.

Staff told us their management team were visible, approachable and supported them. They had seen an improvement in the local leadership team during the pandemic and felt they were more staff orientated.

# Patient transport services

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

The staff we spoke with said they felt respected, supported and valued and they were proud to work for E-Zec. They felt managers were open and honest with them and kept them informed.

The provider used a fleet management system to detect driving errors that affect patient comfort and the environment. The staff involved received a warning notice about the driving errors or a request to update their driving skills through additional training.

The service's culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution and learning and action was taken as a result of concerns raised. E-Zec had a suggestion box for staff to make improvement suggestions. They also had a staff representative who took staff issues to a bi-monthly meeting with managers and then to an annual board meeting.

We saw leaflets displayed on ambulances, so patients and their families knew how to make complaints and give compliments to the service.

Staff we spoke with had annual appraisals. Although they did not have a regular one to one meeting with their manager, there was an open-door policy to listen to staff concerns. There was also managerial support and opportunities for training.

There was a strong emphasis on the safety and well-being of staff. The provider had an employee well-being scheme. Thank-you gifts were also given to staff in appreciation for their hard work during the pandemic.

The service had recently conducted a staff survey. The results had not yet been reported on at the time of the inspection.

## Governance

**There were some gaps in the governance processes operated throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The provider had structures, processes and systems of accountability to support the delivery of its services. For example, we saw auditing of the service was carried out, for example incidents, safeguarding notifications, complaints and feedback from patients monthly. However, some auditing tools used by the service were not always effective. For example, vehicles, equipment and medicines were not always checked properly and safe to use. For further detail please see the medicines section of the report.

A report of incidents was shared with the head of compliance at quarterly meetings attended by the registered manager from this location. The local management team reported on quality and sustainability issues monthly to the Clinical

# Patient transport services

Commission Group (CCG) they worked for. Monthly reports of complaints, incidents and safeguarding were sent to the board and shared with the local CCGs as part of their contract monitoring. The provider also attended a monthly meeting with the acute NHS trusts to review their contract, including a review of any emerging trends such as response times.

However, we found gaps in the governance of the recruitment process. We were unable to review recruitment records to ensure they complied with Schedule 3 of the Health and Social Act 2008, because they were held centrally rather than on site. However, we were shown the electronic recruitment process available to the local recruiting officer. Local managers did not have access to health questionnaires, references or outcome of DBS checks and the E-Zec recruitment policy required three years previous working history. This was not in line with the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014 which require a full working history. This may present a risk to patients as employers need to ensure staff are suitable to be employed.

Arrangements with partners and third-party providers were managed effectively to encourage interaction and promote coordinated, person centred care. The registered manager told us they had regular meetings with the CCG to discuss and monitor their performance and to review their KPIs.

Sustainability of the fleet was not part of E-Zec's contract with the CCG. The contract had been extended for several years rather than renegotiated. Therefore, the impact was no financial considerations were factored in to include replacement and extension of the fleet to meet demand. However, irrespective of the contract, E-Zec had plans to increase the fleet with six new ambulances.

Staff we spoke with were clear about their roles and they understood their accountability and their direct line of reporting. The providers policies and standard operating procedures were accessible on the company's intranet system called the hub. Staff had access to them to support them in their roles.

The provider had processes to oversee third-party sub-contractors working for them. The registered manager told us they sub-contracted work to three CQC registered independent health ambulance providers. All third-party sub-contractors had to follow E Zec Medical policies and procedures and report any incidents to E-Zec for review. They also had a due diligence process to ensure staff from subcontracted providers complied with the same standards as E-Zec staff.

## Management of risk, issues and performance

**The provider had some structures, processes and systems of accountability to support the delivery of its services, but they did not always identify action had been taken. We were not assured that the audit and checklist identified enough medicines and equipment were in date on the vehicles.**

Vehicle upkeep was managed through a national database which tracked all aspects of maintenance including road tax, MOT, servicing and deep cleaning. All vehicles were tracked at all times. We looked at audits of some areas of the service, including vehicle checks. The provider told us they did not consider the previous paper system for vehicle checking effective enough when compared to the new electronic system which had recently been introduced. The new electronic system (RADAR) contained a rudimentary list of items to check. The system was simpler but did not guide staff in enough detail about what they were checking. From the very small sample supplied to us, we found compliance

## Patient transport services

with checking ranged from 0% to 97%. This meant that not all vehicles had been properly checked prior to being used for patient transfer. The risk to patients ranged from a minor issue of no tissues for them to use, to the oxygen regulator not being checked which could have potential serious consequences if it did not work when the patient required oxygen support.

Since the introduction of the electronic vehicle checklist, we found the audits were not detailed enough to pick up on quality issues that would affect the service. We were not assured the system confirmed staff were completing the checks accurately or that it was consistently acted on. Therefore, risks and concerns could not always be identified, and mitigating actions would not be implemented to ensure improvement.

The registered manager told us the local risk register documented the main risks for the service and discussed the top three risks. These were age/sustainability of the fleet due to extension of the contracts rather than re-negotiation, the welfare of staff following incidents and the state of kitchen on the base. The local risk register was regularly reviewed and escalated to the national company risk register through reporting at national compliance meetings.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance