

Radmere Medical Ltd

# Radmere HQ Radmere Medical Ltd

## Inspection report

Unit 15a  
St. Margarets Way, Stukeley Meadows Industrial  
Estate  
Huntingdon  
PE29 6EB  
Tel:

Date of inspection visit: 24 January 2022  
Date of publication: 22/03/2022

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

As this was a focused inspection on specific areas of our safe and well led key questions, we inspected but did not rate this service.

We found:

- Training was not comprehensive, and the registered manager did not have an effective system in place to monitor mandatory training to ensure staff kept up to date with their mandatory training.
- There had been changes to the design, and use of facilities, premises, vehicles and equipment.
- The service had enough staff; however, the registered manager could not demonstrate that staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service was led by the registered manager. The registered manager was visible and approachable in the service for staff and patients.
- The registered manager did not operate effective governance processes throughout the service.
- The services information systems were not easily accessible.

However:

- The registered manager managed performance and had risk processes in place to cope with unexpected events.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Inspected but not rated



### Rating

### Summary of each main service

As this was a focused inspection on key areas of our safe and well domains, we inspected but did not rate this service.

We found:

- Training was not comprehensive, and the registered manager did not have an effective system in place to monitor mandatory training to ensure staff kept up to date with their mandatory training.
- There had been changes to the design, and use of facilities, premises, vehicles and equipment.
- The service had enough staff; however, the registered manager could not demonstrate that staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service was led by the registered manager. The registered manager was visible and approachable in the service for staff and patients.
- The registered manager did not operate effective governance processes throughout the service.
- The services information systems were not easily accessible.

However:

- The registered manager managed performance and had risk processes in place to cope with unexpected events.

# Summary of findings

## Contents

### Summary of this inspection

Background to Radmere HQ Radmere Medical Ltd	5
Information about Radmere HQ Radmere Medical Ltd	5

### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

# Summary of this inspection

## Background to Radmere HQ Radmere Medical Ltd

Radmere HQ Radmere Medical Ltd is an independent ambulance service that provides patient transport services (PTS) from its location in Huntingdon, to patients across the East of England region. The service has had a registered manager in post since it moved to its new location in 2019. The registered manager is the owner of the service and is a registered paramedic.

At our last inspection of the service on 18 February 2020, we told the service it must take actions necessary to comply with its legal obligations and the service 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.

We carried out a short notice announced focused inspection of the service on 24 January 2022, due to concerns raised in relation to the management of patient safety and risk. As part of the focused inspection we looked at some areas of our safe and well domains and established what action the service had taken in response to our must and should actions following its last inspection.

In the twelve months before our inspection the service had significantly reduced the number of patient transport journeys it undertook due to the impact of the COVID-19 pandemic. At the time of our inspection the registered manager was planning on closing the service on 31 March 2022, and therefore had reduced staffing levels and equipment. A building conversion was taking place to change the ambulance base into office spaces.

The registered manager had no long-term plans for developing the service and told us they planned to cease operations on 31 March 2022.

The main service provided by this service was patient transport services.

## How we carried out this inspection

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>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **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:

- The service must ensure that staff have the skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. (Regulation 17(1)(2)(d))
- The service must ensure that it implements an effective system to monitor mandatory training. (Regulation 17(1)(2)(d))

# Summary of this inspection

- The service must ensure that records in relation to staff training, recruitment, employment and disclosure and barring service (DBS) checks are maintained to the correct standards. (Regulation 17 (1)(2)(a))
- The service must ensure that it implements governance processes to assess and make improvements to the quality of the service. (Regulation 17 (1)(2)(a))

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

- The service should ensure that it maintains minutes of staff meetings and actions taken. (Regulation 17)
- The service should ensure that it continues to gather patient and staff feedback in order to make improvement within the service. (Regulation 17)

# 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

**Training was not comprehensive, and the registered manager did not have an effective system in place to monitor mandatory training to ensure staff kept up to date with their mandatory training.**

Staff did not keep up to date with their mandatory training. At our last inspection, we told the service it should ensure staff were trained to an appropriate standard. At this inspection, the registered manager was unable to demonstrate that staff had received and kept up to date with their mandatory training. We had concerns that the registered manager was delivering training without a formal process to establish staff competency. For example, there was no syllabus or learning materials to support the moving and handling training and there was no way of checking the registered manager was delivering the training to a safe standard. The registered manager told us they used their experience and skills but had no recognised moving and handling competency checks to support the delivery of the course.

The registered manager was unable to demonstrate they provided comprehensive mandatory training or that they monitored mandatory training to alert staff when they needed to update their training. Due to the impact of the COVID-19 pandemic some staff training had been completed online, for example, one staff member had completed dementia training in April 2021, and the certificate was out of date. Another member of staff had completed conflict resolution management and control of substances hazardous to health, both certificates were in date. The registered manager was unable to provide evidence to demonstrate all staff had completed mandatory training to the required standards.

Following our previous inspection, the registered manager had undertaken an online train the trainer course for moving and handling and had delivered some training to the staff. The training included elements of moving and handling including the use of equipment. The registered manager also trained the staff in basic life support and safeguarding.

### Environment and equipment

**There had been changes to the design, and use of facilities, premises, vehicles and equipment.**

At our inspection the registered manager told us they were closing the service on the 31 March 2022. They were in the process of changing the design of the premises and were decommissioning equipment and vehicles.

The service was operating one patient transport service (PTS) ambulance and one wheelchair accessible vehicle. All other vehicles were not insured and no longer used within the service. The registered manager showed us a storage area where large amounts of equipment was stored ready for auction, which was no longer in use.



## Patient transport services

The ambulance station was being converted to individual office spaces, which would be rented out once the service de-registered.

### Staffing

**The service had enough staff; however, the registered manager could not demonstrate that staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had enough support staff to keep patients safe. Following the impact of the COVID-19 pandemic, and reduction in the number of PTS journeys the registered manager had reduced the number of staff within the service. This meant that the service had no vacancies and sickness levels were low and the service did not use agency staff.

The manager could adjust staffing levels daily according to the needs of patients. The registered manager was supported in the day to day administration and PTS activities by their wife. These were the only permanent employees within the service.

The number of staff matched the planned numbers. Two other employees worked on zero-hour contracts and only worked when the service had PTS journeys which the registered manager or his wife were unable to fulfil.

The registered manager was unable to demonstrate how they had completed recruitment and reference checks for the employees as they kept no record of interviews or of staff references. The registered manager told us they had followed up applications by making phone calls and contacted all referees but as a small company felt it unnecessary to record all this information.

Staff had up to date enhanced disclosure and barring service (DBS) checks which were in date at the time of our inspection.

## Are Patient transport services well-led?

### Leadership

**The service was led by the registered manager. The registered manager was visible and approachable in the service for staff and patients.**

The registered manager owned and was the lead for the service and was supported by an administrator. The registered manager was also a registered paramedic and provided oversight of patient activities. At the time of our inspection the registered manager was in the process of closing the service. This was due to take place on 31 March 2022.

The registered manager was visible within the service and told us they worked alongside staff supporting patient transport and had face-to-face contact with the patients and public whilst carrying out routine journeys.

The registered manager told us that due to their experience and length of service, they had the knowledge, skills and experience to manage the service on a day to day basis. However, they were unable to demonstrate comprehensive professional updates in relation to managing the service or show a range of training and certification expected in the role of registered manager.

# Patient transport services

The registered manager told us they had no further plans to implement any changes in the services and was focused on honouring the existing commitments they had to patients and the local NHS trusts. The intention was to close the service on 31 March 2022, and they were not intending to make any further changes within the service.

## Governance

**The registered manager did not operate effective governance processes throughout the service.**

At our last inspection in February 2020, we told the service that it must implement an overarching safety and audit system to monitor the quality of the service. During our inspection on 24 January 2022, the registered manager was unable to demonstrate how they had met this requirement.

Following our inspection, we asked the registered manager to provide data in relation to ongoing audit, management of risk and safety performance. The registered manager provided a copy of the services Annual Report and Governance Statement 2021-22. The report stated that “Over the past 12 months with moving to new premises many of the improvements we wished came to a standstill, due to the Covid pandemic.” At the time of our inspection we were unable to establish with the registered manager how they had measured or audited any improvements in the service.

The registered manager described the work force as a small team. The Annual Report and Governance Statement 2021-22 stated that the service “Hold informal impromptu meetings with staff, individual or informal non recorded discussion groups on any concerns or suggestions they may put forward (these meetings may be made formal if concerns require records to be made), which will be reviewed among all staff to find solutions”. The report stated that the registered manager “Go out on the ambulances every day with all the staff at least one a week and is able to monitor them on a continual basis which allows me to rectify concerns immediately before it becomes an issue and the need for special training.”

The registered manager was unable to offer any documents or plans to demonstrate how they had used audit or monitored safety over time in order to make improvements within the service. They explained that as the owner and day to day manager of the service and due to its size, they felt they had good oversight of the daily operations and when to put things right if things went wrong. They spoke to the staff daily and any issues were dealt with on the day they were raised. The registered manager said they felt it was unnecessary to have written plans or schemes for such a small service and that the Care Quality Commission treated small services the same as large services and had unreal expectations of what processes should be in place, and that the service had a low incident culture and very few complaints.

## Management of risk, issues and performance

**The registered manager managed performance and had risk processes in place to cope with unexpected events.**

The registered manager monitored patient journeys and explained how they would take action to make any improvements, for example if the journey was late and had any unexpected delays. They didn't benchmark performance against other services, but they did use financial information as a guide to how well the service was operating.

The registered manager was unable to demonstrate that the service had a systematic programme of internal audit to monitor quality and identify where action should be taken to make improvements. The registered manager again told us they felt it was unnecessary to have written plans or schemes for such a small service and that the Care Quality Commission treated small services the same as large services and had unreal expectations of what processes should be in place, and that the service had a low incident culture and very few complaints.

# Patient transport services

The service did have a risk register in place, which included risks associated with staffing levels, recruitment and continuity of the service. The registered manager told us that they reviewed this from time to time, we were unable to establish if the risk register had been updated following our inspection in February 2020, as there were no changes in dates or priorities within the risk register.

The service had a business continuity plan to manage seasonal or other expected disruption to staffing or facilities.

## Information Management

### **The services information systems were not easily accessible.**

The registered manager used a blend of IT based and written information within the service. At the time of our inspection the registered manager struggled to find information we requested to make an assessment of the service. For example, they were unable to find up to date staff training records on the IT system, and the online documents didn't match the detail within written documents.

The registered manager struggled to navigate the IT system and was unable to assure us that the information systems were easily accessible or that governance of the processes was in place.

The registered manager advised us that due to the change in the service and the plan to close the service from 31 March 2021, they had not maintained the records as a they had before. Due to the size of the service, the number of employees and knowing the service was closing they had not made any additional changes to the information management system.

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	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The service did not ensure that staff had the skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.</li><li>• The service had no effective system to monitor mandatory training.</li><li>• The service did not ensure that records in relation to staff training, recruitment, employment and disclosure and barring service (DBS) checks were maintained to the correct standards.</li><li>• The service did not ensure that effective governance processes were in place to assess and make improvements to the quality of the service.</li></ul>