LCT Ambulance Ltd

LCT Ambulance Ltd

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

LCT Ambulance Ltd provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 3 March 2017. This was announced.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

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

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following issues that the service provider needs to improve:

- The provider did not keep records of patient journeys. This meant that they were not able to evidence the volume of work undertaken or the timeliness of their service.
- The provider had limited knowledge of the duty of candour regulation.
- The service owner had not received training and was not able to describe adjustments to facilitate the needs of unaccompanied patients with more complex needs, such as learning difficulties or those living with dementia.
- The provider did not have a risk register so he might not have identified and assessed key risks and issues.
- The service policies did not contain a revision date, did not reference national guidance and were not all relevant to the service provision.
- The provider's website did not accurately reflect the size or nature of the services offered. This could be misleading to members of the public looking for information about the company.

However, we also found the following areas of good practice:

- The service owner had annual resuscitation training.
- The ambulance was clean, serviceable and well maintained.
- Patients' comments about the service were all positive about the care they had experienced.

In addition the provider also reacted promptly in response to issues raised:

- The service owner had not completed any formal safeguarding or manual handling training at the time of our inspection, however undertook formal training and provided evidence of this after our inspection.
- There was no fire extinguisher on the vehicle at the time of our inspection, although an oxygen cylinder was carried. This was against health and safety regulations. However a fire extinguisher and blanket were purchased and photos were provided as evidence of these installed in the ambulance after our inspection.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with five requirement notices that affected patient transport services. Details are at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

LCT Ambulance Ltd

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Detailed findings

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Background to LCT Ambulance Ltd

LCT Ambulance Ltd opened in 2014. It is an independent ambulance service in Hounslow, London. The service primarily serves the communities of the London area.

The service is owned and run by Mr Jayampathi Edirisinghe, who is also the registered manager and who has been in post since registration in 2014.

There are no additional employees at this service and all patient journeys undertaken in the ambulance are conducted by the service owner.

This was the service's first inspection since registration with CQC.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector with experience of ambulance services and one other CQC inspector.

How we carried out this inspection

We visited the only location of this service. We spoke with the service owner. We did not speak with any patients as there were no journeys undertaken during our inspection.

However, we received 14 'tell us about your care' comment cards, which patients had completed before our inspection. During our inspection we viewed the ambulance.

Facts and data about LCT Ambulance Ltd

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

The only service provided is patient transport services. The only member of staff is the service owner and he drives patients in an ambulance which the company owns.

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

Detailed findings

Activity:

- The service owner did not keep records of patient journeys so we could not confirm how many journeys there had been in the last 12 months.
- The service owner did not have direct contracts with hospitals. Over the last 12 months, all patient journeys undertaken had been sub-contracted to him by other transport providers.

Track record on safety

- The service had reported no never events and no clinical incidents over the last 12 months.
- The service had received no complaints over the last 12 months.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

LCT Ambulance Ltd is an independent ambulance service providing patient transport services.

All patient journeys undertaken in the ambulance are conducted by the service owner.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services.

Patient transport services (PTS)

Are patient transport services safe?

Are services safe?

We found the following issues that the service provider needs to improve:

- The ambulance did not have a fire extinguisher which was against health and safety regulations when oxygen cylinders are carried, however one was installed following our inspection.
- The service owner did not keep records of how often he cleaned the ambulance.
- The service owner did not have full knowledge of the duty of candour requirements so he may not follow the requirements if something went wrong.
- The owner had not completed any formal safeguarding or manual handling training, however following the inspection this was completed by the owner.
- The service owner did not keep records of breaks or driving hours.

However, we also found the following areas of good practice:

- The provider maintained and serviced the ambulance.
- The service owner was trained in first aid and resuscitation and showed us up-to-date certificates proving this.
- The ambulance was clean and had cleaning products to keep this maintained.

Incidents

- There had been no never events reported for this core service. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The service had an incident reporting policy and there were no incidents, including driving accidents, over the last 12 months. The service owner reported that there had been no investigations conducted with any companies that he received work from and no incidents had been communicated to him.
- The service owner was not aware of the term "duty of candour" but he could explain the need to be open and apologise if something went wrong. 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. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The provider did not use a clinical dashboard because this was a patient transport service, and the service owner was not clinically trained.

Cleanliness, infection control and hygiene

- The service owner reported that he took his ambulance to a local car wash for an external and internal clean twice a week. We could not confirm this as he did not keep records.
- The owner did not arrange any deep cleans by a professional company. He told us that if a more thorough internal clean was required he could use ambulance cleaning facilities at hospitals where he collected patients.
- The ambulance had chairs with washable covers. The owner cleaned them with antibacterial wipes.
- The service owner used a check list for cleaning showing what to clean after every use and what needed daily or weekly cleaning if not contaminated.
- The service owner told us he was able, in the event of the vehicle becoming contaminated with body fluids, to use the cleaning facilities provided by the main contractor at hospitals for urgent cleaning.
- The ambulance had gloves and hand sanitiser gel. We could not watch hand hygiene being carried out as we did not observe any patient journeys.
- The service owner was wearing a clean and serviceable uniform.
- The service owner disposed of any clinical waste generated on journeys at hospitals he served.
- Four patient comment cards said the vehicle was very clean.

Environment and equipment

Patient transport services (PTS)

- The service ran from a residential address and the ambulance parked on the front driveway
- The provider owned one ambulance which was less than three years old. The provider adapted it for a wheelchair and we saw the modification certificate. It had chairs for carers or patients. It could not carry a stretcher.
- The ambulance had had an MOT and the provider taxed it within the required dates. The vehicle had not yet reached 25,000 miles, the manufacturer's recommendation for the first service.
- We viewed the inspection certificate for the vehicle that had been issued in March 2016 by Transport for London. This is a comprehensive inspection that confirmed that the vehicle was road worthy and safe to be used for private hire.
- The service owner told us he carried out daily vehicle checks such as tyre checks, tyre pressures and the lights. He did not keep a log of this. He said if he found a fault he would fix it himself where possible or arrange for it to be repaired.
- There was no fire extinguisher on the vehicle, despite an oxygen cylinder being carried. This did not comply with Department of Transport and Health and Safety Executive regulations for the carriage of gas cylinders on vehicles. However, following feedback from our inspection evidence was provided to show a fire extinguisher and blanket had been installed on the vehicle.
- The service owner had stocks of regularly used items, such as disposable bowls.
- The ambulance had a small basic first aid kit. It had a bag containing masks for delivery of oxygen. The service owner bought these from a pharmacy as required if the hospital did not provide them.
- The ambulance had a wheelchair for helping patients to and from the vehicle. We saw it was in good condition. A contracting company checked this at random, but there were no records for this. The service owner told us he checked it each week. The ambulance carried clamps for securing wheelchairs.
- The service owner had a high visibility jacket on the ambulance.
- Since the inspection the provider told us that an additional vehicle had been purchased for transporting patients.

Medicines

- One small, portable oxygen cylinder was held on the vehicle. This was secured appropriately and within the expiry date. We were told that this had been provided by one of the hospitals that the provider transported patients to and from and could be exchanged or returned there.
- The service provider had not had any certified training for administration of medical gases, however told us that if a patient required oxygen, the hospital would start administration and advise within the handover how many litres per minute were required.
- The service did not carry any other medication to administer to patients. If a patient needed medication in the ambulance they had to provide and administer it themselves. The service owner would check this when he greeted the patient.

Records

- The service provider did not hold any patient records or details. The contractor companies sent journey details to his phone by a secure application. The application automatically deleted all details once the journey was complete.
- The application provided details of the patient's name, address, hospital location or ward, condition and collection time. The service provider asked for any more information from the nurse in a verbal handover. The provider did not access any patient records sent with the patient for inter-hospital transfers as they were in a sealed envelope.

Safeguarding

- The service owner had not completed any recognised safeguarding training. He held a hard copy of the local authority safeguarding procedures from 2014 which he had familiarised himself with and could outline examples of the types of abuse that he would report. However, the London multi-agency safeguarding practices and procedures had been updated in 2016 which meant the guidelines the service owner was referencing were out of date. As the owner did not receive regular training there was a risk the service owner did not know about new procedures or new information about safeguarding.
- Following the inspection the service owner provided us with evidence that he had completed safeguarding training in May 2017.

Patient transport services (PTS)

- The service's vulnerable adult's procedure, last updated in 2014, had the contact details for reporting concerns or alerts to the local authority safeguarding team. It did not have a review date.
- The service owner told us that he contacted the local authority safeguarding team once in the past two years to raise concerns about a patient he had transported. He did not have a paper record as he telephoned the local authority. He had not received any updates.
- The service owner did not provide transport for children and young people below the age of 18.
- We saw a copy of the service owner's enhanced Disclosure and Barring Service (DBS) check that had been undertaken in 2014. This is a check that helps organisations make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults.

Mandatory training

- The service provider completed annual update training with an external training provider for Basic Life Support (BLS) training. We saw copies of his most recent completion certificate that was valid until April 2017. This training followed UK resuscitation council guidelines and included choking and cardio-pulmonary resuscitation (CPR).
- The annual training course delivered by the external provider also covered universal precautions and barrier use, which meant that he had up to date knowledge of infection control practices.
- The provider did not carry out any 'blue light' emergency transfers and so he had not undertaken any advanced driver training.
- The service owner had not carried out any manual handling training. We asked about this and he told us where there were specific requirements for assisting patients on transfers, hospital staff covered this within the verbal handover. However the lack of formal training may mean that there was a risk of injury to both the owner and patients when assisting them. Following the inspection the service owner provided us with evidence that he had completed formal manual handling training in May 2017.

Assessing and responding to patient risk

- The service did not transport patients at risk of deterioration when travelling. The provider told us that a nurse would give a verbal handover for each patient transferred from a hospital ward and any specific issues would be highlighted.
- If a patient became unwell while travelling the policy of duties to patients stated that staff would only work within their competencies. The service owner said that he would contact 999 for an emergency ambulance.
- The service owner would carry out a brief assessment of each patient that he transported from home to hospital within their house. This consisted of asking whether they were fit to travel, if they were able to walk or if they required a wheelchair.
- The service did not provide secure transport for patients who were living with a mental health condition.

Staffing

- The provider worked between 7am to 5pm Monday to Friday. If the provider was not available he would let the contractor know so that work would not be requested.
- The service owner took rest breaks as required, although he did not keep a written record of these. He told us he could use staff rest rooms at hospital transport lounges.
- The service owner told us that he took driving breaks regularly on long journey, but he did not keep records of this. Ambulances are exempt from the Great Britain domestic drivers' hours rules, however there is a risk that without documentation of breaks, there may be insufficient rest time for long journeys and a risk of fatigue.

Business Continuity arrangements

- The service operated with only one person and did not have a regular agreement of patient journeys that were allocated. This meant that if he was could not carry out work on a given day there was no reliance on the service for that provision.
- The service had breakdown cover with two companies.

Are patient transport services effective?

Are services effective?

We found the following issues that the service provider needs to improve:

Patient transport services (PTS)

- The service had policies to be followed, but these did not have a revision date so it was unclear whether they were up to date. They did not include clinical guidelines. .
- The service provider did not keep records of patient journeys or the timeliness of the response provided.

However, we also found the following areas of good practice:

- The service used a secure telephone application to provide brief details about the patient so they could plan the patients' care before the journey.

Evidence-based care and treatment

- The service had a book of policies that had been prepared by an external company for the service in 2014. The majority of these were human resource policies. A paragraph within the policy book was titled 'national clinical guidance policy'. However; this paragraph only stated that the best available locally agreed clinical practice guideline would be followed. It was unclear what local clinical practice guidelines were being referred to as there were no other guidelines provided to us on the inspection. The policy book had last been updated in 2014 and had no references to national guidance and no revision dates on them so there was a risk that they may not be up to date with current guidance.
- The service did not have any employees therefore a number of the policies within the book were not currently relevant or in use.

Assessment and planning of care

- The telephone application used for booking information provided brief details about the condition of the patient so that an initial assessment for transport requirements could be made. The service provider asked for any more information from the nurse in a verbal handover, for example, if the patient had any additional needs. If the patient was being collected from home a brief assessment was conducted by the service owner about the suitability of the patient for transport. If a patient was not well enough or suitable for transport with the vehicle, then the booking company was contacted to cancel the journey.
- When a long journey was planned, the service owner requested than an extra pillow, blankets and a packed lunch including drinks were provided for the patient by the hospital.

Response times and patient outcomes

- The service did not hold records of patient journeys so was unable to provide us with information about levels of activity and timeliness of the requested pick up.
- Pick up times were monitored by the contracting company through the telephone application. The service owner reported that he did not receive a statement of his compliance and had not received any feedback about non-compliance.

Competent staff

- The service did not have any additional employees and therefore there were no appraisals carried out.
- The service owner reported that where additional needs were identified then brief ad-hoc training would be provided by the nurse on the ward.

Coordination with other providers and multi-disciplinary working

- The service owner communicated on the day with hospital staff as required when collecting patients.

Access to information

- Due to the nature of the ambulance owned and operated by the service provider, patients at risk of deterioration on route were not transported and therefore there had been no requirement for access to patients' advanced care plans.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service owner had not received any specific training relating to consent or the mental capacity act. However, he was able to explain the principles of consent and outline what his actions would be if a patient did not give their consent for transport.

Are patient transport services caring?

Are services caring?

We found the following areas of good practice:

Patient transport services (PTS)

- All the patient response cards that we received were positive about the care provided on their journey.

Compassionate care

- As there were no patient transport journeys on the day of our inspection we were unable to observe the interactions of the service owner and patients. All of the 14 comment cards returned to us were positive about their experience of the patient transport service.
- Comments received included 'I am pleased to commend the quality of service, both in the time-keeping and the very caring personal approach.' And 'the driver was very kind and helpful'
- Positive comments received included one which stated '[I was] treated with the highest level of dignity and respect'.
- A comment card received from the wife of a patient stated 'This is wonderful service…..professional, patient and caring.'

Understanding and involvement of patients and those close to them

- The service provided transport on a sub-contracted basis. There was no liaison with patients regarding their eligibility for patient transport services as this was carried out by another provider.
- A comment card received from a patient's wife stated 'The driver explained everything to my husband and I'.

Are patient transport services responsive to people's needs?
(for example, to feedback?)

Are services responsive?

We found the following issues that the service provider needs to improve:

- The service owner had not received training and was not able to describe adjustments to facilitate the needs of unaccompanied patients with more complex needs, such as learning difficulties or those living with dementia.
- The service owner did not have access to translation services.

However, we also found the following areas of good practice:

- The service owner planned his working day flexibly to make sure that patients were in time for their appointment.

Service planning and delivery to meet the needs of local people

- The service owner outlined had, on request, adapted his hours of work in order to suit a patient's requirements. He provided an example where he had undertaken an early collection of a patient at 3am for a morning appointment where the patient lived some distance away from the hospital.

Meeting people's individual needs

- Patients with complex needs, including those with learning difficulties or those living with dementia were highlighted on the initial booking. We were told an escort accompanied the patient to provide one to one support where it was required. However the service owner had not undertaken any additional training and was not able to explain any adjustments that they could make to facilitate patients with additional needs. In the event that the service owner collected an unaccompanied patient with additional needs, we could not be assured that he would be able to support their care adequately.
- The service provider did not have access to any translation services. The owner told us that he was usually able to communicate with patients sufficiently and that the lack of translation services had not been an issue.

Access and flow

- The service provider adjusted the times that he worked in order to ensure that he attended the patient at the collection time requested. This was managed by monitoring the booking time that was stated on the electronic telephone application for journey requests.
- The contractor monitored on-scene and turnaround times through the electronic application.
- One comment card received from a patient stated 'Picked [us] up on time with plenty of time to spare.'

Learning from complaints and concerns

- The service had not received any complaints, either directly or through the contractors. The service did have a complaints policy and the service owner was able to talk through how he would manage a complaint and speak to the person raising it to resolve the issue.

Are patient transport services well-led?

Are services well-led?

We found the following issues that the service provider needs to improve:

- The service had no risk register and this may have meant that some risks had not been identified or assessed.
- The company website did not accurately reflect the size or nature of the services offered.

However, we also found the following areas of good practice:

- The service owner had a vision for the future of his care provision, although this was not documented.

Vision and strategy for this this core service

- The service owner told us that his vision was to develop the business and continue to provide a good service to patients.

Governance, risk management and quality measurement

- The service owner did not keep a record of the number of patient transport journeys that he undertook. This meant that he was unable to monitor the nature of his care provision.
- The provider did not keep a risk register. This may have meant that key risks had not been identified or assessed which could pose a risk to the patient. The service provider was able to describe his top risks. These were his inability to work if unwell and not being given work. He outlined measures he had taken to reduce the effects of these risks. However he did not mention other potential risks within the patient transport sector such as vehicle accident or injury to patients which may have meant that he was not able to identify these and assess them.

Public and staff engagement

- The service owner described how he asked patients to provide feedback either verbally or in writing in order to improve his service. He had not received any suggestions for improvement within this process.
- The service owner described that his intention was to listen to patients at the start of the journey and fulfil their requirements for comfortable transport provision.
- The service had a website and social media page that was used for advertisement of its services. However, the pictures and information provided on these pages did not show the ambulance that we saw and also stated that there were other people employed by company. These pages would therefore not have provided an accurate representation of the company for the public.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that they are able to adequately facilitate the requirements of patients with additional needs, in the event that an escort is not provided.
- The service must consider a way of identifying risks to ensure that key risks and issues are clearly, identified and assessed with mitigation actions undertaken.
- The service must consider reviewing the policies that it has to ensure that they are up to date and relevant to the company and services offered.

Action the provider SHOULD take to improve

- The provider should consider maintaining an anonymised log of patient journey's undertaken in order to monitor activity and timeliness of service.
- The provider should consider maintaining a log of driving hours and breaks to reduce the risk of fatigue.
- The provider should consider maintaining a record of internal and external vehicle cleaning.
- The pictures and information provided on the provider's internet pages should be an accurate reflection of the ambulance and the number of people employed by company.
- The provider should ensure that they have knowledge of the regulations for duty of candour.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established and operated effectively because; 1. The provider was not able to demonstrate that they could assess and mitigate against identified risks. 2. The policies provided had no revision date, did not reference national guidance and were not all relevant for the size of service provided. 3. There was a lack of assurance for the facilitation of patients with complex needs. Regulation 17(2)(b)