

Medisec Ambulance Service Limited

# Medisec Ambulance Service Limited

## 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 known to CQC and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this ambulance location

Patient transport services (PTS)

# Summary of findings

## Letter from the Chief Inspector of Hospitals

This focused inspection was carried out on 29 and 30 November 2016.

A comprehensive inspection of the service was carried out on 14 and 20 September 2016 and 6, 7 and 10 October 2016. This identified the provider was in breach of regulation 19 (Fit and Proper Persons Employed) and Schedule 3 of the Health and Care Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were inadequate recruitment checks on employees prior to commencement of employment and there were inadequate and ineffective systems for identifying, assessing and monitoring the safety and quality of the service.

Following the inspection we served an urgent notice on Medisec Ambulance Service Limited, suspending their registration as a service provider in respect of the regulated activity transport services, triage and medical advice provided remotely from 12 October 2016 until 30 November 2016 at or from the location Medisec Ambulance Service Limited, Unit 1, Mount Pleasant Road, Southampton, SO14 0SP. The provider was required to demonstrate they were compliant with the identified regulations by 30 November 2016.

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

At the inspection on 29 and 30 November 2016 we checked whether the provider had made the required improvements and found:

- The provider followed robust recruitment processes to ensure all staff working in the service were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.
- The provider had developed a governance processes that included systems to assess, monitor and improve the quality and safety of the service. The provider should ensure the new processes for monitoring the quality and safety of the services are fully implemented and followed.
- The provider had a plan to provide and develop their patient transport service within the restraints of the present number of staff employed.

Please refer to previous inspection report for information on our key findings at previous inspection and action we have asked the provider to take in relation to other aspects of the service.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

### Patient transport services (PTS)

### Rating Why have we given this rating?

At this inspection we found the provider followed robust recruitment processes to ensure all staff working in the service were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.

The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service. The provider had a plan to provide and develop their patient transport service within the restraints of the present number of staff employed.

# Medisec Ambulance Service Limited

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

## Contents

Detailed findings from this inspection	Page
Background to Medisec Ambulance Service Limited	5
Our inspection team	6
How we carried out this inspection	6
Facts and data about Medisec Ambulance Service Limited	6

## Background to Medisec Ambulance Service Limited

A comprehensive inspection of Medisec Ambulance Service Limited was carried out by the Care Quality Commission on 14 and 20 September 2016 and 6, 7 and 10 October 2016. At the time of that inspection, the service predominantly provided transport for adults and children with mental health disorders, as well as the transport and supervision of people in Section 136 suites whilst waiting mental health assessment. The provider, at that time, had a contract with one NHS trust and a service level agreement with another NHS trust to provide the section 136 service and they provided services on request from an ambulance trust.

The provider operated services from a single location, an ambulance station. There were no other locations as part of the business.

The inspection of 14 and 20 September 2016, 6, 7 and 10 October 2016 identified the provider was in breach of regulation 19 (Fit and Proper Persons Employed) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were inadequate recruitment checks on employees prior to commencement of employment and there were inadequate and ineffective systems for identifying, assessing and monitoring the safety and quality of the service.

Following the inspection we served an urgent notice on Medisec Ambulance Service Limited, suspending their registration as a service provider in respect of the regulated activity transport services, triage and medical advice provided remotely from 12 October 2016 until 30

November 2016 at or from the location Medisec Ambulance Service Limited, Unit 1, Mount Pleasant Road, Southampton, SO14 0SP. This reason for this action was that we had reasonable cause to believe that a person will or may be exposed to the risk of harm if we did not take this action.

The provider was required to make necessary improvements and provide evidence of assurance that:

- All staff carrying on the regulated activity for Medisec Ambulance Service Limited had full and complete recruitment files, to ensure they fit to be employed in carrying out the regulated activity, in line with regulation 19 (Fit and Proper Persons Employed) and Schedule 3 of the Health and Social Care Act (2008).
- Confirmation that the level of service was viable in order that service users were not at put at risk because of insufficient resources.
- Governance processes were improved in line with Regulation 17 (Good governance) of the Health and Social Care Act (2008). This included systems and processes to assess, monitor and improve the quality and safety of the services to be established and operated effectively.

The provider was required to demonstrate they had made these necessary improvements by 30 November 2016. We inspected the service on 29 and 30 November 2016 to identify whether the provider had made these improvements. The inspection focused only on the breaches that resulted in the urgent suspension of the registration of Medisec Ambulance Service Limited as a service provider.

# Detailed findings

## Our inspection team

The team included a CQC inspection manager and two CQC inspectors.

## How we carried out this inspection

This inspection was to follow up if improvement had been achieved following suspension of registration of the provider from 13 October to 30 November 2016.

We considered information submitted to the Care Quality Commission by the provider that detailed the actions

they were taking to make the necessary improvements to the service. During the inspection we spoke with the registered manager and ambulance crew members. We reviewed staff recruitment files, policies, and procedures about governance and management of incidents.

## Facts and data about Medisec Ambulance Service Limited

Medisec Ambulance Service Limited is registered with the Care Quality Commission to provide the regulated activity transport services, triage and medical advice provided remotely.

# Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

## Information about the service

Prior to the suspension of the registration of Medisec Ambulance Service Ltd as a provider of the regulated activity transport services, triage and medical advice provided remotely, the provider predominantly provided transport for adults and children with mental health disorders, as well as the transport and supervision of people in, section 136 suites whilst waiting mental health assessment.

At the time of this inspection, the provider no longer had contracts or service level agreements with the local NHS trusts to provide Section 136 services. The provider planned to start a reduced patient transport service to general patients and patients with low-level mental health needs once their registration was active.

## Summary of findings

At this inspection we found the provider followed robust recruitment processes to ensure all staff working in the service were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.

The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service. The provider had a plan to provide and develop their patient transport service within the restraints of the present number of staff employed.

# Patient transport services (PTS)

## Are patient transport services safe?

- We checked whether the provider had made the required improvements to their recruitment processes
- We found the provider followed robust recruitment processes to ensure all staff working for the provider were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.

### Incidents

- Findings about incidents are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016

### Mandatory training

- Findings about mandatory training are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Safeguarding

- Findings about safeguarding are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Cleanliness, infection control and hygiene

- Findings about cleanliness, infection control and hygiene are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Environment and equipment

- Findings about environment and equipment are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Medicines

- Findings about medicines are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Records

- Findings about records are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Assessing and responding to patient risk

- Findings about assessing and responding to risk are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Staffing

- At the inspection, on 14 and 20 September 2016 and 6 and 7 October 2016 there were 54 members of staff. We looked at all the recruitment files at that time and found inadequate recruitment checks on all files. The provider at that time was in breach of regulation 19 (Fit and Proper Persons Employed) and Schedule 3 of the Health and Social Care Act (2008).
- We asked the registered manager take immediate action and provide the following evidence by 3pm Monday 10 October, 2016. On 10 October 2016, we found the recruitment files still did not evidence full and proper pre-employment checks were carried out.
- The provider informed the Care Quality Commission on 22 November 2016 that action they had taken meant they were now fully compliant with this regulation. They told us they had a new Recruitment, Vetting Policy and Procedure that they were following. They told us that all recruitment files now showed clear evidence that pre-employment checks have been undertaken and are in line and fully compliant with Regulation 19 and Schedule 3 of the Health and Social Care Act 2008.
- During the inspection on 29 November 2016, we looked at all staff recruitment files. The provider employed nine members of staff, the registered manager told us six were fully completed. He explained the reasons why three files were not yet fully complete, this included waiting for two members of staff to complete an inoculation programme and one member of staff who was waiting for overseas police clearance checks.
- We checked all staff recruitment files. We found that, despite all files having evidence of health questionnaires, there was no sign off from an appropriately qualified professional that staff were fit to carry out the regulated activity.
- We discussed this with the registered manager. Arrangements were made that day for staff to complete a separate, confidential health questionnaire that would be reviewed by an appropriately qualified professional to determine whether staff were fit to carry out the regulated activity.



# Patient transport services (PTS)

- During the inspection on 30 November 2016, we looked at all staff recruitment files. This evidenced that eight of the nine members of staff had been determined as fit to carry out the regulated activity. The ninth member of staff was waiting for the result of a telephone consultation with the appropriately qualified professional to determine their fitness to carry out the regulated activity. The registered manager told us this was going to be provided at 9am on 1 December 2016.
- During the inspection on 29 and 30 November staff recruitment files evidenced references had been requested and received for all members of staff. All staff had references from their previous employer and as a minimum one other. Where references were from overseas employers, references were translated and verified as being accurate.
- We saw evidence that all staff had a recent enhanced check made with the Disclosure and Barring Service (DBS). For staff who had worked overseas, we saw officially translated results of checks made with that countries equivalent DBS. The provider was waiting for one overseas police check for one member of staff to be returned. We saw evidence that this had been applied for. The registered manager told us that this was expected to be returned within the week.
- We saw documentary evidence that all staff had an interview to assess their suitability to carry out the regulated activity. Records of the interviews showed there was a structured interview process with set questions that all candidates were asked.
- All staff employed at the service had completed and signed a job application form. These included criminal conviction declarations, a full employment history, together with a satisfactory written explanation of any gaps in employment, and full details of qualifications.
- All staff files had proof of identification, which included a recent photograph.
- All staff files had confirmation of a current driving licence.
- Following the suspension of Medisec Limited's registration as a service provider in respect of the regulated activity transport services, triage and medical

advice provided remotely, the provider informed CQC that following a review of staff files, staff had been dismissed, resulting in a significantly reduced work force.

- At the inspection on 29 and 30 November 2016, the registered manager informed us that with nine members of staff the provider would be able to provide a 24 hour service with one vehicle on the road each day and night, with two staff members on board. The registered manager told us that to run a safe and proper service the provider would only take on work that the present staff numbers could manage to provide in a safe manner. The registered manager confirmed this in writing to CQC on 29 November 2016 and provided a sample staff rota to cover the 24-hour service. The registered manager told us on 29 November 2016 that they would only provide a 12 hour service if staffing numbers reduced to a number that meant a 24 hour service could not be provided safely.

## Anticipated resource and capacity risks

- Findings about anticipated resource and capacity risks are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016..

## Response to major incidents

- Findings about response to major incidents are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Are patient transport services effective?

This domain was not inspected as part of this inspection.

## Evidence-based care and treatment

- Findings about evidenced based care and treatment are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Assessment and planning of care

- Findings about assessment and planning of care are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Nutrition and hydration

# Patient transport services (PTS)

- Findings about nutrition and hydration are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Patient outcomes

- Findings about patient outcomes are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Competent staff

- Findings about competent staff are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Coordination with other providers

- Findings about coordination with other providers are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Multidisciplinary working

- Findings about multidisciplinary working are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Access to information

- Findings about access to information are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Findings about consent, mental capacity act and deprivation of liberty safeguards are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Are patient transport services caring?

This domain was not inspected as part of this inspection

## Compassionate care

- Findings about compassionate care are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Understanding and involvement of patients and those close to them

- Findings about understanding and involvement of patients and those close to them are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Emotional support

- Findings about emotional support are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Supporting people to manage their own health

- Findings about supporting people to manage their own health are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

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

This domain was not inspected as part of this inspection

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

- Findings about service planning and delivery to meet the needs of local people are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Meeting people's individual needs

- Findings about meeting people's individual needs are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Access and flow

- Findings about access and flow are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## Learning from complaints and concerns

- Findings about learning from complaints and concerns are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

# Patient transport services (PTS)

## Are patient transport services well-led?

We checked whether the provider had made the required improvements to their governance processes

The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service. The provider had a plan to provide and develop their patient transport service within the restraints of the present number of staff employed.

### Vision and strategy for this service

- Findings about vision and strategy for this service are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

### Governance, risk management and quality measurement

- At the inspection of the service on 14 and 20 September 2016, 6, 7 and 10 October 2016 there were inadequate and ineffective systems for identifying, assessing and monitoring the safety and quality of the service.
- There was no formal process for recording and reviewing incidents, resulting in incidents not being identified, reported and lessons not being learnt as a result of incidents. There was no formal process to identify and monitor risks to the service.
- At the inspection on 29 and 30 November 2016, the registered manager provided evidence about the actions they had taken to implement a new the governance process. The provider had engaged an external organisation to provide support with implementing a governance process. The external organisation had supported the provider to identify the reasons why the running of the service had resulted in failure to comply with the Health and Social Care Act 2008. The registered manager said the overriding reason was failure to monitor and audit the activity of the appointed operational managers and team leaders. This had meant the registered provider, for example, had no insight that recruitment processes were not adhered to and that incidents were not reported.
- Since the last inspection a Quality, Governance, Patient Safety and Risk Management Committee (QGPSR) with terms of reference had been established. The QGPSR was due to meet once a month, once the service had

recommenced. There was a standing agenda for these meetings, which included incidents, complaints, risk register, lessons learned, recruitment and retention, business continuity, training and finance. The external provider was providing assistance for the first six QGPSR meetings. We have since the inspection (December 2016) received the minutes of the first QGPSR and have noted the progress they have made. Staff we spoke with at the time of the inspection, had a good understanding of the new governance structure and understood their roles with in the governance process.

- The provider had commenced using a risk register to identify, monitor and mitigate risks associated with the carrying out of the regulated activity. This included risks associated with governance process, business development, patient communication and integration, finance and operation and service delivery risks.
- With the support of the external organisation a new policy about the management of incidents had been developed. This provided guidance for staff about what incidents needed reporting, how to report them, what external agencies needed to be notified about incidents and the investigation process. We reviewed this policy on 29 November 2016, and noted that the guidance did not detail all the relevant incidents that the provider was required to notify CQC about. When we completed the inspection on 30 November 2016 the registered manager told us the policy was being amended to provide detail about all the relevant incidents that the provider was required to notify CQC about.
- Other than staff knowledge and understanding of the governance and incident reporting processes, we were unable to test the robustness and effectiveness of them. This was because the processes had not yet been used and there was no service being provided due to the enforced suspension of the registration of the service.
- Whilst the registration of the provider had been suspended, the ten members of staff and the registered manager had completed training about various aspect of the service. This included training about incident reporting and their responsibilities towards the Duty of Candour legislation.

# Patient transport services (PTS)

- Staff we spoke with demonstrated a good understanding about incident reporting and the types of incidents they needed to report. Two members of staff had completed training about how to complete root cause analysis investigations of incidents.
- We were told there was a process to share learning from incidents across all staff members. This included sharing information at daily briefing meetings, staff meetings, email correspondence and staff news letters.
- The registered manager planned to use charts on staff notice boards to give a visual display to all staff of trends in reported incidents. It was too early to be able to assess if these changes were implemented or sustained.

## **Leadership of service**

- Findings about leadership of service are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## **Culture within the service**

- Findings about culture within the service are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## **Public and staff engagement**

- Findings about public and staff engagement are detailed in the report of the inspection carried out on 14 and 20 September 2016, 6, 7 and 10 October 2016.

## **Innovation, improvement and sustainability**

- The provider told us that once their registration was active they planned to provide a reduced patient transport service to general patients and patients with low level mental health needs who did not routinely present challenging behaviours. They told us, that with the present number of staff, they would be able to provide a 24 hour service with one vehicle on the road day and night with the members of staff on board. The provider and staff told us they planned to meet with providers and organisations they had previously provided a service to, explain the service they could now offer, in order to obtain transport jobs. The provider said, to ensure quality of the service was not compromised; they would expand the service slowly.

# Outstanding practice and areas for improvement

## Areas for improvement

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

For details about outstanding actions the provider must take please refer to the report of the inspection carried out on 14 September, 20 September, 6, 7 and 10 October 2016.

For details about outstanding requirement notices please refer to the report of the inspection carried out on 14 September, 20 September, 6, 7 and 10 October 2016

### **Action the hospital SHOULD take to improve**

The location should ensure the new processes for monitoring the quality and safety of the services are fully implemented and followed.

For details about outstanding action the provider should take please refer to the report of the inspection carried out on 14 September, 20 September, 6, 7 and 10 October 2016