Priority One Medical Services Ltd

Priority One Medical Services

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 effective?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

We did not rate the service because this was a focussed responsive inspection.

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

- Leaders did not operate effective governance processes, Whilst staff were clear about their roles and accountabilities, they did not have regular opportunities to meet, discuss and learn from the performance of the service. Policies and procedures were not always up to date or reflective of staff practice.
- Leaders did not have systems to manage risk, issues and performance effectively. Staff did not identify and escalate all relevant risks and issues or identify actions to reduce their impact. The service did not have effective systems in place for compliance monitoring and audit of key processes, such as medicines management and infection prevention and control.
- Staff did not have a formal inclusion or exclusion criteria or complete and update risk assessments for each patient in order to remove or minimise risks.
- Staff had not undertaken suitable and detailed assessments of the facilities and premises to ensure they were safe.
- The service did not have effective systems to manage infection prevention and control risks in relation to the handling and disposal of waste water.
- Staff mandatory training in medicines management and manual handling was not up to date. The service did not have a formal process to define the training requirements for all staff.
- Whilst managers assessed staff's work performance and competencies, they did not routinely hold formal supervision or appraisal meetings with them to provide support and development.
- Whilst leaders had the skills and abilities to run the service, we were not assured they managed the priorities and issues the service faced effectively.

However:

- The service had enough staff to care for patients and keep them safe.
- Staff had training in key skills, understood how to protect patients from abuse, and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers made sure staff were competent. People could access the service when they needed it and did not have to wait too long for treatment.

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 imposed conditions against the provider's registration on 10 June 2021 because we identified significant concerns that posed a potential risk of harm to patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inspected but not rated 	The main activity provided by the services was patient transport services. The service also provided events cover and emergency and urgent care services. We did not inspect this because the service had not undertaken any emergency and urgent care ambulance services or transported patients to hospital emergency department from an event during the past 12 months.

Summary of findings

Contents

Summary of this inspection

Background to Priority One Medical Services

Priority One Medical Services Ltd is an independent ambulance service that mainly provides patient transport services across the West Yorkshire and Greater Manchester regions.

The service is also registered to provide emergency and urgent care ambulance services, including the transport of patients from an event to hospital. This is only a small part of overall activities.

The main service provided by Priority One Medical Services Ltd is patient transport services. The

The service is registered to provide the following regulated activities:

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

The service has a manager registered with CQC. We have not previously inspected this service.

Since January 2021, the service has been operating from Suite 12A, Block B, 23 Goodlass Road, Liverpool, L24 9HJ. This location has not been registered with the Care Quality Commission. The service had applied to register this location in January 2021; however the Commission issued notice of decision to refuse the application in April 2021.

We carried out a focussed responsive inspection at the provider's premises in 23 Goodlass Road, Liverpool on 25 May 2021 because of concerns around governance processes identified from previous engagement with provider and concerns raised due to the Commission's notice of decision to refuse the provider's application to register a new location in April 2021.

We inspected patient transport services and specific key lines of enquiry for safe, effective, responsive and well-led. We did not inspect caring as part of this inspection. We did not rate the service as part of this inspection.

The main activity provided by the services was patient transport services. The service also provided events cover and emergency and urgent care services. We did not inspect this because the service had not undertaken any emergency and urgent care ambulance services or transported patients to hospital emergency department from an event during the past 12 months.

How we carried out this inspection

During the inspection visit, the inspection team:

- inspected the premises at 23 Goodlass Road, Liverpool, including the office, two ambulance vehicles and another decommissioned vehicle used for storage.
- spoke with the registered manager and the nominated individual.
- looked at the training and recruitment files for six staff.
- looked at patient records; including 65 booking referral forms, paper-based journey log sheets for 48 patients and electronic journey logs for 48 patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of 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.

Outstanding practice

We did not identify any areas of outstanding practice during this 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:

We told the service that it must take action to bring services into line with legal requirements. This action related to patient transport services.

- The service must ensure that there is an effective system to identify and assess any patient safety risks. **Regulation 12 (2) (a).**
- The service must ensure that there is an effective system around the inclusion and exclusion of patients referred to the service. **Regulation 12 (2) (a).**
- The service must ensure that there is an effective process for managing infection control risks. **Regulation 12 (2) (h).**
- The service must ensure that there is an effective governance system in place. **Regulation 17 (1).**
- The service must ensure that there is an effective system for quality monitoring and audit. **Regulation 17 (2) (a).**
- The service must ensure that there is an effective system to identify and assess any identified safety or organisational risks. **Regulation 17 (2) (b).**
- The service must ensure that there is a formal process to define the training requirements for all staff. **Regulation 18 (2) (a).**
- The service must ensure that staff mandatory training is up to date for all training topics. **Regulation 18 (2) (a).**
- The service must ensure that there is an effective system in place for staff appraisal and supervision. **Regulation 18 (2) (a).**

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	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated

Inspected but not rated

Patient transport services

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

Are Patient transport services safe?

Inspected but not rated

We did not rate safe as part of this inspection.

Mandatory Training

The service provided mandatory training in key skills to all staff; however training in medicines management and manual handling was not up to date. The service did not have a formal process to define the training requirements for all staff.

The provider did not have a formal training policy to specify the training requirements for staff working within the service, or the type of training required, the frequency of this training or how training completion would be monitored.

The nominated individual managed the training and development processes and was able to verbally explain the process for managing mandatory training.

The nominated individual told us all staff were required to undertake mandatory training in areas such as infection prevention and control, adult and children's safeguarding, medicines management, manual handling, privacy and dignity, health and safety and life support training.

The nominated individual told us staff had previously completed formal face to face training delivered by an external training provider. However, the majority of this training had expired during 2020 and the service had not been able to source further training through the existing training provider as a result of the Covid-19 pandemic.

The nominated individual told us that in order to maintain staff training compliance, all staff had completed the 'Health Education England, Skills for Care and Skills for Health Care' Certificate, that required an update every three years. The care certificate consisted of e-learning training in 15 standards including; safeguarding adults, safeguarding children, infection prevention and control, health and safety, awareness of mental health, dementia and learning disability and equality and diversity.

During the inspection, we looked at the paper-based training records for the nominated individual and the registered manager. We also looked at the training records for an additional four staff that were involved in patient transport services. The six staff records we looked at showed they had all completed the care certificate e-learning during 2019 and 2020.

The care certificate did not include training topics such as manual handling and medicines management. Records showed staff had previously completed training in medicines management and manual handling; however, this training had expired during 2020 and was not up to date.

The nominated individual told us all staff were required to complete life support training. All six staff files we looked at showed evidence staff had completed immediate life support (ILS) training during 2020. Records showed one of these staff had also completed pre-hospital trauma life support training during 2020.

Safeguarding

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

The service had a safeguarding policy that provided guidance for staff on how to identify and report safeguarding concerns for vulnerable adults and children. Staff reported any safeguarding concerns using the incident reporting form and escalated to the nominated individual, who was responsible for making a referral to external bodies, such as the local authority safeguarding team, NHS acute trusts and the Care Quality Commission.

The safeguarding policy made reference to local authorities in the Merseyside area only, whereas the service operated in other localities across Greater Manchester and West Yorkshire. The nominated individual told us they checked the patient's locality and identified the correct local authority contacts through the internet.

The nominated individual told us there had been no safeguarding incidents reported by the service in the past 12 months.

The nominated individual was the safeguarding lead for the service and told us staff completed children and adults safeguarding training at least every three years.

Training certificates showed the nominated individual had completed adult and children's safeguarding (level four) training in February 2020. The registered manager had also completed safeguarding lead (level four) training for adults and children during 2020.

We also looked at the training records for four additional ambulance staff and found they had completed children's and adults safeguarding training (level two) during the past 12 months.

At the time of our inspection, we found the safeguarding training was in line with Intercollegiate Document 'Adult Safeguarding: Roles and Competencies for Health Care Staff': August 2018 and Intercollegiate Document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'.

The nominated individual told us mental capacity awareness, female genital mutilation (FGM) training and 'prevent' (anti-radicalisation) training was included as part of the safeguarding training completed by staff.

Cleanliness, infection control and hygiene

Inspected but not rated

Patient transport services

The service did not control infection risks well. Whilst staff kept vehicles and premises visibly clean, the service did not have effective systems to manage risks in relation to the handling and disposal of waste water. The service did not have effective systems in place for the audit and monitoring of infection control processes, including for hand hygiene compliance.

We found during the inspection that the service did not have dedicated facilities for storage, cleaning and decontamination of the ambulance vehicles on the premises. Ambulances were kept on building premises in an enclosed car park.

The nominated individual told us during the inspection that staff cleaned ambulance vehicles and decontaminated vehicles whilst parked in a car park bay. This was accessible to members of the public. There was no direct access to water or dedicated sluice for disposal of waste water. The nominated individual told us staff sourced clean water from the office kitchenette and waste water was poured down an external sewage drain. This included waste water following the cleaning and decontamination of ambulance vehicles that had been used to convey infectious patients, including those with Covid-19.

We looked at the provider's policy for cleaning ambulances, the infection and control policy and the clinical waste policy. These policies did not include any information in relation to managing the risks around the handling and disposal of waste water as described by the nominated individual. We also looked for but did not find any documented evidence to show a written risk assessment had been completed to assess and mitigate any risks in relation to the handling and disposal of waste water.

During the inspection, the nominated individual told us there was a formal infection control audit process in place and showed us a blank audit record templates for a vehicle cleaning audit and an overarching general infection control audit. The nominated individual provided a completed vehicle cleaning audit for one ambulance vehicle (dated February 2021) after the inspection. However, we did not see any evidence of any other completed infection control audits during the inspection.

The service had a separate hand hygiene policy which provided guidance for staff on hand washing. The policy stated that routine hand hygiene audits would be undertaken to monitor staff compliance; however, the nominated individual told us that no hand hygiene audits had been undertaken and we found no evidence of these audits being carried out during the inspection.

There had been no cases of healthcare-acquired infections or outbreaks reported by the service in the past 12 months. The nominated individual told us they had completed Covid-19 risk assessments for all staff and no staff were identified as vulnerable or requiring additional support. The nominated individual also told us all staff had undergone Covid-19 vaccinations.

The service had completed a Covid-19 risk assessment in March 2021 which included identified risks and controls in relation to general management, cleaning, social distancing, personal protective equipment and ventilation during the Covid-19 pandemic.

The infection prevention and control policy provided guidance for staff around cleaning and decontamination, personal protective equipment, uniforms and management of outbreaks. The policy had been updated during 2020 to include additional guidance for staff in relation to managing risks around Covid-19.

Inspected but not rated

Patient transport services

We inspected two ambulance vehicles that were in use and found they were visibly clean and tidy. The nominated individual told us staff cleaned the vehicles using chlorine based cleaning solutions and equipment was cleaned in between use using disinfectant wipes. We saw cleaning solutions and chlorine based wipes were readily available in the ambulance vehicles we looked at. We also found the ambulance vehicles included spillage kits for cleaning up spills from bodily fluids (such as vomit).

Clean linen was available in each vehicle and was appropriately stored in cabinets to protect from exposure to air-borne particulates in the open environment. The nominated individual told us soiled linen was segregated in bags and exchanged for clean linen from NHS hospitals the provider worked with.

The service had a separate ambulance cleaning policy and a cleaning schedule which provided staff with instructions on how to clean and decontaminate ambulance vehicles and equipment.

Staff completed a driver checklist at the start and end of each ambulance vehicle use. This included checks on the suitability of the vehicle and availability of emergency equipment at the start of each day and a cleaning checklist for completion at the start and end of each vehicle use. This checklist included cleaning and decontamination of the interior and exterior of the vehicle and equipment and the removal of clinical waste. We looked a selection of completed cleaning checklist records and these showed staff had routinely completed check list records at the start and end of each vehicle use.

The nominated individual told us the ambulance vehicle exteriors were routinely cleaned at an external car wash facility. We saw evidence that staff documented when vehicle exteriors had been washed on the vehicle checklist sheets we looked at.

We saw evidence the ambulance vehicles had undergone a deep cleaning process (process involving steam washing of interior of vehicles). The nominated individual told us the ambulance vehicles were cleaned every four to six weeks. Vehicle deep clean records for February 2021 and March 2021 showed both ambulance vehicles had undergone routine deep cleaning.

Environment and equipment

Whilst the design, maintenance and use of vehicles and equipment kept people safe, staff had not carried out suitable and detailed assessments of the facilities and premises to ensure they were safe. This included the assessment of risks around fire safety and the use of compressed gasses.

The service operated from a premises based at 23 Goodlass Road, Liverpool. The nominated individual told us the they moved into the premises during January 2021 under a lease agreement. The premises consisted of an office room, which included desks and cabinets for the storage of records, equipment, medicines and consumables. We found the office area was clean and well maintained.

We saw during the inspection that the provider did not have dedicated toilet facilities or facilities for staff to change or shower if they or their uniforms became decontaminated. Whilst the provider had access to kitchen, toilet and showering facilities, these were in communal areas that were shared with others (members of the public) working within the same office complex. The nominated individual told us staff did not use these facilities regularly. However, the nominated individual had not carried out a formal risk assessment to identify and manage risks associated with their staff using these facilities.

Inspected but not rated

Patient transport services

The nominated individual told us they had not undertaken any assessments in relation to the premises, such as fire safety or electrical safety assessments. The nominated individual told us this was the responsibility of the building landlord. We saw evidence that a fire safety risk assessment and fire evacuation procedure had been completed by the building landlord, but the provider had not undertaken their own fire safety risk assessment.

We saw fire extinguishers on the ambulance vehicles were stored securely and had been serviced. The ambulance vehicles we inspected also contained oxygen and Entonox (nitrous oxide) compressed gas cylinders. We found these were stored securely in the vehicles. The nominated individual told us compressed gas cylinders were kept on the ambulance vehicles at all times and there was an arrangement with an external supplier for replacement of empty cylinders.

The service had a risk assessment file that included health and safety assessments of the premises (including for electrical hazards and slip or trip hazards); however the nominated individual told us they had not undertaken their own formal risk assessments in relation to fire safety or for the handling and storage of compressed gasses.

The service did not have dedicated facilities for storage of consumables, cleaning equipment and personal protective equipment. Items were either stored in a cupboard in the office or in a decommissioned ambulance vehicle that was in the car park on the premises. The ambulance vehicle had key controlled access.

The service had two equipment storage areas. Items such as medicines, equipment, single use sterile items and consumables for kept in the provider's office. The service also used a decommissioned ambulance vehicle for the storage of items such as cleaning materials, personal protective equipment (PPE) stocks and clean linen. The vehicle was located in the car park on the premises and had key controlled access.

The provider had two ambulance vehicles in use at the time of the inspection. One of these ambulances was routinely used for patient transport services and the second vehicle was used a back-up vehicle but was fully equipped and ready for patient use. Records showed the vehicles had appropriate MOT, tax, service, breakdown cover and insurance certificates in place. We inspected both vehicles and found these were suitably maintained and in a good state of repair.

The registered manager confirmed vehicle faults and breakdowns were monitored and any vehicle with frequent issues would be decommissioned and replaced. The service had an arrangement with an external contractor for the maintenance and repair of ambulance vehicles.

Staff carried out daily vehicle checks to confirm the vehicles were fit for purpose and stocked with the correct equipment and consumable items. Checklist records we looked at showed the vehicle checks were being completed and documented appropriately.

We found the service had sufficient stocks of personal protective equipment, including gloves, masks and visors. We saw that single use items (such as syringes and tubes) were kept within their sterile packaging and were within expiry dates. Equipment and single use items were available for both adults and children.

There was an arrangement with an external contractor to service all equipment on an annual basis. We saw that equipment such as chairs, stretchers; wheelchairs and slide sheets were well maintained and serviced routinely. All the equipment we saw included service stickers that were in date.

Each vehicle was equipped with an automated external defibrillator device. These had been serviced and included adult pads that were within their expiry dates. The defibrillators were checked daily by staff. The registered manager told us they did not stock paediatric defibrillator pads and would use the adult pads if required.

We looked at emergency “grab bags” that were kept in the vehicles. These included basic first aid equipment, oxygen masks, drainage kits and single use sterile items such as airways tubes that were kept in their sterile packaging. These items were also checked daily by staff to ensure they were correct and within their expiry dates.

Assessing and responding to patient risk

Staff did not have a formal inclusion or exclusion criteria or complete and update risk assessments for each patient in order to remove or minimise risks.

During the inspection, we looked at 65 ambulance booking forms from an external booking service showing journeys undertaken between 14 December 2020 and 14 May 2021. The nominated individual told us they used the information contained within the booking referral forms from the external booking service to identify patient risks and specific needs. The referral forms identified patients with specific needs such as known infection risks and mobility risks (such as if a wheelchair or stretcher was required). The referral forms also indicated if any additional persons were required to accompany the patient during the ambulance journey, such as escorts or carers.

We looked to see if any additional assessments had been carried out in relation to the care of the patient during the journey to ensure they are being assessed appropriately and effectively. There was no documented evidence of this and there was no policy or procedure around the completion of patient risk assessments.

The nominated individual told us they used the details on the referral form as the risk assessment and did not carry out any additional risk assessments on acceptance of the patient or during the patient journey.

The nominated individual was able to give examples of dynamic risk assessments through staff practice, such as if a patient became agitated during the journey. However there was no documented evidence to show outcomes of any dynamic risk assessments undertaken.

The service did not have formal inclusion or exclusion criteria. The Nominated Individual told us that they only conveyed low risk patients that were fit for discharge and did not require any clinical observations. This was contradictory to the provider's 'Ambulance and patient transport provider registration and authorisation form' with the external booking service, which showed the provider had indicated they were able to convey a range of patients, including emergency 999 patients.

The nominated individual told us where patients required any additional care and treatment, they were accompanied by a health professional. The booking forms we looked at showed there were two instances where patients with complex needs (such as tubes in situ) had been conveyed and they were accompanied by a healthcare professional on both occasions.

The booking forms showed that most patient transport journeys between December 2020 and May 2021 related to patient discharges; however there were at least five occasions where patients were transferred between hospitals. The booking forms also showed that at least 48 stretcher patients had been conveyed during this period.

Inspected but not rated

Patient transport services

The nominated individual told us they could convey patients of all ages. The service had a paediatric care policy and staff had completed children's safeguarding training and immediate life support training, which included adults and children's resuscitation. There had also been three instances where patients under 16 years of age had been conveyed and the booking forms indicated these patients had been accompanied by a parent or other escort on each occasion.

The service did not transport patients with mental health conditions. The nominated individual told us if patients lacked capacity to make their own decisions they would be accompanied by a carer or health professional that could make best interest decisions on their behalf.

The 'emergency and standard operational procedures and escalations' policy provided guidance for staff around the managing deteriorating patient. The nominated individual told us if a patient's condition deteriorated during transport, they would transfer the patient to the nearest hospital emergency department. The nominated individual told us there had been no instances where a patient's health had deteriorated during the transport and required emergency intervention and transfer to hospital during the past 12 months.

The service had a safe driving policy in place. The nominated individual told us only they only allowed staff members that were qualified to drive ambulance vehicles. Staff training records showed four staff had completed formal emergency ambulance training. The nominated individual told us they carried out routine in-house driver assessments to monitor driver competencies. We saw evidence of this one staff file we looked at.

We saw evidence the nominated individual carried out annual checks on driving licences to check for driving convictions, points and penalties. The nominated individual told us there had been no untoward instances in relation to ambulance drivers.

Staff were issued with mobile phones and electronic handheld devices with access to the provider's patient platform and policies and procedures. Each vehicle had satellite navigation and tracking systems so they could be monitor incidents, accidents and vehicle breakdowns.

The service had a business continuity plan that outlined the steps required by staff to manage events that could disrupt services, such as fire or loss of utilities or IT services.

Staffing

The service had enough staff with 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 managed by nominated individual, who was also the sole company director. The nominated individual was supported by the registered manager, who worked on a part-time basis.

The nominated individual told us there were eight staff currently working for the service and involved in patient transport services, including the nominated individual and the registered manager. The nominated individual was directly employed by the service. All other staff worked for the service on a contractual basis.

The staff were either ambulance technicians or ambulance care assistants, trained to Level 4 Certificate in First Response Emergency Care (FREC-4).

Patient transport services

The nominated individual told us the staff and skill mix was sufficient to meet the needs of the business and they were able to allocate staff to activities when needed. Staff used the provider's electronic platform to inform the service of their availability in advance of any work being allocated to them.

The nominated individual confirmed they were able to allocate activities from the available pool of staff so any short notice sickness and absence could be managed without disrupting services. The nominated individual told us staff were able to take regular breaks and they were aware of the need to have a period of a minimum of 11 hours rest in between shifts.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Staff used paper-based and electronic patient records. Patient records consisted of a paper-based journey booking (referral) form from an external service and a journey log for each patient transfer. Patient records were kept securely in a locked cabinet in the office.

The booking referral form included basic patient details, their mobility status and information about their medical condition (including infection status) and any specific patient needs, such as medicines required (such as oxygen).

Staff used a paper-based journey sheet between November 2020 and February 2021 to record information about patients conveyed from an NHS acute trust in West Yorkshire. The nominated individual told us this agreement was no longer in place and all booking referrals had since been made through an external booking service provider.

We looked at the paper-based journey sheets for 48 patients conveyed between November 2020 and February 2021. These included information such as patient details, infection status, mobility needs and pick up and drop off times.

The nominated individual told us they implemented an electronic patient record system from March 2021. Staff used a hand held electronic platform for recording patient information during the patient transport journey. The electronic system captured information such as patient details, journey pick up times and drop off times, mobility status, number of escorts and whether the patient had dementia or a learning disability. The electronic system also included prompts to check for special orders such as do not attempt cardiopulmonary resuscitation orders that were relevant to the patient.

The information recorded on the hand held device was automatically uploaded to a central system at the provider's office and the nominated individual and registered manager could access this information at any time.

We looked at the 65 booking referral forms, paper-based journey log sheets for 48 patients and electronic journey logs for 48 patients as part of the inspection. These were complete, up to date and had few errors or omissions. The electronic records we looked at showed staff make notes on interactions or observations made during the transport journey.

The nominated individual told us they also used patient report forms to document care and treatment provided during events cover. We did not look at these patient report forms during the inspection as this activity did not form part of the regulated activities within the scope of this inspection.

We found audit reports carried out by the registered manager for these patient report forms (used for events cover). The audits had been carried out approximately once each month between October 2020 and March 2021. However, we did not find any evidence of any audits undertaken to review patient transport journey records.

The nominated individual told us they carried out informal reviews of patient transport journey records but there was no formal audit in place to monitor the completeness and accuracy of the patient transport records.

Medicines

Whilst the service used systems and processes to safely manage medicines, there had been no quality monitoring audits undertaken in relation to medicines management processes.

The service did not have any controlled drugs or prescription only medicines. The nominated individual told us they only kept small stocks of four over the counter medicines; paracetamol, ibuprofen, loratadine and ibuprofen tablets.

The nominated individual confirmed these were only for use during events cover (outside of scope of this inspection) and no medicines had been administered to patients undertaking transport journeys. Patients that required medicines during the transport journey were expected to self-administer or were accompanied by a healthcare professional who could administer their medicines.

We found medicines were securely stored in a lockable cabinet in the office. We saw that medicines were kept within their original packaging and were within their expiry dates.

The service also had oxygen and Entonox (nitrous oxide) cylinders that were kept in the ambulance vehicles. The nominated individual told us Entonox was only used during events cover. The nominated individual told staff were trained to administer oxygen and Entonox as part of their first aid and first responder in emergency care training.

The nominated individual told us if a patient was already receiving oxygen at the start of the journey, the ambulance staff could connect the patient to the ambulance vehicle's oxygen supply. The volume of oxygen the patient could be given was specified in the booking referral form. Records between November 2020 and May 2021 showed there had been three instances where patients required oxygen, and the volume of oxygen was recorded on the booking forms in each instance.

The nominated individual told us medicine stocks were checked on a regular basis. However, there had been no formal documented audit of medicines management processes undertaken by the service.

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.

The service had a policy for the reporting of significant incidents. This provided guidance for staff on how to identify, report and investigate incidents, accidents, near misses and patient deaths. Incidents were recorded using a paper-based incident report form. The registered manager was responsible for the management of incidents.

Inspected but not rated

Patient transport services

There had been no never events or serious incidents reported by the service during the past 12 months. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The nominated individual told us there had been no incidents reported by the service during the past 12 months. We looked at a blank template incident reporting form and this included sections for reporting the details of the incident and actions taken.

The nominated individual told us learning from any incidents or adverse events would be shared with staff through the provider's electronic system and through a private social media platform.

The service had a duty of candour policy and the nominated individual and the registered manager were aware of the basic principles of duty of candour. There had been no incidents reported by the service that had resulted in moderate or above patient harm that would trigger the duty of candour process.

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.

Are Patient transport services effective?

Inspected but not rated

We did not rate the effective as part of this inspection.

Competent staff

The service made sure staff were competent for their roles. Whilst managers assessed staff's work performance and competencies, they did not routinely hold formal supervision or appraisal meetings with them to provide support and development.

Staff underwent recruitment checks prior to commencing employment. The nominated individual undertook recruitment checks prior to staff commencing employment with the service and routine annual checks on driving status and Disclosure and Barring Service (DBS) checks.

We looked at six staff files and these showed staff had relevant recruitment checks in place, such as DBS checks, references and valid driving license checks.

The nominated individual told us newly recruited staff undertook an induction day which involved training and familiarising with the service and policies and procedures.

The service provided accredited training for staff in areas such as first aid and first response emergency care (FREC) training. The nominated individual told us staff were also required to complete immediate life support training, covering adults and children.

Inspected but not rated

Patient transport services

The staff files we looked at showed all staff had completed life support training and were trained up to FREC-4 level.

The nominated individual told us there was no formal process in place for staff supervision and appraisal. The registered manager assessed staff competencies on an annual basis to check staff were able to carry out their roles effectively. However this did not involve formal discussions around staff welfare and development.

The nominated individual told us they were a small team and had informal 1:1 discussions with staff on a daily basis, but these were not scheduled or documented.

Are Patient transport services responsive?

Inspected but not rated

We did not rate the responsive as part of this inspection.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

The service routinely operated from 9am until 5pm, seven days per week. The nominated individual told us they occasionally undertook patient transport journeys after 5pm if they were short and could be completed by 8-9pm.

The nominated individual told us activity and booking referrals had been limited by the Covid-19 pandemic, which meant that whilst the service was operational, they were only able to carry out patient transport journeys for a limited number of days each month. The nominated individual told us they routinely undertook three to four patient transport journeys each week.

The service had an arrangement since November 2020 to undertake NHS patient transport journeys referred by an external booking service. The booking forms we looked at showed all patient transport journies undertaken by the service through the booking referral service related to two NHS trusts; one based in West Yorkshire and the other in Greater Manchester.

The nominated individual told us they did not currently undertake any other patient transport journeys apart from those referred by the external booking service.

We looked at the paper-based journey sheets for 48 patients conveyed between November 2020 and February 2021. We also looked the electronic records for 48 patient transport journeys undertaken between March 2021 and May 2021.

These included information such as expected and actual pick up and drop off times and showed most patients were conveyed in a timely manner. The records showed the majority of journeys were short (less than one hour) and involved the transport of patients discharged from hospital to their home.

Inspected but not rated

Patient transport services

The nominated individual told us they did not have any specified performance targets but they informally monitored staff performance to identify and resolve any delays. The nominated individual told us there had been no cancellations made due to the unavailability of staff or vehicles.

Are Patient transport services well-led?

Inspected but not rated

We did not rate the well-led as part of this inspection.

Leadership of service

Whilst leaders had the skills and abilities to run the service, we were not assured they managed the priorities and issues the service faced effectively.

The nominated individual had overall responsibility for the service and was also the sole director of the service. The service also had a registered manager in place, who worked on a part-time basis.

The nominated individual and the registered manager were involved in the day to day running of the service and also participated in patient transport activities. The registered manager was the health and safety lead, audit and compliance lead and oversaw staff training and competency assessments. The nominated individual oversaw governance processes and staff training and recruitment.

We identified shortfalls in key processes around governance, quality monitoring and risk management during the inspection. This demonstrated the leadership team did not effectively manage the priorities and issues the service faced.

The nominated individual told us staff understood the leadership structure and they had a small team of staff which enabled them to provide daily communication and support.

Governance

Leaders did not operate effective governance processes, Whilst staff were clear about their roles and accountabilities, they did not have regular opportunities to meet, discuss and learn from the performance of the service. Policies and procedures were not always up to date or reflective of staff practice.

The service had a company governance policy and a clinical governance policy that outlined the roles and responsibilities around the provider's governance processes. However, we found the service did not have effective governance processes in place. The nominated individual told us that there had been no formal documented meetings undertaken to review and share information such as patient outcomes, performance, risks, governance and quality monitoring and improvement.

The nominated individual told us regular informal meetings took place to review and share information. We saw evidence that staff received communications around updates through social media platforms and the electronic systems but did not see any evidence or records to demonstrate patient outcomes, governance, performance and key risks were discussed or records indicating details of any actions taken following these discussions.

We found policies were not effectively managed. We looked at a selection of policies and procedures and found these were not effectively managed.

The service had an audit and review policy which outlined the process for review and update of policies and procedures held by the service. This showed most polices required review by September 2020. The nominated individual confirmed all policies had not been reviewed or updated.

We looked at a selection of policies and procedures and found they did not use a standardised format or structure. For example, the ambulance cleaning policy and incident reporting policy included the version number, author and effective date, however, other policies such as the medicines management, recruitment and selection and infection control policies did not include information such as author, effective date and date of next review. The waste disposal policy included a revision and approval history section at the end of the document whereas other policies did not include this information.

The policies and procedures we looked at did not always reflect staff practice. For example, the medicines management policy made reference to patient group directions (PGDs), administering emergency medicines and listed medicines which were not held by the provider (such as adrenaline and salbutamol). This was contradictory to what we observed and what the nominated individual told us during the inspection.

The service only kept over the counter medicines (used for events cover) but the medicines management policy did not include information about what doses staff could administer, however, the nominated individual provided an updated version of the policy following the inspection that included the maximum doses of over the counter medicines that could be given by staff.

The hand hygiene policy stated that routine audit and monitoring of hand hygiene compliance would take place but we found no evidence of hand hygiene audits taking place.

The safeguarding policy made reference to local authority in the Merseyside area only, whereas the service mainly operated across Greater Manchester and West Yorkshire.

Management of risk, issues and performance

Leaders did not have systems to manage risk, issues and performance effectively. Staff did not identify and escalate all relevant risks and issues or identify actions to reduce their impact. The service did not have effective systems in place for compliance monitoring and audit of key processes.

The service had a risk assessment file that included basic health and safety risk assessments (such as visual electrical risks, slips and hazards). The file included completed risk assessments for pregnant staff, ambulance equipment (such as stretchers), moving and handling, car park, office, kitchen area and covid-19 risks. The risk assessments had been completed by the registered manager and nominated individual during 2021.

Inspected but not rated

Patient transport services

The nominated individual told us the service did not have a risk register or overarching risk management process encompassing all organisational risks. For example, we did not find evidence of completed risk assessments for compressed gases, financial risks, ambulance ligature risks or assessments around any potential risks during patient transport journeys.

The nominated individual told us they did not have a formal audit schedule that listed what processes required audit and how often these audits should be undertaken.

We saw during the inspection that the provider had an audit file which included records of completed audits. This included routine patient record form (PRF) record audits, undertaken approximately once per month and a medical gasses control audit sheet (April 2021). Following the inspection, the nominated individual also provided a vehicle cleaning audit for one ambulance vehicle (dated February 2021). We also saw evidence that the nominated individual carried out annual driving license and disclosure and barring service (DBS) checks.

We asked for further evidence of audits undertaken, and the nominated individual told us that they had not undertaken any additional audits apart from the contents of the audit file and the additional vehicle cleaning audit provided by email after the inspection. We were unable to find any evidence of any other audits, such as overarching infection control audit encompassing all aspects of the service, hand hygiene audits, medicines management audits or staff recruitment and training file audits.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The service must ensure that there is a formal process to define the training requirements for all staff. **Regulation 18 (2) (a).** • The service must ensure that staff mandatory training is up to date for all training topics. **Regulation 18 (2) (a).** • The service must ensure that there is an effective system in place for staff appraisal and supervision. **Regulation 18 (2) (a).**

This section is primarily information for the provider

Enforcement actions

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that there is an effective system to identify and assess any patient safety risks. **Regulation 12 (2) (a).** • The service must ensure that there is an effective system around the inclusion and exclusion of patients referred to the service. **Regulation 12 (2) (a).** • The service must ensure that there is an effective process for managing infection control risks. **Regulation 12 (2) (h).**

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure that there is an effective governance system in place. **Regulation 17 (1).** • The service must ensure that there is an effective system for quality monitoring and audit. **Regulation 17 (2) (a).** • The service must ensure that there is an effective system to identify and assess any identified safety or organisational risks. **Regulation 17 (2) (b).**