

A F J Limited

A F J

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

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:


- 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 managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services.

However:

- The provider should ensure tubs of moisturising hand creams are replaced with dispensers to reduce the risk of cross infection.
- The provider should ensure using four-point harnesses in vehicles in line with good practice guidance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	Our rating of this service stayed the same. We rated it as good. See the summary above for details. We rated this service as good because it was safe and well-led.

Summary of findings

Contents

Summary of this inspection	Page
Background to A F J	5
Information about A F J	5
<hr/>	
Our findings from this inspection	
Overview of ratings	7
Our findings by main service	8
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Summary of this inspection

Background to A F J

AFJ is a small independent ambulance service which provides non-emergency patient transport services only. Although registered as a patient transport service; patients conveyed by the service were not acutely unwell which meant vehicles were not equipped in the same way conventional ambulances might be.

The registered manager of the service had been in post since 2014. A registered manager is a person who has registered with the CQC to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is managed.

This was AFJ's third CQC inspection. We last visited the location in December 2019 and reported it Good overall.

The service employed a registered manager, three other managers and 29 patient transport staff.

How we carried out this inspection

We undertook a short notice announced inspection of this location on 9 November 2021, following our focused inspection methodology. We announced the inspection on 8 November 2021 to ensure the service would be running on the day we intended to inspect them.

This inspection was a focused inspection because we received information giving us concerns about the safety and quality of the services. Our inspection focused on our key questions of, Is the service safe? and Is the service Well-led?

The inspection team consisted of two inspectors and a specialist advisor who visited the location. A specialist advisor is a person who has clinical knowledge and experience of supporting people who uses this type of service.

As part of planning the inspection we reviewed any information we held about the service. During our inspection we visited the service's garage and office and spoke with the registered manager and the owner of the service. We spoke with five staff who worked at the service. We sampled records and quality monitoring documents.

We reviewed additional information the registered manager sent us after our inspection visit.

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

Areas for improvement

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

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

Summary of this inspection

- The service should ensure tubs of moisturising hand creams are replaced with dispensers. (Regulation 12 (2)(a))
- The service should ensure using four-point harnesses in vehicles. (Regulation 12 (2)(b))

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Patient transport services

Safe	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training via face-to-face sessions. We reviewed the staff training matrix which showed 100% of staff were up-to-date.

Staff attended an annual moving and handling simulated training day to ensure their skills remained up-to-date. Staff completed practical first aid training and maintained other training using an e-learning system. The registered manager monitored levels of training compliance and provided staff with protected time to complete updates. The service had recently employed a trainer who was reviewing mandatory training to ensure it met all staff needs.

All staff were trained to the same standard and we saw consistent well completed documentation in relation to planning updates and refreshers.

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.

Staff received training specific on how to recognise and report abuse. Safeguarding children and adults level two training formed part of the mandatory training programme for staff. At the time of our inspection all staff were up-to-date.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of when they had taken action to prevent harm when they identified a safeguarding need. Staff said they would refer back to the booking organisation which they were doing they were undertaking the journey for. There was a safeguarding policy in place for staff to refer to if needed.

Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. All employed staff had a current DBS check recorded.

Cleanliness, infection control and hygiene

Patient transport services

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

We checked three vehicles and a cleaning bay which were clean and ready for use. Cleaning equipment and products were available. The service had dedicated cleaning staff and could evidence vehicles had weekly deep cleaning of or more frequently if needed.

All staff were up-to-date with mandatory infection prevention and control (IPC) training.

The service had an up-to-date infection and prevention control policy that outlined standard precautions staff were expected to take, including hand washing and use of personal protective equipment (PPE). Staff carried out audits in IPC practices.

The service had hand sanitisers and face masks for use by staff and patients during journeys. Wipes were used to sterilise surfaces and handrails after each journey. Hand sanitiser was available throughout the ambulance station. However, there were communal tubs of hand cream for staff and patients which did not promote good infection control practices and increased the risk of spreading infection.

The provider had a COVID-19 IPC policy and risk assessment that supplemented the service's overarching guidance.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. There were suitable facilities on site for the safe storage and disposal of clinical waste.

The service had suitable facilities to meet the needs of patients. The service had 30 vehicles used for patient transport services. The registered manager maintained accurate records of maintenance and service history. Ambulance crews checked tyre pressure and fluid levels weekly. The vehicles were in a good state of repair and well presented.

The registered manager maintained servicing of equipment such as chairs and stretchers used on ambulances in line with manufacturer guidance. All such equipment had been serviced in the last 12 months. The service had a stock of wheelchairs used to support patients accessing and leaving ambulances. They were in a good state of repair with appropriate service checks and records.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to transport. Servicing and maintenance of vehicles and equipment was carried out using a planned preventative maintenance programme. The service dates for all vehicles and equipment were up-to-date.

During our inspection we found oxygen cylinders were stored safely and securely. Cylinders were in dedicated brackets and a safety cage.

Vehicles were maintained in line with manufacturer and Department for Transport guidance. Staff checked tyres and fluids weekly. The service undertook its vehicle maintenance in house and had full time mechanics. The manager monitored the life cycle of each tyre and planned for their replacement in advance. The service held contracts with roadside recovery services. This enabled a rapid response in the event of urgent unplanned maintenance or a breakdown.

Patient transport services

The manager planned equipment servicing on a rolling contract and this was monitored using a spreadsheet. We looked at servicing records and saw they were maintained and up-to-date.

The service had suitable facilities on site for the safe storage and disposal of clinical waste.

Vehicles had seat belts and straps for securing patients during their journey however, there were no four-point harnesses available to provide additional security in line with good practice recommendations.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Appropriate procedures were in place to assess and respond to patient risk, including appropriate responses to vehicle breakdown. The service would gather information about the patients from the requesting service. This included their name, age, where they were being transported to and if they had any specialist needs. This information was used to monitor the patients that the service transported. Patients transported as part of the service were medically stable and not considered to be at risk of deterioration by the referring hospital or department. Staff would call an NHS ambulance or transport a patient to an Emergency Department if they deteriorated.

Staff shared key information to keep patients safe when handing over their care to others. For patients requiring additional support, staff from the hospital would travel with the patient to manage their health needs.

Staff had a good awareness and understanding of how to manage a deteriorating patient, they explained they would call an NHS ambulance or transport a patient to an Emergency

Department. All staff were trained in emergency first aid. Staff told us how they used reassurance and de-escalation techniques for people who might be confused during an emergency. The service did not transport anyone detained under the Mental Health Act, 1983. During an emergency, crews were able to either call for a different vehicle, call for additional support or if necessary, defer the transfer until a full assessment had been completed and actions taken to safeguard the patient and staff.

All staff had their driving skills assessed before being permitted to undertake any jobs. This was assessed this

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. Managers regularly reviewed and adjusted staffing levels and skill mix and provided an induction for new staff.

The service had enough staff to keep patients safe in line with transport agreements. The service had a total 50 ambulance crew staff.

The registered manager provided new staff with an induction programme that included logistics of daily operations, policies and procedures and an orientation of each vehicle in the fleet.

Patient transport services

The registered manager undertook regular checks of license status with the Driver and Vehicle Licensing Agency (DVLA) and also checked this during the recruitment process.

In the event of unexpected leave or additional calls for transfers the control team could arrange for staff to work additional hours.

Records

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

Staff recorded key patient information from the initial booking process and used a daily job sheet to track planned transfers. These records included information on any specific needs relating to the patient.

Records handled by staff related only to the safe transport of patients such as collection and drop-off times and notes relating to any events during the journey. Notes were securely stored in a locked unit in the garage. When staff collected patients, they kept records with them in the cab of the ambulance. This meant risks relating to confidentiality were minimised. Records were given to managers each day so they could review the quality and effectiveness of the service.

All vehicles were staffed with two crew members who operated together. The manager and training lead would also go out with the crews if it was decided they needed additional training or support. The service received patient referrals through the referring agency either over radio or by telephone call.

Medicines

The service did not store, prescribe, or administer medicines. Where patients were transported with their own medicines, these remained the responsibility of the individual and stayed on their person or in their bag.

Staff were trained in the administration of oxygen during journeys including connecting oxygen cylinders to face masks and nasal cannulas and monitoring flow rates. Training records confirmed this.

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 and the wider service. Staff knew what to do if things went wrong and said they would apologise and give patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service used an incident reporting system and all staff we spoke with were familiar with the system.

Staff said there was a good reporting culture and that they were encouraged to report near miss situations, which reflected a positive approach to learning. Where incidents involved other services, staff and the registered manager

Patient transport services

worked with colleagues to investigate them. On one occasion the registered manager investigated concerns about a member of staff's performance. They collected statements from other staff members and reviewed information held about the person. The investigation identified action required to reduce the risk of similar incidences from happening again including additional training.

The service reported that there were no never events in the previous 12 month reporting period. A 'never event' is a serious patient safety incident that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event reported type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service had a duty of candour policy. 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. There were examples of staff following duty of candour.

Are Patient transport services well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had the skills, knowledge, experience, and integrity needed to meet patients' needs.

Leaders of the service understood and managed the priorities and issues the service faced. All leaders in the service were focussed on growing the business while also keeping patients and staff at the heart of any changes. They told us how they were focussed on delivering a quality service for people.

Patient transport staff working for the service spoke highly of the managers of the service. They said they were visible and approachable and were easy to reach when needed.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The organisation's vision and statement of values was central to everything it did, including staff training and patient care. The organisation's vision was to provide the best care possible to the people it was transporting.

Patient transport services

The manager had a good understanding of the commercial elements of the business and the need for it to remain competitive. They maintained a range of clients and had worked with local NHS services to support capacity during COVID-19 pressures.

Culture

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

Staff were proud of the work that they carried out. They enjoyed working with the service and were enthusiastic about the care and services they provided for patients. Staff told us the service was a good place to work.

Staff felt their concerns were addressed. They could easily discuss concerns and with their managers without fear of retribution. Staff reported that there was a no blame culture when things went wrong.

Staff worked well as a team together. They felt supported by the senior team and involved in the operation of the service.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a governance strategy which followed the Care Quality Commissions five domains. The same items were used in the staff meetings, manager meetings and governance reports. This allowed information to easily flow up and down the communication channels from a senior level to frontline staff

The service held monthly documented staff meetings. Topics discussed included, incident reviews, safeguarding concerns and audit results.

The service undertook regular audits and could demonstrate learning from the results when it was needed. The audits included infection prevention control and equipment audits.

The service had a range of policies and standard operating procedures which were appropriate to the service. Policies and procedures were reviewed yearly, and we saw evidence that the policies we looked at had been reviewed. Staff were aware of the policies and procedures and how to access them. Policies were available for staff in the garage area and policies were displayed on the wall for staff to read.

All staff working in the service were clear about their roles and responsibilities. Staff were clear on who to contact in different situations and who they would go to for advice or to raise concerns.

Management of risk, issues and performance

Patient transport services

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Crews did not carry out transfers where they deemed this would be unsafe. Staff said this most often occurred where a referral form indicated the patient was medically fit, but they found this not to be the case on arrival at the pick-up location. If this was the case staff would not undertake the transfer.

The service had a risk register which reflected the main risks to the service. This split the risks up into three categories; clinical, operational and technical. All risks were clearly identified, had dates reviewed and when to next review them, identified leads and control measures put in place to manage and mitigate them. All main risks identified related to the use of equipment in different circumstances.

The service had an up-to-date business continuity plan. This covered what to do in the event of an incident occurring that would result in the disruption of the running of the service. It covered four risks which were; blockages of ambulances, vehicle breakdown, staff sickness and availability of stock issues.

The provider held liability insurance for the public and equipment and medical malpractice insurance.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure.

Staff undertook information governance and data security training and were up-to-date. This included their responsibilities for confidentiality and under the General Data Protection Regulations (GDPR). The manager was responsible for data control and stored records appropriately.

The service gathered information for governance reports. Information gathered was easily available.

Patient transport records were paper based and were stored securely in the main office after completion of staff shifts.

Patient information was managed in line with data security standards. Staff were aware of how to handle patient identifiable information and we observed this during our inspection

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

The service engaged with potential clients and patients and had a website along with social media. All crews had patient feedback forms available on vehicles and gave these out to patients where appropriate.

The service engaged with staff members through regular staff meetings and supported staff if it was needed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Patient transport services

Staff were proud to work for this service and particularly how they supported their local community. The service had sustained much of the good practice we had identified at our last inspection and was committed to further improving the service.