The Limes Training Centre

Quality Report

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

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services well-led?	

Summary of findings

Letter from the Chief Inspector of Hospitals

The Limes Training Centre is operated by Nigel Owen Singleton. The service mainly provides care and treatment within the confines of public event site cover which is not a regulated activity. However, the provider does occasionally transport patients off site to other local healthcare providers and as such requires registration with the Care Quality Commission. This regulated activity is reported under emergency and urgent care services.

Conversations with the provider through our Emergency Support Framework led to serious concerns that the improvements required following the previous inspection had not been implemented. This, together with other issues that came to light through this engagement, led to a decision to inspect.

We inspected this service using our focused inspection methodology and we looked at whether the service was safe, effective and well-led. We carried out the announced part of the inspection on 14 September 2020.

Following the inspection, we wrote a Letter of Intent to the provider informing them that we were considering urgent enforcement action under Section 31 of the Health and Social Care Act 2008. However, the provider applied for, and was granted, deregistration meaning we were not able to take this, nor any other enforcement action.

We do not rate a provider as part of a focused inspection unless we take enforcement action. Enforcement action results in the limiting of ratings to a certain level and can result in them going down. Because we did not take any enforcement action there was no change to the ratings.

- The provider did not ensure all staff completed mandatory training including safeguarding. The safeguarding systems and processes within the service did not reflect up to date legislation and guidance. Recruitment practice within the service did not consistently meet the provider's policy nor the requirements of the regulations. Safety critical medical devices were not maintained to the manufacturer's recommendations and there were no systems to act on device alerts.
- The service did not make sure staff were competent for their roles. Managers only appraised some staff's work performance.
- The provider did not operate effective governance processes throughout the service. We did not see effective structures, processes and systems of accountability to support the delivery of good quality services. The service did not have any systems and processes to manage risks and performance issues.

However

- The ambulances and stores were visibly clean, tidy and well stocked.

Following feedback immediately after the inspection the provider chose to no longer provide regulated activities within the scope of registration and made an application to cancel their registration which was granted. As at the time of publication of this report, the provider is no longer registered, CQC cannot make requirements of the provider that they must or should take actions to comply with the regulations.

Heidi Smoult
Deputy Chief Inspector of Hospitals (Central), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care		The Limes Training Centre independent ambulance service provides first aid cover for events and transfer from site to another provider if ongoing care is required. First aid cover at events was not inspected as this aspect of care is not currently inspected as part of CQC regulation. Care of patients during transfer to other healthcare providers was inspected as part of urgent and emergency services. Requirements concerning safeguarding, staff training, appraisal and risk management made of the provider following the last inspection had not been addressed. Further serious concerns were raised about the inadequacy of medical device maintenance.

Summary of findings

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Summary of this inspection

Background to The Limes Training Centre

The Limes Training Centre is operated by Mr. Nigel Owen Singleton. The service has been providing event medical services for approximately nine years. The service registered with the Care Quality Commission (CQC) in 2015. It is an independent ambulance service in Lincoln, Lincolnshire. The service primarily serves the communities of Lincolnshire and provides services across England, Scotland and Wales. The Limes Training Centre has one employed member of staff, who was the owner of the service. Other staff working in the service are either self-employed sub-contractors or salaried staff who are employed within the provider's other businesses. All staff work in an as required in an ad-hoc way. Throughout the report when staff are referred to, it means both salaried and sub contracted self-employed staff unless otherwise stated.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about The Limes Training Centre

The service is registered to provide the following regulated activities:

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

During the inspection, we visited The Limes Training Centre. We spoke with two staff.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the twelve months before this inspection. The service has been inspected twice, and the most recent inspection took place in November 2019.

Following that inspection, we issued the provider with requirement notices in respect of regulations 13 Safeguarding service users from abuse and improper treatment, 15 Premises and equipment and 19 Fit and proper persons employed of the HSCA 2008 (Regulated Activities) Regulations 2014.

Under regulation 13 the provider was required to take prompt action to address concerns regarding safeguarding training, policies and the updating of DBS checks and our inspection found this requirement was not met.

Under regulation 19 the provider was required to ensure that their recruitment policy was applied consistently to all staff working within the organisation and our inspection found this was not met.

We also found, on this inspection, serious concerns which were in breach of regulations 12 Safe care and treatment, 13 Safeguarding service users from abuse and improper treatment, 15 Premises and equipment, 17 Good governance, 18 Staffing Regulation and 17 Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014.

Activity (September 2019 to September 2020)

- In the reporting period September 2019 to September 2020 there were no emergency and urgent care patient journey undertaken.
- There were no patient transport journeys undertaken.

Summary of this inspection

All staff working at the service were self-employed. However, one paramedic and five senior first aiders regularly worked at the service.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries
- No complaints

Emergency and urgent care

Safe	
Effective	
Well-led	

Are emergency and urgent care services safe?

Our rating of safe was not reassessed.

Mandatory training

The service did not ensure that everyone completed the provided mandatory training in key skills. However, the training that was provided was appropriate.

The provider defined eight mandatory training modules which were comprehensive and met the needs of staff and patients. This mandatory training was delivered through face to face training through the provider's associated training business. We saw a comprehensive training schedule was planned for 2020 but we understood that the Covid19 emergency meant this had not been followed.

The provider considered that the staff who were available to provide the regulated activity fell into two groups. Those staff they employed in their training business who also carried out event work were referred to as "employees" and those who were used on an ad-hoc basis were described as "self-employed".

The provider had six "employees" comprising one paramedic and five senior first aiders, also known by the provider as "medics". There were 28 "self-employed" staff comprising 11 paramedics and 17 senior first aiders (medics).

The provider told us that "employees" were required to complete the mandatory training as part of their induction but that attendance at the training by "self-employed" staff was voluntary.

"Self-employed" staff were asked to bring certificates representing training elsewhere and "expected" to complete the mandatory training which was offered by the provider. This did not form part of any policy. We asked the provider whether there were timescales and whether this was enforced and they said it was not. They stated that this was because as they were not his "employees" he could not make them do so. The provider told us that there were no targets for the staff to complete this training and that the provider did not take action if it was not completed. We asked the provider if staff, who had not completed mandatory training, would be deployed to provide a regulatory activity. The provider told us staff would still be deployed.

We looked at a sample of five records for staff who could be deployed to provide regulated activities. These were for one medic "employee" and four "self-employed" medics.

The medic "employee" had completed all eight mandatory training modules.

Of the four "self-employed" medics, one had completed seven of the modules while the other three had completed only one each of the eight modules.

There were 16 staff who carried out driving duties and the provider had a process in place to annually reassess skills. The action plan for the previous inspection stated a completion date of 30 June 2020 for these assessments. At the time of this inspection 11 out of the 16 staff had this completed which was only one more than at the time of our last inspection in November 2019.

The action plan sent by the provider following the previous inspection stated that training was to be provided on 5 February 2020 for staff who needed updating in mental health and safeguarding. This training session took place on 29 January 2020.

Safeguarding

Safeguarding polices did not reflect up-to-date legislation. The provider offered safeguarding training but they did not ensure everyone completed it. The provider's policies required staff to have a regular Disclosure and Baring Service (DBS) check but they did not ensure this happened.

Safeguarding training formed one of the mandatory training subjects that the provider required "self-employed" staff to complete and offered to "employed" staff.

We looked at a sample of five records for staff who could be deployed to provide regulated activities. These were for one medic “employee” and four “self-employed” medics. The medic “employee” was recorded as having completed safeguarding training. Of the four “self-employed” medics, only one was recorded as having completed safeguarding training.

When asked whether the safeguarding policies training covered Female Genital Mutilation (FGM) and Child Sexual Exploitation the provider stated that some staff had done on-line FGM awareness but not all staff could “deal with the subject” so they were excused.

The provider offered as evidence, three documents covering the safeguarding of children and, or vulnerable adults.

The “Safeguarding Policy” was dated 2020. This policy defined children and vulnerable adults and stated that all “event staff” should be trained to “safeguarding level 2” and referred to the intercollegiate guidance for the safeguarding of children and young people. The document did not tell staff what to do or how to act to protect vulnerable people and although it mentioned that “procedures are in place” they were not referenced although we were aware that a laminated card was available on each ambulance. The policy stated DBS checks would be completed every three years.

The “Lost children or vulnerable adults policy” provided guidance on how to deal with people who had become lost or separated from their carers and did not cover matters relevant to safeguarding.

The “Child Protection Policy” was dated 2020. It defined abuse in respect of children, gave examples and referenced how abuse might come to light. Actions to be taken were confused and referenced several agencies without giving clear instruction that the relevant local authority needed to be informed. Reference was made to the provider within the company as responsible for contacting the local authority. There was no explanation of staff’s individual responsibilites. There was a flow chart in the document to support decision making that referred to both children and vulnerable adults although vulnerable adults appeared to be outside of the scope of that policy. We understood that this flowchart was available as a laminated document on all the ambulances.

At the publication of the report from the previous inspection of November 2019 the provider was issued with a requirement notice requiring them to “take prompt action to ensure all self-employed staff had a valid Disclosure and Barring Service (DBS) check”. At the time of our inspection in September 2020 the provider told us they had received seven checks out of the eleven required for their paramedics.

The safeguarding policy stated DBS checks would be completed every three years. It did not explicitly state that staff should be checked when they joined the provider. This is a requirement of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a sample of five records for staff who could be deployed to provide regulated activities. These were for one medic “employee” and four “self-employed” medics.

One “self-employed” medic who we were told started with the provider in “2019” had a DBS check on file from March 2015 and a record that an application had been made for a recheck in September 2020. Therefore, they were working when their last check was over five years old.

The second “self-employed” medic had not got a start date recorded in their file. The provider stated that they were finding it difficult to obtain a DBS as they had no proof of their address and other documents had expired. Although they were working in event cover with no DBS check the provider told us that they would not be allowed to carry out regulated activities.

A third “self-employed” medic who started with the provider “four to five weeks” prior to our inspection had a satisfactory DBS from June 2009.

A fourth “self-employed” medic, who did not have a start date recorded in their file was recorded as having a DBS from August 2017 and had applied for a recheck on 4 September 2020 which was only just over the required three years and not of concern.

Emergency and urgent care

The provider could not be assured that the staff deployed for the purposes of the regulated activity were of good character.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. However, although they kept equipment, vehicles and premises visibly clean the cleaning methods for the base and ambulances were not appropriate nor in line with legislation and guidance.

We inspected two ambulances during our inspection and all areas, including the cab were visibly clean and tidy. Reusable equipment was visibly clean. Decontamination wipes, personal protective equipment, hand hygiene gel and spill kits were available on both ambulances.

Initial cleaning of the ambulance and equipment with disinfectant wipes was carried out by staff immediately after a patient was treated. At the end of the event the ambulance was deemed out of service until a more thorough clean was undertaken by a dedicated employee. A notice was placed in the windscreen stating the vehicle was out of use which was removed once it had been cleaned.

The provider had two mops. One mop was used for the toilet and another for the ambulances, differentiated by colour. Mops were used with disinfectant and once used rinsed with water. They were then stored, mop head down in a bucket until next used. Subsequent to our visit the provider made arrangements for the mops to be stored heads up but the cleaning methods for the mops were still not appropriate nor did they, or the associated buckets, adhere to national guidance as to how they should be colour coded.

Environment and equipment

The maintenance and use of equipment did not keep people safe, medical devices were not maintained in line with the manufacturers' recommendations and could not be relied on to work when needed. However, the design and use of facilities and vehicles kept people safe.

The provider had a system in place where the planned maintenance of medical devices was carried out by the provider themselves.

Following our last inspection, the provider had introduced a system to record checks of their blood glucose monitors and we saw evidence that this was taking place.

We discussed the maintenance of the provider's semi-automatic defibrillators of which they had 19. The provider told us that they had previously contracted the maintenance of this device to a third party but having observed them carrying out the task they felt they could do the maintenance themselves. They had purchased two defibrillator simulators and a Non Invasive Blood Pressure (NIBP) tester that they used to test the equipment.

The provider carried out certain tests and issued their own "certificate of compliance" that was used to assure the equipment was functioning correctly.

We asked how the test regime was designed for the devices and a chapter of the defibrillator's operating instructions was provided. This described checks that could be carried out by the "operator" who is also referred to in the instructions as a "clinician". These instructions stated that certain cables should be replaced every three years but this was not taking place.

The instructions further stated that "Additional periodic preventative maintenance and testing - such as electrical safety tests, performance inspection, and required calibration – should be performed regularly by qualified service technicians" and referred to a service manual.

A copy of the service manual was shown to the provider and they said they were not aware of the document.

Amongst other tasks the service manual stated that:

- The therapy lead and ECG cable be replaced every two years.
- The battery pins were required to be "regularly" inspected and replaced if needed or at least every two years.
- That an internal battery required replacement every five years which requires disassembly of the case. The

service manual warns that this be done by contacting the manufacturer's service representative. It further warns that depletion or removal of the battery results in the loss of important data.

The provider told us they were not aware of the need to regularly replace these items and this was not taking place.

We asked for examples of maintenance regimes applied to other medical devices. The provider told us that they carried out performance tests on the range of fingertip pulse oximeters that were used but that they did not use a patient simulator. This was because individual models used different frequencies of light and more than one tester would be needed.

The tests were carried out by measuring the oxygen saturation of a member of staff using a variety of monitors and they were satisfied if the readings were comparable. We noted that the "compliance certificate" for the Lifepak 15 defibrillator, which has an oxygen saturation module, recorded a reading of 95% which was obtained by this method.

The provider was asked if they were aware of systems to alert them to potential faults in medical devices. They stated they had registered their automated external defibrillators with the manufacturer but nothing else.

They were asked if they were aware of the system of field safety notices carried out by manufacturers in conjunction with the Medical and Healthcare products Regulatory Agency (MHRA) who were the competent authority. Although they could describe a recent issue with an automated injectable device, they were not aware of the national system for medical devices. They stated they had asked to be put on the local NHS ambulance service's internal mailing list but this had been refused. They were told by the inspector that anyone could register for the government service that distributed manufacturer and MHRA alerts and that defibrillators were often the subject of these. They were not aware of this.

Assessing and responding to patient risk

The provider was not using any formal system to identify a deteriorating patient.

At the last inspection in November 2019 it was noted that there were no protocols in place to manage patients suffering from a stroke or heart attack. Prior to our inspection the provider provided a "BEFAST" mnemonic card for recognition of stroke. However, this was not a clinical protocol for use by professional staff.

Medicines

The service used systems and processes to safely store medicines.

At the last inspection in November 2019 it was noted that medical gas cylinders were not stored in line with the department of health guidance contained in the Healthcare Technical Memorandum 02.

We saw that the stock of medical gases was now stored separately from empty cylinders. In use cylinders of oxygen and nitrous oxide were stored in closed kit bags.

Since our last inspection the provider had developed a "homely medicines" policy and a medicines audit tool.

Are emergency and urgent care services effective?
(for example, treatment is effective)

Our rating of effective was not reassessed.

Competent staff

The service did not make sure staff were competent for their roles. Managers did not appraise most staff's work performance or hold supervision meetings with them to provide support and development.

Our previous inspection in November 2019 found that the provider did not operate an effective system to appraise the performance of those members of staff considered "self-employed". They did not mitigate this risk by any other means, for example asking for performance assessments from another employer for whom they carried out a similar role.

The provider confirmed that it was still the case that the six "employed" staff received appraisals but that the 28 "self-employed" staff did not.

The provider confirmed that an induction checklist was used for "employed staff" but no induction took place for "self-employed" staff.

Emergency and urgent care

The provider told us they checked the registration of the "self-employed" paramedics every two years but that there was no policy in respect of this. While there were no records of this in the individual staff files, dates were recorded in a spreadsheet. However, other information such as professional registration numbers were not recorded in personnel files.

Are emergency and urgent care services well-led?

Our rating of well-led was not reassessed.

Leadership

Managers did not have the right skills and abilities to run a service providing high-quality sustainable care.

The leadership did not have the skills and abilities to run the service. They did not always understand the risks that the service faced and how they could be mitigated. For example, they were not aware of manufacturer and government systems to identify and remedy the risks posed to staff and patients through faulty medical devices.

They had not established suitable and effective policies and procedures to fulfil the requirements of the Health and Social Care Act 2000 (Regulated Activities) Regulations 2014. For example, safeguarding policies did not reflect current legislation and policies. Recruitment and training policies were applied inconsistently across the staff who provided regulated activities.

Governance

The provider did not operate effective governance processes throughout the service. Staff at all levels were not clear about their roles and accountabilities and did not have opportunities to meet, discuss and learn from their performance.

We did not see effective structures, processes and systems of accountability to support the delivery of good quality services.

Records relating to employed and self-employed staff were not in accordance with current legislation and guidance. Records did not always include all necessary information relevant to their employment.

Training, learning and development needs of individual staff members was not always carried out at the start of their employment. Nor was there an opportunity to appraise all staff.

Management of risks, issues and performance

The service did not have systems and processes to manage risks and performance issues.

At the previous inspection in November 2019 we saw that although the provider referred to a risk register in some of their policies no risk register existed. Following the inspection, the provider removed the reference to the risk register in their policies.

During the inspection we asked the provider whether there were any systems in place to assess and manage risks to service users and other people. They told us there was not.

When we spoke to the provider about risks to patients from the provision of the regulated activity, they were not able to describe what those risks might be.