Primary Ambulance Services Limited

Primary Ambulance Services Limited - Operations Centre

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

Summary of findings

Overall summary

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

- Managers did not monitor mandatory training and did not alert staff when they needed to update their training. The service could not provide assurance it controlled infection risk consistently well. There were limited systems and processes in place to ensure regular cleaning of ambulance vehicles and equipment. The service still had limited processes in place to manage patient safety incidents. We could not gain assurances that staff and managers effectively recognised incidents, reported and investigated them appropriately.
- Managers did not monitor agreed response times or the effectiveness of the service. Managers did not appraise staff's work performance or hold supervision meetings with them to provide support and development.
- Leaders did not have the skills and abilities to run the service consistently. Leaders did not understand and manage the priorities and issues the service faced, there were gaps in safety management. The service had no written vision or strategy. Leaders still did not operate an effective governance process. Systems in place to manage performance effectively were not in place or not fully embedded. Managers did not identify and escalate all relevant risks and issues, nor identify actions to reduce their impact. The service did not collect reliable data or perform analysis to help improve the service.

However:

- The service had now introduced a mandatory training programme for all staff which was an improvement from our last inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inadequate 	Our rating of this service stayed the same. We rated it as inadequate, See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Primary Ambulance Services Limited - Operations Centre

Primary Ambulance Services Limited - Operations Centre is operated by Primary Ambulance Services Ltd. The service opened in 2009. It is an independent ambulance service based in South Ockenden, Essex providing patient transport services to the public and private sector. The service primarily serves the communities of the London and Essex area.

The service is registered to provide the following regulated activity:

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

The service was inspected in January 2022 where several regulatory breaches were identified. We served the provider a notice of decision, under Section 31 of the Health and Social Care Act 2008, to suspend the service from 27 January 2022 until 10 March 2022. We also issued requirement notices for breaches of regulation 12, 13, 15, 17 and 18. The suspension was extended from 11 March 2022 until 18 March 2022, in order for the service to provide evidence setting out how they had addressed each of the concerns identified.

We carried out a focused inspection on 10 May 2022, which did not include all the key lines of enquiry (KLOEs). The purpose of the focused inspection is to follow up on the requirement notices issued following the inspection in January 2022.

At this inspection we identified ongoing regulatory breaches and served the provider a notice of decision, under Section 31 of the Health and Social Care Act 2008, to suspend the service from 11 May 2022 until 22 June 2022. We also issued nine requirement notices.

How we carried out this inspection

We carried out a short notice announced focused inspection of the service on the 10 May 2022. We spoke with two members of staff, reviewed patient transport booking records, personnel files for seven members of staff and policies and procedures for the service.

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 to improve:

- The provider must ensure that incidents are monitored, reported and investigated and that appropriate guidance and support is available to staff. (Regulation 12(2)(b))
- The provider must ensure that there are robust processes in place to ensure the monitoring and oversight of vehicle checking and cleanliness. (Regulation 15(1)(a)(2))
- The provider must ensure that they have an induction programme that prepares staff for their role. (Regulation18(2)(a))

Summary of this inspection

- The provider must ensure there is an effective and documented system in place for managing and reviewing staff competency. (Regulation 18(2)(a))
- The service must ensure that relevant risks are identified and overseen. (Regulation 17(2)(b)).
- The provider must ensure that an effective governance framework is in place. (Regulation 17(2)(a)(e))
- The service must implement an overarching safety and audit system to monitor the quality of the service. (Regulation 17(2)(f))
- The service must ensure infection prevention and control standards are implemented consistently and with documented evidence. (Regulation 12(2)(h)).
- The service must ensure staff have safe driving checks. (Regulation 12(2)(c)).

Our findings

Overview of ratings

Our ratings for this location are:

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

Inadequate

Patient transport services

Safe	Inadequate
Effective	Inadequate
Well-led	Inadequate

Are Patient transport services safe?

Inadequate

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

Mandatory training

The service provided mandatory training in key skills to all staff but did not make sure everyone completed it.

Managers did not monitor mandatory training and there was no evidence of managers alerting staff when they needed to update their training. There were no systems in place to have oversight of the mandatory training compliance and the manager could not tell us what the mandatory training compliance rate was. This was an area of concern identified at the last inspection.

Staff that had substantive roles within the NHS and other organisations would complete their mandatory training at their substantive roles and we saw some evidence of these in their personnel files. However, there were no systems or processes in place to ensure compliance with mandatory training.

Following our inspection in January 2022 the provider had signed up for an online training programme for all patient transport service staff. The core skills training framework included conflict resolution, equality diversity and human rights, safeguarding adults and children, health and safety, information governance and infection prevention control. This was an improvement since the last inspection.

Since our last inspection, the service arranged a continuing professional development day where all staff attended and completed training including manual handling, equipment and basic life support.

Safeguarding

Staff had training on how to recognise and report abuse.

Staff received training specific for their role on how to recognise and report abuse. We saw evidence that six out of the seven members of staff had received safeguarding training in their substantive role or through the online training package provided by the service. This was an improvement since the last inspection.

The service had a named safeguarding lead who was trained to level three in safeguarding for both adults and children. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018). This was an improvement since the last inspection.

The service had a recruitment and selection policy and employment checks to prompt safety. For example, staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. If a member of staff declared any convictions on their application form, a DBS risk assessment was completed by the line manager and filed in their personnel files. This was an improvement since the last inspection.

Cleanliness, infection control and hygiene

There were limited systems and processes in place to monitor standards of cleanliness and hygiene. The service could not provide assurance it controlled infection risk consistently well.

The vehicle and equipment we inspected were not cleaned effectively. We inspected one out of the two vehicles in operation. The vehicle was visibly dirty, windowsills were dirty to touch and there was collected dust in corners. The driver seat had a rip in the material of the chair and the foam was exposed. Exposed foam was not able to be cleaned effectively and presented an infection control risk.

Clean linen, hand sanitiser and decontamination wipes were on board the vehicle. However, the hand gel dispenser in the vehicle was not fixed to the surface of the vehicle meaning that the gel could not be dispensed.

There was an ambulance cleaning policy in place. The policy stated that the vehicle should be cleaned every time it was operational. We asked for the cleaning records for each vehicle from 18 March 2022 to 10 May 2022, this was not provided. There was no evidence to show that vehicles had been routinely cleaned at regular intervals before and after each shift.

The manager told us that the service had put a contract in place with a third party to provide deep clean of the vehicles four times a year. At the time of the inspection the contract was in draft and was not signed by either party.

Following the inspection, the manager provided a signed service level agreement with the deep cleaning company.

The manager provided evidence that the service had arranged for a deep clean to be completed on the vehicles on 30 March 2022 by a third-party contractor. There was no other evidence of a daily, weekly or monthly cleaning performed on the vehicles as stated in the vehicle cleaning policy. In addition, there was no evidence that staff had received any formal training in the process of deep cleaning.

Following the inspection, we were told that the training was going to be provided to two members of staff in June who would do the weekly cleaning.

The managing director told us infection, prevention and control (IPC) training was provided on the continual professional day (CPD).

The storeroom, where consumables were stored, was visibly dusty and cluttered. Several items were placed on the floor restricting access to the shelves where consumables were stored and being able to clean floors and surfaces appropriately.

The service's base location provided staff access to vehicle and equipment cleaning facilities, including mops, buckets and running water. However, when we asked to be shown the equipment for cleaning the vehicles, we found a dirty mop in a bucket with stagnant water. This was an infection risk.

There was no effective process in place to use and store cleaning products under control of substances hazardous to health (COSHH) rules. Cleaning products used were in the storeroom with no COSHH controls in place. Detergent sprays and other cleaning products used were stored on an open shelf without any control measures. We found various items of cleaning products were out of date including a disinfectant tablet which had expired in September 2013.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had two ambulance vehicles. At the time of our inspection, the main vehicle was in the garage for repairs and the second vehicle which was normally the reserve vehicle was operational. We carried out visual checks of the vehicle that was operational and found several visible defects. There was significant rust to the door sealings and on the ramp. At the last inspection, the vehicle's side door did not close without significant force, this was repaired however the sidestep was still difficult to deploy and close. This was an issue that was identified at the last inspection. Therefore, we were not assured that the vehicle used by the service was fit for purpose and suitably maintained.

At the last inspection the rear door hinge was broken, and the back door did not close unless it was manually lifted. At this inspection the hinge on the back door was replaced and was operating accordingly.

We saw evidence of an up to date vehicle service in the last 12 months for the ambulance vehicle. This was an improvement since the last inspection.

However, the service still did not have an effective system in place to maintain oversight of ambulance vehicle servicing and maintenance. For example, staff were required to carry out daily safety checks of the vehicle. The service used vehicle check sheets which were completed by drivers before every shift. We asked to review the vehicle check sheets for the last six weeks. We were provided with five vehicle check sheets related to the vehicle that was in the garage for repairs. The sheets we reviewed were not always completed appropriately, there was several sections incomplete. This was an issue that was identified at the last inspection.

There was no evidence of a vehicle check being completed for the vehicle we inspected. We were told the vehicle was last used for patient transfer on 7 May 2022, however there was no evidence of a vehicle check being completed for this transfer.

There was no effective process to ensure consumables and portable oxygen cylinders were in date. We found a portable oxygen cylinder in the ambulance vehicle that had expired 26 March 2022, sterile airway tubes that had expired in February 2022 and November 2018 and high concentration oxygen mask which had expired December 2019. We also found out of date cleaning products including disinfectant chlorine tablets that had expired September 2013 and disinfectant wipes and spray that had expired February 2022.

Staffing

The service had enough staff to care for patients.

The service had enough staff to keep patients safe in line with transport agreements. The service had 12 ambulance crew, of which two worked on a full-time basis and 10 on a zero-hour contract. The service had low turnover and sickness rates.

Inadequate

Patient transport services

At the last inspection there was no evidence that staff had completed an induction programme as stated on the induction and training policy. At this inspection we saw that induction checklists had been introduced and kept within staff personnel files. However, the manager told us that they were still in the process of updating and implementing a staff competency handbook. This was an improvement since the last inspection.

At the last inspection we identified that managers did not routinely carry out safe driving checks on new or existing staff. This was an area that the provider had not made any changes since the last inspection. This meant the provider could not be assured of the driving skills and standards of individual members of staff.

Medicines

The service did not store or administer medicines, however it used medical gases.

The service did not store, prescribe or administer any 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.

The service carried medical gases, such as oxygen to support patients that were prescribed medical gases. There was a policy in place to provide guidance for the safe transportation of medical gases.

There was no effective process to ensure consumables and portable oxygen cylinders were in date. We found a portable oxygen cylinder in the ambulance vehicle that had expired 26 March 2022, sterile airway tubes that had expired in February 2022 and November 2018 and high concentration oxygen mask which had expired December 2019. We also found out of date cleaning products including disinfectant chlorine tablets that had expired September 2013 and disinfectant wipes and spray that had expired February 2022.

In the vehicle that we inspected we found that the oxygen cylinder was stored in a safe and secure manner, however, it had expired March 2022.

Spare and empty oxygen cylinders were stored appropriately in a storage room with good ventilation. The cylinders were kept in a cage which was locked with a padlock and appropriate signage in place. The key was kept in a key safe which could be accessed via a keypad code.

The managing director told us that staff had received medical gases training. However, there was no evidence of this in the staff personnel folders. Therefore, we could not be assured that this training had been undertaken. This was an issue that was identified at the last inspection.

Incidents

The service had limited processes in place to manage patient safety incidents. We could not gain assurances that staff and managers effectively recognised incidents, reported and investigated them appropriately.

Staff did not report incidents clearly and in line with the service's policy. At the time of our inspection we asked the managing director if any incidents were reported in the last six weeks. We were told none had been reported. However, at the time of our inspection the second vehicle was in the garage undergoing some diagnostic checks. The manager told us that some faults were reported by staff however there was no evidence of this being reported as an incident. Therefore, we were not assured that incidents were recorded, investigated or any learning shared with staff. This was an issue that was identified at the last inspection.

Inadequate

Patient transport services

There was no formal process in place to share learning from incidents. the managing director and staff told us that they would share information informally. We could not gain assurances that there were effective systems or processes in place to share learning from identified incidents. This was an issue that was identified at the last inspection.

Are Patient transport services effective?

Inadequate

Our rating of effective stayed the same. We rated it as inadequate.

Response times

The service did not monitor agreed response times so that they could facilitate good outcomes for patients.

The service did not monitor agreed response times to check that these were being met. The office administrator arranged patient pick-up times in advance and provided estimated drop-off times, which were subject to change based on traffic or other local conditions. This was an issue that was identified at the last inspection.

Competent staff

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

There was some evidence to show staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. However, there still was no system or process in place to measure staff skills and competencies. This was an issue that was identified at the last inspection. The manager told us that they were in the process of putting together a competency book for all staff but this was still work in progress.

Managers did not support staff to develop through yearly, constructive appraisals of their work. At the last inspection staff did not receive an annual appraisal or formal one to ones with a line manager. Following our inspection in January 2022, the managing director told us that formal staff appraisals were being implemented in February 2022 and copies of the appraisal would be added to staff files. However, at the time of this inspection, there was no evidence of appraisals or staff review being completed.

Are Patient transport services well-led?

Inadequate

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

Leadership

We were not assured leaders had the skills and abilities to run the service consistently. They did not understand and manage the priorities and issues the service faced, there were gaps in safety management and governance.

Inadequate

Patient transport services

At the time of our inspection the managing director's application to become the CQC registered manager was being processed. The managing director was responsible for all leadership aspects of the service and was supported by the office administrator who coordinated the bookings, responded to staff queries and overall governance aspect of the service.

Following our last inspection in January 2022, leaders had made some changes to address the concerns from the previous inspection, however there was still various aspects of the service that remained in breach of regulations. There were gaps in oversight of safety management, performance management, and governance. For example, there was still a lack of oversight of vehicle maintenance, appropriate use of infection, prevention and control measures to maintain cleanliness of vehicle and environment. Governance practices did not ensure the service mitigated risks effectively.

Vision and Strategy

The service had no written vision or strategy.

The service did not have a formally documented vision or strategy for future development. The managing director was clear that the aim of the business was to provide a service to patients and ensure the business was financially viable in the future.

Governance

Leaders did not operate effective governance processes.

The service had no formal governance process. The service did not demonstrate it had a formal system in place to manage risks that had been identified and actions taken to mitigate risks and audits were not undertaken. This was a concern identified at the last inspection.

Since the last inspection the service had updated and reviewed their recruitment records, for example, implementing a risk assessment process for any staff who had declared any convictions on their application.

Following the last inspection, the service implemented an online training package to cover statutory and mandatory training. All staff working on the patient transport service were given access to the training. However, managers still did not have a system or process in place to have oversight of staff mandatory training and competency compliance.

The service had no formal audit process. The service collected data, for example vehicle daily checks and cleaning schedules. There was no formal process for reviewing this or to demonstrate how this had been used to improve quality. This was a concern identified at the last inspection.

Incidents were not being reported or investigated in line with the provider's policy. There was a lack of understanding of what constituted an incident. We were not assured that the incident reporting process was embedded in practice. This was a concern identified at the last inspection.

At the last inspection, we identified there were no systems and processes in place to ensure the monitoring and oversight of vehicle checking and cleanliness. There was no evidence of daily, weekly or regular vehicle cleaning from March 18 (the day the suspension expired) to the 10 May 2022, day of our focused inspection. This was a concern identified at the last inspection.

Inadequate

Patient transport services

Following the inspection, the managing director provided a signed contract with a third-party contractor who would provide a deep clean service of the vehicles four times a year. In addition, the company would also provide the cleaning products and training to staff to carry out the regular and monthly cleans. However, we were not assured that the systems for monitoring and oversight of vehicle checking and cleanliness had been implemented and embedded in practice.

Management of risk, issues and performance

Managers did not always identify and escalate relevant risks and issues, nor identify actions to reduce their impact.

Following the last inspection in January, the service had introduced an overarching risk register. However, this did not record any specific risk in relation to the quality of its service. In addition, it did not include the financial and business continuity risks that were identified by the managing director.

Following the inspection, a copy of a risk register was provided. The register documented six risks. These risks did have a review date and who was responsible for the actions to mitigate the risk. Following our site inspection, the managing director had also included a risk of reduction in work and income due to regulatory restriction. However, the issues we noted with the vehicle maintenance and condition had not been identified by the management team.

There still was a lack of formal governance and audit processes in place to enable monitoring risk and safety or to make improvements within the service. This was an area of concern we raised at previous inspections for which a requirement notice was issued. There were limited systems in place to monitor vehicle checks and cleaning. This meant that we were not assured that there was oversight of vehicle upkeep.

On inspection we asked the managing director and office administrator to provide the number of patient transport journeys undertaken from 18 March to 10 May 2022 . We were provided with figures for March and April 2022, by going through the booking diary. This was an improvement since the last inspection.

At the last inspection in January 2022 we identified that the managing director did not have any oversight of whether or not policies and procedures were implemented and embedded in practice. For example, the incident reporting policy was not being followed, as incidents were not reported, investigated or learning shared. At this inspection, we were told this was still an area they were working on.

The service still did not have an inclusion/exclusion policy or a policy for the management of the deteriorating patient. These policies were required to enable staff to carry out their role safely and effectively. This was an area of concern we raised at the previous inspection in January 2022 for which a requirement notice was issued.

Systems and processes to monitor staff training and competency compliance were still not in place Therefore, the managing director did not have oversight of staff training requirements and renewal dates for training or competencies. This was an area of concern we raised in previous inspections for which a requirement notice was issued.

Information Management

The service did not collect reliable data to perform analysis.

The service had limited understanding of operational performance and did not monitor metrics such as numbers of journeys completed on time or factors that contributed to delays.

Inadequate

Patient transport services

Policies and procedures were not easily accessible to staff. Minutes of the management meeting held on the 15 March 2022 stated that paper copies of the policy were available in the office. We asked to see these policies, but the managing director told us they were not available.

At the last inspection in January 2022, the provider's network was down, and the managing director was unable to access any information for most of the day. There was no assurance in place to mitigate or avoid this from happening again.

Engagement

Managers did not always openly engage with staff to plan and manage services.

Following our last inspection, the service had one management meeting and one all staff continuing professional development day.

The minutes from the management meeting stated thatan email was sent to all staff informing them about the vehicle cleaning processes. We asked to see a copy of this email, but it was not provided. Therefore, we were not assured how information was shared to staff for learning and implementing new processes.