

Arley Medical Services Ltd

Arley Medical Services Ltd Headquarters

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 effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. The service-controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- 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 and all staff were committed to improving services.

However:

- Records were not always completed fully.
- Managers did not provide yearly, constructive appraisals for all staff.
- Staff were not provided with training in consent or the Mental Capacity Act.
- Staff did not consistently complete and update risk assessments for each patient.
- Staff training compliance for recognising and responding to patients with mental health needs, learning disabilities, autism and dementia was low.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	
Emergency and urgent care	Insufficient evidence to rate 	Emergency and urgent care is a small proportion of this services activity and therefore we have not rated this core service. The main service was the patient transport service. Where arrangements were the same, we have reported findings in the patient transport service section.

Summary of findings

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Summary of this inspection

Background to Arley Medical Services Ltd Headquarters

Arley Medical Services Ltd Headquarters is operated by Arley Medical Services Ltd. The service commenced operating in 2010. The main function of the service is to provide medical cover at public and private events including shows and festivals.

The provider also provides adhoc Patient Transport Services (PTS) for patients requiring inter-hospital transfers or discharges from local private and trust hospitals. Arley Medical Services Ltd is also contracted by Coventry City Council Public Health Department to provide a first line city centre late night alcohol triage service referred to as Coventry Alcohol Response Ambulance.

The provision of medical services at events, falls outside the scope of registration and inspection and so were therefore, not considered as part of this most recent inspection. However, where a patient transported from an event to a hospital by Arley Medical Services Ltd, then this is within scope of registration and therefore was inspected.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Arley Medical Ltd registered with the CQC on 25 March 2016 and 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 had the same registered manager in post since registration.

At the time of our inspection in July 2023 the provider employed 5 permanent staff members who work in the head office and 64 bank members of staff and had a fleet of 7 vehicles, including 4 ambulances.

Between August 2022 and July 2023, the provider had transported 111 patient transport journeys and 29 urgent and emergency care patients to hospital or to their home.

The main service provided was a patient transport service. Where our findings on emergency and urgent care for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the patient transport service.

How we carried out this inspection

We carried out a short-notice on site comprehensive inspection of the services on 21 March 2023, we completed a further on site inspection on 25 July 2023. Following the March 2023 inspection, the CQC was concerned about the safety of the service provided and placed conditions on the provider's registration. Following the inspection the provider met the conditions of the registration and these were removed in September 2023.

As part of the inspection on 25 July 2023 and ongoing monitoring, we reviewed the information relating to the conditions and were assured that the provider had taken steps to improve the safety of the service.

Summary of this inspection

We carried out a short-notice comprehensive inspection, on 21 March 2023, with a team comprised of a lead CQC inspector, a team inspector, and a specialist advisor. An operations manager was available for off-site support.

When we revisited the service on the 25 July 2023 the team also comprised of a lead CQC inspector, a team inspector, and a specialist advisor. An operations manager was available for off-site support.

During the inspection in July 2023 we spoke with 5 members of staff including the Registered Manager. During the inspection in March 2023, we reviewed 15 patient records and 13 staff records. During the inspection in July 2023, we reviewed 9 patient records and 10 staff records. After the inspection we spoke with 4 staff members and 2 family members who had recently used 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 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:

- The service must ensure it provides a structured appraisal and supervision programme for all staff. (Regulation 18)
- The service must ensure that training is provided for staff in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. (Regulation 18)

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

- The service should ensure that patient record forms are consistently filled out.
- The service should consider implementing a staff satisfaction survey.
- The service should ensure that training provided for staff on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia is completed.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Requires Improvement	Good	Good	Good	Good
Emergency and urgent care	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate
Overall	Good	Requires Improvement	Good	Good	Good	Good

Patient transport services

Safe	Good 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

This location has not previously been rated. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff. Staff training compliance for recognising and responding to patients with mental health needs, learning disabilities, autism and dementia was low.

During our inspection in March 2023, we found that the service provided access to the NHS Health Education England's eLearning for healthcare portal so that they could complete their mandatory training. However, when we asked the provider for data on the compliance rate of staff completing mandatory training, we saw that in all areas the completion rate was always less than the provider target of 90%. For example, training compliance for Resuscitation Adults Level 2 and Paediatrics Level 2 was only 64%. At this time managers were monitoring mandatory training and were aware of the decrease in compliance rates.

Following the March 2023 inspection, we placed conditions on the provider's registration to ensure that staff training was completed. Action was taken by the Registered Manager to ensure that staff working on regulated activities had completed their training and that the staff members who were awaiting completion, were not assigned to any regulated activities. At the time of our July 2023 inspection, mandatory training figures were 100% which was above the provider's target of 90%. We were shown the electronic system that the provider had in place to monitor staff compliance moving forward and were told how staff members would be prompted to complete their training and removed from regulated activities if this was not done. Since our March 2023 inspection, the service had also employed another member of staff to work in the office who was responsible for overseeing the compliance rates.

The mandatory training was comprehensive and met the needs of patients and staff. The service followed the NHS's core skills framework to ensure that staff had the correct training and frequency of refresher training required for their roles.

Where staff were required to drive the vehicles under emergency blue light conditions the manager of the service ensured they had completed recognised 'blue light' training before commencing employment.

Patient transport services

The provider told us that they provided training in recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. The completion rates (at the time of our inspection in July 2023) for mental health awareness training was 51%, dementia awareness was 47%, learning disability awareness training was 50% and autism training was 17%. The autism training figures were low due to new national guidance being released on the requirement of the training and limited capacity nationally to access the training. Training compliance rates did not meet the provider target,

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 for their role on how to recognise and report abuse.

There was an identified safeguarding lead trained to safeguarding level 4. Different staff members were eligible for different levels of safeguarding depending on their role. In July 2023 all levels of safeguarding training had 100% compliance.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The provider had a safeguarding adult's policy and a safeguarding children's policy which were both in date, version controlled and had a review date.

The policies outlined different types of harm which would require a safeguarding referral, had a link to current intercollegiate guidance and links to training requirements. We reviewed the safeguarding adults and children's policies and procedures sent by the provider which showed that they were last reviewed in September 2022 by the Director and are due to be reviewed annually.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had a duty manager on call 24 hours a day who could be contacted if there were any queries. The contract with the local authority's public health department, meant that all concerns had to be reported to the Multi Agency Safeguarding Hub (MASH). They would then carry out an investigation and take further action if necessary. Managers told us they were sent feedback from MASH following the investigation.

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. They kept equipment, vehicles and the premises visibly clean.

All areas were clean and well-maintained.

During our inspection in March 2023, 2 vehicles were checked for cleanliness and hygiene, and both were found to be very clean and ready for dispatch. During our inspection in July 2023, 3 vehicles were checked and were again found to be very clean and ready for dispatch. The garage for vehicles was clean and well organised upon inspection with clearly marked locations and instructions for soiled materials that were separated from sterile areas.

Patient transport services

The service performed well for cleanliness.

Managers told us that regular infection control audits were carried out for premises, vehicles and staff. We looked at audits for the last 3 months and found that results for staff and premises were positive. Additional infection control procedures had been introduced during the COVID-19 pandemic. These had been updated regularly and were in line with national guidance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

A checklist was used to ensure vehicles were clean before they were used for patients. These were monitored by the manager who oversaw the vehicle upkeep and cleanliness. Staff told us vehicles were always cleaned prior to use.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were provided with PPE, for example disposable aprons, face masks and gloves. We observed hand sanitizer, PPE and cleaning equipment on the vehicles we inspected.

Staff cleaned equipment after patient contact.

Staff completed daily checks of vehicles to ensure they were clean before use and the head office staff did full cleans and restocks before they were used again. The service completed a deep clean of the vehicles every 12 weeks.

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 enough suitable equipment on its vehicles to help them to safely care for patients. All equipment was routinely checked by appropriate staff and stored in neat, allocated areas. The service had an electronic system for allocation of stock to ensure that consumables remained in date and that stock levels were maintained.

Staff told us tablet devices were collected at start of the shift where a brief handover was discussed with the shift coordinator. The tablets were used to provide the crews with patients details and where to collect and take the patient.

The service had four ambulance vehicles for use. Managers we spoke with could explain the process surrounding vehicle servicing and repair which was through local garages. All the vehicles had up to date communication systems and supplies of consumable items for the treatment of patients.

Each vehicle was restocked after every shift. Medical gases on all vehicles were securely stored. All vehicles were kept locked when not in use and keys were kept in a locked safe.

Where equipment was faulty, we saw evidence that these were kept in a separate area and clearly tagged to show that they were faulty and who was responsible for that piece of equipment. The service used an electronic system for flagging of faulty equipment which was managed by the Registered Manager. The servicing contract was in place to ensure that all medical devices were calibrated and serviced yearly, to ensure its continued safe usage.

Staff disposed of clinical waste safely.

Patient transport services

Assessing and responding to patient risk

Staff did not consistently complete and update risk assessments for each patient.

During our inspection in March 2023, patient records showed that staff did not use a recognised tool for detecting deteriorating patients, such as National Early Warning Score (NEWS2). Therefore, may have not recognised when to take appropriate action if necessary. Whilst staff did initially have resuscitation skills relevant to their roles upon starting, the service did not check these had been updated annually as per best practice.

During the March 2023 inspection, we did not see evidence and were not assured that there was a policy or set of procedures around deteriorating patients. However, upon request following the inspection we were provided with a Deteriorating Patient Policy and Procedures Document. The provider's deteriorating patient policy has guidelines on when to phone the emergency department with a pre-alert for their arrival.

Following our inspection in March 2023, we found that the provider had updated their documentation to include NEWS2/Paediatric Early Warning Score (PEWS). However, NEWS2 was not consistently filled out on the records we looked at for the patient transport service. Only 3 out of the 8 records we looked at had observations filled in prior to transport. When we discussed this with the registered manager, we were told that the section did not need to be filled in for the patient transport service. Whilst nationally there is no guidance to say that patients being transported on a patient transport service require a full set of observations before a journey, the provider should ensure their approach is consistent.

We did not review any records relating to the treatment of children as the provider had not provided any regulated activity to paediatrics since registration.

Staff knew about and dealt with any specific risk issues.

Staff recorded all known risks on the booking form for patient transport service, this was then used to assess the suitability for the service. The service had a clear inclusion/exclusion criteria which detailed to booking staff if a patient was suitable for the service.

Staff shared key information to keep patients safe when handing over their care to others.

Staff provided receiving services with copies of patient records to ensure continuity of care was provided.

Staffing

The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff a full induction.

The service had enough staff to keep patients safe.

The management of staffing levels across the service was the same for both the emergency and urgent care service and the patient transport service. All staff worked across the emergency and urgent care service and the patient transport service. The shifts were prescribed by the providers contracting the service. Once work had been secured shifts went out to the bank staff to be filled. In the event of no bank staff being available clinical staff who worked in the head office could fill shifts.

Patient transport services

The service had no vacancies.

The service had a rolling recruitment process where staff could apply through the company website at any point and would then be taken through the recruitment process.

During the inspection in March 2023, we reviewed 13 staff files and found that the provider was in breach of its own recruitment policy and failed to meet the regulatory requirements of schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule three details the information required in respect of persons employed or appointed for the purposes of a regulated activity. Out of the files we reviewed we found the following:

- 1 staff member with no proof of ID.
- 11 staff members had no references or where they did, they were limited to one.
- 11 staff members had not provided a full employment history.
- 12 staff members did not provide their full occupational health history or had limited it to COVID-19 only.

Disclosure and Barring Service (DBS) checks were carried out in 3 ways. The checks were carried out in three ways via applying through an umbrella company; checking the DBS update service or the transfer of a valid DBS from another organisation.

Following the inspection in March 2023, we placed conditions on the provider's registration to ensure that the service followed safe recruitment practices. Following this the provider worked to ensure that all staff members who would carry out regulated activities had all the correct checks in place and that this was recorded on their staff files. Any staff members who had not got a complete record were suspended from regulated activities until their file was updated.

During the inspection in July 2023, we looked at 10 staff records and found them to be fully up to date. The service had an electric system that monitored the staff files and would alert the head office staff if there was anything that needed renewing.

Since the March 2023 inspection, the service had employed an additional staff member who was responsible for overseeing this process and escalating to the Registered Manager if required.

The service had 1 staff member who had left in the year prior to our inspection.

The service had low sickness rates.

The service did not use any agency staff members.

Records

Staff kept records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. However, records were not always completed fully.

Patient notes were mostly comprehensive, and all staff could access them easily.

Staff completed paper patient record forms for all journeys completed. These were then scanned onto a computer following the shift to store an electronic copy.

Patient transport services

During our inspection in March 2023, we reviewed a random selection of 15 patient record forms (PRFs) that were kept in a locked filing cabinet at the ambulance base. Although the PRFs were generally well documented, there were no considerations documented in relation to deteriorating patients using the NEWS2 tool. When we spoke to management about this, we were assured that this would be resolved imminently as we saw evidence of an instruction notice sent to all staff as well as new PRF's being ordered that had a specific area to complete using the NEWS2 tool.

During our inspection in July 2023, we found that the new documentation was in place and that there was space on the documentation to record NEWS2/ PEWS.

The service informed us that audits of patient report forms had previously been undertaken but not in the structured manner that they had hoped for. An absence of auditing of PRFs meant that we were not assured that the detail and quality of recording was consistent across the service. A lack of overall audit activity meant there was a risk the service would not recognise and act if patients received an unsafe service. During the inspection we spoke with the service about our concerns and requested that immediate action was taken to ensure staff were appropriately trained in how to complete the assessment section of the patient record.

The service took prompt action to arrange training for ambulance crews, which provided assurance that patients were not being put at risk.

During our inspection in July 2023, we found that the service was auditing for all patient record forms. This was completed following the scanning of the document and that any improvements to be made were shared with staff. The patient record form audits from March to July 2023 showed that only 43% of records had been completed to a pass level. The service identified that this was an area that required more work to be done to improve the consistency of the documentation between staff.

When patients transferred to a new service, there were no delays in staff accessing their records. Copies of the patient records were handed over with the patient to the receiving service or given to the patient if they were discharged.

Records were stored securely.

Medicines

The service used systems and processes to safely administer, record and store medicines.

Staff followed systems and processes to administer medicines safely.

Oversight of the governance of medicines was by the registered manager. Medicines were stored securely at the location and on vehicles with access only by authorised members of staff.

Medicines allocated to urgent and emergency ambulances were kept in specifically designed medicine bags or a vehicle safe. They were secured with security tags which included an expiry date to indicate medicines were safe and ready for use.

For certain medicines Paramedics, obtained and administered their own which was controlled by national policy and guidelines. This meant that the service did not provide staff with any controlled drugs directly. The service did support paramedics with their application to be able to obtain their own medications and also did spot checks to ensure that this supply was safe and correct.

Patient transport services

Records showed that the correct dose of medicines had been administered to the right patient at the right time. A copy would then be handed over to any receiving healthcare providers or on discharge to the patient. The service also made use of a third-party contractor to dispose of expired medication appropriately.

Staff stored and managed all medicines safely.

Medicines stored in the location were kept in secure cupboards and storerooms and the temperatures were checked daily by a digital thermometer that fed back to an automated system.

Where temperatures fluctuated an alert would be sent to the registered manager. However, the thermometer was never periodically tested to see if it was continuing to work correctly.

Stock rotation was undertaken to ensure medicines had not expired before use. Medical gases were stored safely, and systems were used to ensure that empty and full cylinders were stored appropriately.

Incidents

The service managed patient safety incidents well. Staff recognised and reported 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 incidents to report and how to report them.

Staff could report incidents through the tablets that were on all vehicles or through paper copies of forms. This was then sent through to the registered manager to investigate. There had been no incidents from July 2022 to July 2023 reported whilst carrying out regulated activities. The provider had seven incidents reported from their event work.

Staff raised concerns and reported incidents and near misses in line with provider policy.

The service had a policy in place, which was in date at the time of our inspection and included information on the procedure for staff to follow and key responsibilities.

Managers shared learning with their staff about incidents that happened during activity that was not regulated.

Any learning from incidents was shared with the staff members for whom it was relevant. This was done either face to face, over the phone or via email depending on the feedback required.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had a duty of candour policy which detailed responsibilities and key definitions.

Staff received feedback from investigation of incidents, both internal and external to the service. These were discussed on a one to one basis or at the start of a shift if there were a team of staff working that day.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Patient transport services

Managers debriefed and supported staff after any serious incident. This was done immediately following the shift/ incident and could also be done at a later date if further debrief was required.

Is the service effective?

Requires Improvement 

This location has not previously been rated. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service had a system in place to update all staff when policies and procedures were updated and would be alerted when people had read the new policies. All policies were available to staff when they were working remotely via the tablets that were in the vehicles. Staff said that they would call the office and speak directly to managers about any queries they had.

Policies and standard operating procedures were reviewed by the registered manager. Changes were made as and when management received information. These were then approved and signed by the medical director.

The service did not transport any patients subject to the Mental Health Act.

At handover meetings, staff referred to the psychological and emotional needs of patients, their relatives and carers where required.

Pain relief

Staff mostly assessed and monitored patients to see if they were in pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

In the March 2023 inspection we reviewed 6 patient record forms, 4 of which had a documented pain score.

Response times

The service monitored and met agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The patient transport service monitored their response times depending on how the service was booked. Some patients required a pickup at a certain time, or some patients required a drop off at a certain point. These were monitored and reviewed by the manager to ensure that there were not long waits for patients. Family members of patients who had used the service, fed back that staff had been on time for their journeys.

Patient transport services

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service completed audits for the patient record forms and the kit bags.

At the July 2023 inspection, all patient record forms were audited to check for completeness and for any clinical concerns. Findings from the audits were fed back to staff for improvements to be made where required.

At the July 2023 inspection, managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Improvement was checked and monitored.

Competent staff

Managers did not provide yearly, constructive appraisals for all staff. However, the service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Induction included a checklist covering mandatory training, health and safety, staff development and ensuring that staff understood the service. We spoke with 2 members of staff, both felt that the training and information provided were adequate and met their needs. They also felt supported and valued as part of the team.

Staff knew their roles and responsibilities, and where to gain further support and guidance when required.

Managers did not provide yearly, constructive appraisals for all staff.

For permanent employed staff working for the service, they had monthly one to ones and yearly appraisals of their work. For staff who were on the bank of staff, the manager was starting to have appraisals with these members of staff. This process was not fully developed yet and so not all staff members had received appraisal.

Staff felt that they had the opportunity to discuss training needs with their line manager when needed.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

The service had team meetings for staff who worked in head office and leaders who worked in the service, bank staff were not routinely invited to team meetings. The manager told us that if there was any key information or actions from the meetings that these would be shared with bank members of staff.

Patient transport services

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This was done through managers working with staff on shifts and identifying their learning needs through observations of their practice.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Where staff identified that they wanted to develop they were given opportunities to work with more experienced staff members.

Managers made sure staff received any specialist training for their role. The service had recently invested in new training equipment which was used to deliver scenario based training sessions whilst in different environments which mirrored the situations that staff may find themselves in.

Managers identified poor staff performance promptly and supported staff to improve.

The manager told us of a recent example where staff had been supported to improve their performance following an incident. Managers also regularly worked with staff on regulated activities and could address any poor performance as it occurred.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Following shifts staff had discussions about how the service provided had gone and any suggestions for improvements were made and discussed.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service conducted handovers with other providers to ensure they had up to date information on patient's health and care needs and any risks to the patient were identified.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support.

This was given on discharge from the Coventry Alcohol Response Ambulance service. This included information on wound care, panic attacks, strains and sprains and head injuries.

The manager was involved in local steering groups to promote public health and to discuss how health promotion for the local area could be promoted for specific groups of people.

Patient transport services

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. However, staff were not provided with training in consent or the Mental Capacity Act.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

We saw evidence in patient record forms we reviewed, that capacity had been assessed and best interest decisions made where appropriate.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, their families wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

Staff did not receive training in the consent or the Mental Capacity Act.

We were told during the inspection that staff had this training when they completed their professional training at the start of their careers and that they did not have any refreshers from this service. This meant that the provider could not be assured that staff's knowledge was up to date.

However, staff could describe and knew how to access policy and get accurate advice on the Mental Capacity Act.

Is the service caring?

This location has not previously been rated. We rated it as good.

Due to the ad-hoc nature of this service we did not observe any patient journeys during our inspection.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients' relatives fed back that they never felt rushed during the process and that staff took their time during all interactions.

Patient transport services

Patients said staff treated them well and with kindness. We were told that staff took time to understand the patient and their requirements to ensure they were met.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

One family member explained how staff had been very caring in their interaction with their family member who had dementia to ensure that they were happy and not distressed during the journey.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Patient feedback included comments, such as really good service, very professional and friendly staff; marvellous; jolly and helpful staff and would recommend them to anyone.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We were told that staff supported patients and their family members through the whole process from booking to the journey. Making sure the process was clear and easy to understand.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity.

Staff explained to us how they would support patients in an open environment to maintain their privacy and dignity by using blankets and moving on any onlookers and moving patients to vehicles where it was safe to do so.

We saw evidence on a patient report form where an elderly married couple were conveyed from their existing domestic setting a new care facility. The team were acutely aware of the distress that would be caused by separating the couple and therefore planned for both patients to be conveyed together.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them, understood their care and treatment.

Family members explained how the process was clearly explained to them and that they felt involved in the process.

Staff talked to patients in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patient transport services

Staff explained how they would support patients to give feedback on care through paper forms and giving out the office details.

Staff supported patients to make informed decisions about their care. Staff told us they ensured that patients understood the options for their care and could make decisions where required.

Is the service responsive?

Good 

This location has not previously been rated. We rated it as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population.

The patient transport service was planned to meet local needs. This service could be flexed to meet the demands of the local population and had in the past supported local NHS hospitals with discharge during busy times.

Facilities and premises were appropriate for the services being delivered.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.

The service was tailored to each patient's individual needs and risk levels. If required patients could be transported on their own and at suitable times to meet their needs. For example, staff could vary their shift to be able to transport a patient earlier or later than usual transfer if required.

Staff told us of occasions where arrangements had been made for a carer or relative to also travel with the patient, ensuring that an appropriate vehicle was allocated to ensure seating arrangements were suitable.

Patients were able to carry personal belongings with them; these were secured during the journey.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

There was a telephone interpreting service that could be used if English was not a patient's first language.

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.

Staff supported patients when they were transferred between services.

Patient transport services

People could access the patient transport service when they needed it. The service had a booking system where requirements for the journey were taken, and eligibility was assessed. This was then used to determine the journey and staff required.

The service monitored the response time data for the patient transport service. Depending on how the journey was booked the service monitored either the pickup time or the drop of time. Between March and July 2023 the longest wait for a patient transport journey was 50 minutes. The other 11 journeys completed were all responded to within 20 minutes and 7 of the 11 journeys had early or instant responses.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients, relatives and carers knew how to complain or raise concerns. They were given information leaflets and felt comfortable speaking to staff if required.

The service clearly displayed information about how to raise a concern in patient areas.

Information relating to how a member of public could make a complaint was available on the vehicles.

Staff understood the policy on complaints and knew how to handle them.

The service had a complaints policy which had recently been updated to reference updates to the NHS complaints processes. This outlined the time frame for complaints to be investigated in and a full written response to the complainant should be provided within 28 working days.

Staff could give examples of how they used patient feedback to improve daily practice.

The service had not received any complaints in the year preceding our inspection for regulated activities they carried out, so we were not able to explore how previous complaints had been managed or assess patient complaint themes.

Is the service well-led?

Good 

This location has not previously been rated. 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.

The registered manager and director was a paramedic and worked as part of the team during the day to day running of the service. The service was supported by an operations support manager, an administrator, a process implementation lead and one operations support assistant. Leaders were described as visible and approachable and operational staff spoke very highly of them and said they would often work alongside their staff to deliver a responsive service.

Patient transport services

Leaders of the service understood and managed the priorities and issues the service faced. The leaders in the service were focussed on growing the business while also ensuring the service-maintained quality and safety.

The leadership team were able to identify their biggest challenge as maintaining recruitment levels to support growth but stated that services would only be offered where it was safe to do so.

The service ensured staff had leadership support 24 hours per day an on-call system which had been set up. A member of the management team was on call out of office hours to support staff where required.

The registered manager explained how they supported staff to develop their skills through allowing less experienced staff to work with more experienced staff members during busier services to gain more experience.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The services' vision was to grow as a company to take on more patient transport work and to increase the size of the events they supported. The service had a strategy for achieving this, which detailed values for staff to uphold whilst carrying out their work. The registered manager was also focussed on this through his day to day work and there was evidence of the vision and strategy being discussed during team meetings.

The service had 3 main aims:

- To provide well-led and responsive medical services at events in a way that meets the needs of both the event organisers and participants/patients.
- To provide safe and effective ambulance transport to or from hospitals and other medical facilities.
- To deliver affordable First Aid training ensuring that everyone has the ability and confidence to save a life.

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. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us the service had an "family like culture". Staff also said that managers were supportive. There was no formal way to identify issues with culture or collect this information in the way of staff surveys, supervision, or team meetings. Managers explained that staff were praised where necessary.

Staff were focused on the needs of patients receiving care, and we were given examples of the care staff provided which was positive. Staff told us they were frequently reminded that 'no question was a stupid question' and felt they could approach and ask the senior team anything.

Where safe and appropriate, the service provided staff members with development opportunities. The registered manager gave us examples of where staff could gain more experience by working with other more experienced staff members. The service also conducted scenario based training exercises to ensure staff were competent in their roles. However, managers did not provide yearly, constructive appraisals for all staff.

Patient transport services

We saw an example of where a staff member's behaviour had not followed the companies' values and that action had been taken to address this.

Governance

Leaders operated effective governance processes throughout the service. 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 held quarterly staff meetings which was attended by permanently employed staff members and staff who acted as team leaders off site. These discussed staffing, upcoming events, equipment and incidents. Any information discussed during these meetings would be shared with bank members of staff as required. The service had a number of different online dashboards which managed the quality and performance of the service and from these reports could be ran.

At the July 2023 inspection, we saw evidence the provider had an audit schedule for auditing patient record forms and the kit bags. We saw the audits had been completed in accordance with the schedule.

Management of risk, issues and performance

Leaders and teams 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.

The provider had a risk register which at the time of the inspection, had 12 risks recorded. All had an owner, description, risk level status, mitigating actions and review dates. None of the risks were rated as the highest level of risk. The risks were both operational and non-operational. All risks were reviewed a minimum of yearly.

We saw evidence arrangements for identifying, recording, managing risks, and mitigating actions were in place. Staff had access to a QR code which were around the station and in all ambulances.

By scanning the QR code, staff could report incidents, hazards and near misses. The reports were emailed direct to the appropriate manager (automatically chosen by the items they select on the report). Managers reviewed the report and respond with appropriate measures, which could be immediate to reduce risk.

The service had a business continuity plan and adverse weather plans which detailed responsibilities and actions to be taken in the event of adverse weather or any situations which could potentially stop services.

The provider did not have effective management of training compliance or robust recruitment processes. However, the provider responded to these concerns to ensure that there were processes in place to reduce the risk of this happening again.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. There were processes in place to ensure data or notifications were submitted to external bodies.

Patient transport services

The service used many IT based systems for its gathering and analysis of data. The provider had electronic systems for its staff management systems and incident reporting systems. These were clear and easy to use and staff working in the service had access to the relevant parts for their roles. These linked in with the tablets that staff had on vehicles to enable them to report information when working away from the head office. The service also monitored waiting times for patients from when their patient transport was booked to when they were collected/dropped off at the service.

Patient transport records were paper based and were stored securely in the main office after completion of staff shifts. These records were then scanned onto a computer system.

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.

There were processes in place to ensure data or notifications were submitted to external bodies.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. However, the service did not complete a formal staff survey for all staff employed.

Those using the service told us they were happy with how Arley Medical Services Ltd have engaged with them. The provider told us how they provided in-depth rationale when they were not able to assist with a discharge due to the risk it may pose and if they did not have the relevant experience required for the transfer.

The service sought feedback from patients and used a printed leaflets to promote them doing so. The service found that often they did not receive feedback but where they did it was positive.

The service did not complete a formal staff survey for all staff employed. Following any event work completed, staff were asked to complete a feedback form for any suggestions they had.

The service had debrief sessions following events where they worked with other organisations to see if there was any learning or improvements to be made for future working.

The manager was involved in local steering groups to promote public health and to discuss how best to support people living in the local area.



Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Following on from our March 2023 inspection, the service had worked hard to improve the safety of the staffing they provided. They had regularly submitted the data as required as part of their conditions and had demonstrated they had met the required standards. As a result the conditions were removed from the providers registration.

The registered manager was driven towards developing a sustainable business which could adapt to meet the needs of the local population. The provider was seeking new opportunities to expand the service, but there was careful consideration given to ensuring expansion only occurred where the provider could source the right staff with the right attitude and ethos.

Emergency and urgent care

Safe	Insufficient evidence to rate 
Effective	Insufficient evidence to rate 
Caring	Insufficient evidence to rate 
Responsive	Insufficient evidence to rate 
Well-led	Insufficient evidence to rate 

Is the service safe?

Insufficient evidence to rate 

Mandatory training

The service provided mandatory training in key to all staff and made sure everyone completed it. However, the service did not provide any training in recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Please refer to the mandatory training section in the patient transport report.

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.

Please refer to the safeguarding section in the patient transport report.

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. They kept equipment, vehicles and the premises visibly clean.

Please refer to the cleanliness, infection control and hygiene section in the patient transport report.

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.

Please refer to the environment and equipment section in the patient transport report.

Assessing and responding to patient risk

Staff could access mental health support where required.

Emergency and urgent care

The Coventry Alcohol Response Ambulance service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health).

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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Please refer to the staffing section in the patient transport report.

Records

Staff kept records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. However, records were not always completed fully.

Please refer to the records section in the patient transport report.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Please refer to the medicines section in the patient transport report.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Please refer to the incidents section in the patient transport report.

Is the service effective?

Insufficient evidence to rate 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Please refer to the evidence-based care and treatment section of the patient transport report.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Please refer to the pain relief section of the patient transport report.

Emergency and urgent care

Response times

The service monitored and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The Coventry Alcohol Response Ambulance service was able to discharge patients from its service at the scene. This involved giving patients a copy of their paperwork which contained information on common ailments that people presented with and advice for those conditions.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Patient outcomes for the Coventry Alcohol Response Ambulance (CARA) service were monitored. This service aim, where safe, to avoid hospital admissions and reduce the pressure on the local NHS ambulance service. From January to March 2023 the service saw 42 patients. Forty eight percent were prevented from being taken to hospital and 74% were prevented from using the local ambulance service.

Competent staff

Managers did not provide yearly, constructive appraisals for all staff. However, the service made sure staff were competent for their roles.

Please refer to the competent staff section of the patient transport report.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked across health care disciplines and with other agencies when required to care for patients.

The CARA service worked closely with the local multi agency team to ensure patients were safely cared for. This included the police and local authority safeguarding team.

Staff referred patients for mental health assessments when they showed signs of mental ill health.

For the CARA service people requiring mental health support were supported to access other local services.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support.

This was given on discharge from the CARA service. This included information on wound care, panic attacks, strains and sprains and head injuries.

The manager was involved in local steering groups to promote public health and to discuss how health promotion for the local area could be promoted for specific groups of people.

Emergency and urgent care

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. However, staff were not provided with training in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards.

Please refer to the consent section of the patient transport report.

Is the service caring?

Insufficient evidence to rate 

Please refer to the caring section of the patient transport report.

Is the service responsive?

Insufficient evidence to rate 

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population.

The Coventry Alcohol Response Ambulance (CARA) service was planned with the local authority to ensure that people could access care and treatment in a timely way.

Facilities and premises were appropriate for the services being delivered.

The CARA service worked closely with the local authority and different teams to ensure that patients accessed the service but that they could also be referred to other services if that was more appropriate.

The service relieved pressure on other services when they could treat and discharge patients on site.

The CARA service and events service would see and treat patients if appropriate to avoid having to take them to nearby emergency departments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Please refer to the meeting people's individual needs section of the patient transport report.

Emergency and urgent care

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 CARA service worked with the local multidisciplinary team to ensure that patients had access to the service when they needed it.

This service focussed on patients who could be seen and treated at the scene and only conveyed patients if there were no NHS ambulances available as they identified that if they did convey the patients then this meant that their capacity for treating other patients was not available while they were transporting.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Please refer to the learning from complaints and concerns section of the patient transport report.

Is the service well-led?

Insufficient evidence to rate 

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.

Please refer to the leadership section of the patient transport report.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Please refer to the vision and strategy section of the patient transport report.

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.

Please refer to the culture section of the patient transport report.

Governance

Leaders operated effective governance processes throughout the service. 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.

Emergency and urgent care

The provider's accountability was through the Coventry Alcohol Response Ambulance service's contracting policies and procedures in addition to their own.

The registered manager told us they met quarterly with the commissioners who contracted the service to discuss performance.

Management of risk, issues and performance

Leaders and teams 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.

Please refer to the management of risk, issues and performance section of the patient transport report.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. There were processes in place to ensure data or notifications were submitted to external bodies.

Please refer to the information management section of the patient transport report.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Please refer to the engagement section of the patient transport report.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Please refer to the learning, continuous improvement and innovation section of the patient transport report.

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
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <ul style="list-style-type: none">• The service must ensure it provides a structured appraisal and supervision programme for all staff. (Regulation 18)• The service must ensure that training is provided for staff in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. (Regulation 18)