

Akcess Medical Limited

# Akcess Medical Control Centre

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Akcess Medical Control Centre is operated by Akcess Medical Limited. The service provides a planned patient transport service within the Swindon, Bath and Gloucestershire area.

We initially inspected this service using our comprehensive inspection methodology on 25 January 2018. During that inspection, we raised concerns about the safety of service users. Following the inspection, we took enforcement action, and issued a warning notice. Our concerns included: a lack of a governance assurance framework to provide an oversight of quality and safety, processes related to recruitment and selection, data protection, and staff training that was not sufficient to keep people safe.

In February 2018, the registered manager provided an action plan outlining the actions taken, and those planned to take, to improve the areas of concern we identified. On the basis of this, we carried out an unannounced focussed inspection on 2 May 2018. This inspection was focussed on the areas of concern reported in the warning notice and requirement notices.

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Improved arrangements for the recording, reviewing and investigating of incidents had been implemented.
- Staff received mandatory training, including refresher training, within an appropriate timescale and with content appropriate to their role.
- A new recruitment and selection policy had been introduced to ensure suitability for employment.
- All staff received level 2 safeguarding training, with content that was appropriate to their role and responsibilities.
- The processes for sharing information regarding patients' needs had been improved.
- Identifiable information was protected and managed appropriately.

However, we also found the following issues that the service provider needs to improve:

- The processes for the management of medicines did not include processes for checking medicines were correctly transported, or consider the actions to be taken when handling controlled drugs.
- Vehicle checks were not always completed and the assurance system did not allow timely management of potential issues found with vehicles.
- Some staff employment files were disorganised and difficult to monitor.
- Staff did not have individual passwords when accessing patient identifiable data held by another provider, which meant there was no traceability of access.
- There were no performance metrics in place to measure the quality and safety of the service.

**Amanda Stanford**

**Deputy Chief Inspector of Hospitals (South), on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating Why have we given this rating?

We do not rate patient transport services.

The service provided by Akcess Medical Control Centre was patient transport, which was planned through advanced booking.

During the inspection, we saw a number of improvements had been made in response to the breach identified in the warning notice, but there were further changes required to demonstrate compliance with Health and Social care Act 2008 (Regulated Activities) 2014.

# Akcess Medical Control Centre

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to Akcess Medical Control Centre

Akcess Medical Control Centre is operated by Akcess Medical Limited. The service opened in 2015. It is an independent ambulance service based in Swindon, Wiltshire. The service primarily serves the communities within the Wiltshire and Gloucestershire area. The service has had the same registered manager in post since 2015.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one another CQC inspector. The inspection team was overseen by Amanda Williams, Inspection Manager; and Mary Cridge, Head of Hospital Inspection.

## How we carried out this inspection

During this focussed inspection, we visited the Akcess Medical Control Centre location. We spoke with three staff including the registered manager, the operations manager, and the newly appointed compliance manager.

## Facts and data about Akcess Medical Control Centre

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been

inspected once, this was the service's first inspection since registration with CQC, which found that the service was not meeting all standards of quality and safety it was inspected against. Following the inspection in January 2018, the CQC took enforcement action and has

# Detailed findings

continued to closely monitor the provider. The focussed inspection we undertook in May 2018 was to judge whether the action taken by the provider was sufficient to meet the required standards.

Activity 25 January 2018 to 2 May 2018

- There were 4212 patient transport journeys undertaken.

The service employed eight ambulance care assistances and eight drivers.

Track record on safety:

- No Never events
- Five clinical incidents were reported.
- No serious injuries
- No complaints

# Patient transport services (PTS)

Safe	
Effective	
Responsive	
Well-led	
Overall	

## Information about the service

Akcess Medical Control Centre is registered to provide

- Transport services, triage and medical advice provided remotely.

They provided non –emergency ambulance transport to patients regularly attending outpatient services at NHS hospitals in Swindon and Bath. The service also provided transport for patient discharges from NHS hospitals in Gloucester and Cheltenham, this included patients who were receiving end of life care. Akcess Medical Control Centre is not directly commissioned to provide patient transport services, but is sub-contracted through another independent ambulance provider. Throughout this report, the other provider is referred to as the ‘commissioning ambulance service’.

We visited the ambulance station on 2 May 2018. This was an unannounced inspection to review progress made since we took enforcement action following our previous inspection in January 2018. We reviewed a number of records during our visit, including staff records, incident forms, assurance reports, and policies. We also spoke to with three senior staff members.

## Summary of findings

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- A new recruitment and selection policy had been introduced to ensure suitability for employment.
- All staff received safeguarding training appropriate to their role and responsibilities.
- The processes for sharing information regarding patients’ needs had been improved. Identifiable information was protected and managed appropriately.

However, we also found the following issues that the service provider needs to improve:

- The processes for the management of medicines did not include processes for checking medicines were correctly transported, or consider the actions to be taken when handling controlled drugs.
- Daily and weekly vehicle checks were not always completed; the assurance system did not allow the timely management of potential issues found with vehicles.
- Some staff employment files were disorganised and difficult to monitor.
- Staff did not have individual passwords when accessing patient identifiable data held by another provider, which meant the provider could not determine who had accessed a confidential record.
- There were no performance metrics in place to measure the quality and safety of the service.

# Patient transport services (PTS)

## Are patient transport services safe?

### Incidents

- Akcess Medical Control Centre had improved processes in place for the recording, investigation and learning from incidents. During our last inspection, we found that staff understood how to report incidents and we reviewed incident reports. However, the investigations were incomplete and the provider could not demonstrate how learning from incidents was used to improve services.
- As part of the improvement action plan, the registered manager and compliance manager implemented a revised process for managing incidents. The incident reporting form was updated, the reporter and investigator were now prompted to give more information to support the root cause analysis. A database had been created to document each event, including initial actions, level of harm, the full findings, and any further changes to be made. The database contained a link to the full incident report for completeness and ease of access.
- We reviewed three incident records, of which one related to staff behaviour, one where crew had stopped to assist in road traffic accident and another where the crew had received incorrect information from another provider. From the investigation records, we saw evidence of corrective actions taken by managers, and feedback given to the staff members involved. This was an improvement from the last inspection.

### Mandatory training

- Akcess Medical Control Centre had taken steps to improve the content, frequency, and recording of staff training to ensure staff had the appropriate knowledge and skills to keep patients safe. During our previous inspection we found that staff were provided with a comprehensive induction programme, however the time frame for updating knowledge was unclear. We also found that completed training was poorly recorded; we identified several gaps in records that could not be explained.
- We reviewed an updated training policy (dated January 2018) which now included role specific training requirements. The policy clearly identified what mandatory training was required before newly

employed staff could undertake patient journeys. We reviewed the training records of two staff members who had commenced employment since our previous inspection. We found the staff members had received induction training that included mandatory requirements such as moving and handling and driving assessment.

- The service had implemented a process to provide refresher training to update the knowledge of all existing staff employed as ambulance care assistants. This training included mandatory subjects for example emergency first aid and manual handling, however the timeframe for refresher training was not specified for each subject. At the time of our inspection in May 2018, we saw the certificates demonstrating six out of eight staff employed as ambulance care assistants had completed the update training. Plans were in place for the remaining staff.
- We saw a revised training matrix used to record all staff training. The matrix provided an oversight to the management team, however not all the subjects listed on the training matrix were written in the training policy for consistency. The team were able to identify completed training and when training was due for renewal. The compliance manager was responsible for updating training records and this work was ongoing at the time of our re-inspection.

### Safeguarding

- There were reliable systems, processes and practices in place to keep people safe and safeguarded from abuse. During our inspection on 25 January 2018, we found staff were able to recognise signs of abuse and could describe actions they should take. However, we were not satisfied that the providers procedures were evidence based, the content and frequency of training was not sufficient. There had been an effective response following the inspection and the warning notice issued on 9 February 2018. There was an improvement in the arrangements for training to safeguard adults and children from abuse which reflected relevant legislation and local requirements. For example, all eight staff had received 40 minutes on-line training, four had received level two safeguarding training and the registered manager had received training at level three. Plans were in place for all staff to complete safeguarding training by 1 September 2018.



# Patient transport services (PTS)

- Following concerns raised during our last inspection, the content of safeguarding training had been reviewed to ensure the requirements of Safeguarding Children And Young People: Roles And Competences For Health Care Staff: Intercollegiate Document (Royal College of Paediatrics and Child Health, 2014) were met.
- The training policy had been reviewed in January 2018 to include safeguarding training requirements for both clinical and office based staff. The policy stated staff would receive initial training and an annual update. The registered manager told us that following their enhanced training (three weeks prior to our visit), there were on-going actions to update the safeguarding policy and develop further training material to share with staff.

## Cleanliness, infection control and hygiene

- Systems were in place to prevent and protect people from the risk of infection, however these required further development. The service had implemented new processes, including audits, to manage the risk of infection. However, we found that staff did not consistently apply the policies and the audit process did not detect incomplete documentation, and missing records
- The Policy for Infection and Prevention Control (under review) included instructions for cleanliness of vehicles and practices such as hand washing. However, the document did not detail the actions crew should take when transporting an infectious patient.
- Following additional training, the crew manager was responsible for completing spot check audits on the vehicles and reviewing the records completed by the ambulance crew. The findings were required to be documented on a database and any concerns followed up by the management team. We reviewed the daily checklists for two weeks in March 2018 and found incomplete information which had not been identified through the new process. We identified several incomplete documents related to one staff member. We saw evidence that the management team had taken action through their performance management procedures to improve compliance.
- The new process was not reliable and required further revision in order to be effective. The registered manager was unable to present audit records for April 2018. We

were told that these were held by the crew manager and there was no agreed frequency for the documents to be returned to the management team for review. We raised concerns that the process was not reliable.

## Environment and equipment

- The systems, processes, and practices essential to keep people safe had not been fully implemented and the provider was not assured that all vehicles and equipment checks were always conducted.
- Vehicle maintenance was managed through an electronic system and paper records were used to record vehicle checks. Whilst servicing and MOTs had been completed, daily and weekly roadworthiness checks had not been fully documented by the ambulance crews.
- During our previous inspection, we raised concerns regarding the maintenance of equipment such as defibrillators, and the replenishment of stock items, for example in first aid kits. Since our focussed inspection, we have seen evidence that the equipment has now been tested, Broken equipment, such as fixings for oxygen cylinders had also been repaired and inappropriate fixings removed.
- Staff were reminded of the importance of equipment checks and the need to report issues promptly occurred during staff meetings

## Medicines

- Although the service had made improvements, the provider was not assured that the revised processes in place resulted in the safe transfer of medicines and controlled drugs. We raised concerns that although patients carried their own medicines, there was no verification processes for the medicines on board vehicles, and a lack of audit processes to assure the safe transfer of medicine, including controlled drugs, between locations.
- However, the service had taken steps to improve medicines management compliance through additional training. The initial training and refresher training for ambulance care assistants included the 'safe handling of medicines and chain of custody' and the patient record was updated to document what medications had been transported with the patient.
- The arrangements for the management of medical gases kept people safe. There was a new policy for oxygen administration implemented 1 April 2018. This

# Patient transport services (PTS)

specified the limits within which staff could administer oxygen and actions to be taken whilst a patient receives oxygen. Ambulance care assistants received training to care for a patient receiving oxygen as part of induction and refresher training.

## Records

- Confidential information was kept safe. However, arrangements for the access of information held by other providers still required improvement to avoid the sharing of passwords.
- At our previous inspection, we identified the service did not always manage care records in a way that kept patient information secure. The service received confidential patient information from the commissioning ambulance service via a secure electronic portal. We identified that not all staff accessing the system had individual passwords which meant there was no clear audit trail of who had accessed information. Since our previous inspection Akcess Medical Control Centre had met with the commissioning ambulance service, and there was an agreed plan to have a password for each geographical area. However, this would still require passwords to be shared across a geographical area and would not provide the audit trail for assurance that information was been accessed appropriately.
- During this inspection, we found internal processes for handling confidential information had improved. We observed a new process to encrypt information before sending electronically to staff. The encrypted information could not be altered or manipulated once received by the member of staff. The content was password protected and each member of staff had their own unique log in. The message containing the information automatically deleted within a pre-identified period.

## Assessing and responding to patient risk

- There were effective systems in place to assess and manage patient risk to keep people safe in order to ensure the needs of patients were met. The commissioning ambulance service conducted a risk assessment to identify patients eligible for transfer Risk factors such as mobility were shared via an electronic record
- During the previous inspection, we identified additional notes to alert staff to medical conditions or risks had

been overlooked and staff told us the information was not reliable. Following our inspection, the service had raised the issue with the commissioning ambulance service and corrective actions had been taken. In order to raise awareness of the issue, staff now received feedback. An incident report was completed if information was incorrect; we saw an example where the crew did not consider it safe to transfer the patient and confirmed the initial risk assessment of needs had changed. The incident was reported and shared with the commissioning ambulance service.

## Staffing

- There had been little improvement in the management of staff records following the previous inspection. As a result, the provider could not evidence that complete employment checks were undertaken
- The policy for recruitment and selection of staff (dated February 2018) had been reviewed and the management team were in the process of updating staff files to reflect this. We reviewed five files, two of which had been re-organised in-line with the new policy. These files were much improved. However, other records remained chaotic with information missing such as pre-employment references and evidence of driving license checks. The provider had acknowledged that further work was needed, and the risk had been added to the risk register to reflect this.
- The provider had taken steps to improve the skills mix of the workforce. Staff had received additional training which was proven by a certificate from the external trainer and recorded on a database. This meant the operational manager had a contemporary record of staff skills and could allocate staff capable of meeting the needs of patients.

## Are patient transport services effective?

### Evidence-based care and treatment

- Relevant and current evidence-based guidance and standards were used to develop how services, care and treatment were delivered. There was a clinical governance policy which covered the duty of relevant staff for education and training, clinical audit, openness and risk management. The policies were held centrally in electronic form on a master spread sheet where

# Patient transport services (PTS)

progress on updating and when they needed to be reviewed could be easily seen. Policies were also held in paper format in clearly marked folders for staff to access easily.

## Assessment and planning of care

- There were arrangements in place to assess and manage the needs of patients, including changes in their condition.
- The care needs of patients were assessed by the commissioning ambulance service on receipt of a referral. Information was shared with Akcess Medical Control centre via an electronic system. At our last inspection, we found that information regarding patients' needs was disregarded and not consistently shared with the ambulance crews. During this visit, we found systems had improved; information was shared with the relevant staff to ensure patients' needs were known. Staff were able to give examples of when they had contacted the commissioning ambulance service when unable to meet a patient's needs for alternative arrangements.
- The provider had introduced an Emergency Response Plan that included actions to be taken should a patient deteriorate during transfer. All ambulance care assistants received training on how to recognise a change in a patient's condition and the actions to take as part of the ambulance care assistant education programme. The Emergency Plan Policy was awaiting approval by the governance committee.
- The Do Not Resuscitate Policy from the commissioning ambulance service was followed. Following our initial inspection, an internal review was conducted which identified a need to make changes to ensure every patient had their ceiling of care considered and documented formally, in line with the national initiative. New procedures were introduced such as recording whether a treatment escalation plan was in place. The service intended to produce their own policy and audit compliance as part of an assurance framework, though this had yet to be implemented.

## Competent staff

- The arrangements for supporting and managing staff had improved. The registered manager acknowledged that appraisals had previously been "neglected" and

quality needed to improve. Of the eight clinical staff employed by Akcess Medical Control Centre, seven members were eligible for an appraisal and we saw all appraisal records were up to date.

- Appraisals were to be conducted annually and countersigned by the registered manager as a quality check. The provider showed us how they intended to oversee the appraisal schedule in future to ensure they were conducted within a 12 month timeframe. We reviewed two appraisal records in detail and found the registered manager had countersigned neither. We raised this with the manager at the time of the inspection.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Previously, we had found that staff did not have the training to apply the policies in place. To correct this, consent and mental capacity training was included in the induction and refresher programme attended ambulance care assistants.

## Are patient transport services responsive to people's needs?

The service had been commissioned by NHS services via another independent ambulance service. The service supported the transport of patients undergoing renal dialysis and a dedicated discharge service for patients at the end of life. At our last inspection we noted that there was no service specification or written agreement to determine expectations and key performance indicators. At this inspection we found the situation remained unchanged.

## Meeting people's individual needs

- During the inspection in January 2018, we identified that staff did not receive sufficient training to support people with complex needs and there were no communication tools available. Dementia awareness has been included within the ambulance care assistant training however, we are unclear if communication tools are now available to staff.

## Access and flow

- The provider was in the early stages of developing processes for monitoring the service through key

# Patient transport services (PTS)

performance indicators. However, at the time of the inspection the provider remained unable to produce any information to demonstrate efficiency or timeliness of the service. There were no internal metrics for the provider to review their own assurance of performance. We were told meetings were on-going with the commissioning ambulance service; however, they could not provide us with evidence of these discussions.

## Learning from complaints and concerns

- Since our last inspection, the provider had implemented a process to ensure complaints were appropriately investigated and managed.
- Staff had been given additional training on how to respond to complaints initially, and there was a process for documenting the complaint to ensure all information was captured. A template had been developed to record the investigation, and a response time of two working days had been introduced. However, there was not yet an agreed format in place to respond to complaints. The updated procedures were written into an updated complaints policy, though the document was still in draft form at the time of our inspection.
- The provider introduced a database to record all patient feedback including complaints. The complaints could be analysed to identify any trends and themes as part of governance processes. We reviewed the database, which contained 11 records, of which ten were positive, and one negative. The provider had not received any formal complaints or concerns since our last inspection.

## Are patient transport services well-led?

### Governance, risk management and quality measurement (and service overall if this is the main service provided)

- During this visit we identified an improvement in the governance and quality assurance framework. Policies and supporting documents had been amended to ensure they were more relevant. A new training plan had

been agreed with the training provider. A risk register was in use to record risks, with an accountable person identified to manage each risk along with dates of action to be completed. The progress made against our inspection report and subsequent warning notice was captured within an 'Action plan status report' (April 2018).

- Akcess Medical Control Centre had appointed a dedicated compliance manager who supported the registered manager in providing assurance that they were meeting regulations. The registered manager felt this role had enabled him to identify areas for development as he had more oversight of governance and risk management within the company.
- A risk register was now in place. The compliance manager had begun adding risks as they were identified. Examples included overdue training, vehicle deep cleaning, and the secure handling of patient identifiable information. There was not yet a policy in place for how the risk register was to be managed, including the review, closure, and audit trail processes. We were told that risks on the register were discussed during fortnightly staff meetings, however we reviewed the minutes from three staff meetings but did not see evidence of this.
- A process for the analysis of key performance data was under review and the provider planned to request regular feedback about their work from the commissioning ambulance. This would enable them to carry out their own analysis of performance data and note trends and themes earlier enabling action to be taken, though this had yet to commence.

### Public and staff engagement (local and service level if this is the main core service)

- The provider collected feedback from patients and staff to identify potential service improvements. Since our previous inspection, Akcess Medical Control Centre had implemented a system for capturing patient feedback through questionnaires.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **SHOULD** take to improve

- Review the assurance processes for daily and weekly vehicle checks to drive improvements and ensure a timely response to non-compliance with company policy.
- Ensure an end to process is in place for the safe transfer of medicines, including controlled drugs to provide a complete audit trail
- Continue to work with commissioning ambulance service to improve data protection practices.
- Develop performance-monitoring tools to review the quality and safety of the service.
- Ensure that topics identified as mandatory training are clearly stated with the training policy with timeframes for when refresher training is required.