

Emergency Medical Services (GB) Ltd

# Ponders End Ambulance Station

## 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

Requires Improvement



Are services safe?

Good



Are services effective?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

The overall rating for this service stayed the same. We rated this service as requires improvement:

- Mandatory training was completed by staff and there were systems in place to monitor and ensure its completion.
- The service had sought to improve the leadership and governance of the service through support and coaching from an external consultancy.
- The named safeguarding lead was appropriately trained and had a good understanding of their role.
- The service had introduced a new system of incident reporting. The manager and staff had been trained on the new approach and were encouraged to report incidents with a view to learning.
- There was a process in place for reviewing and updating policies. All the key policies had been reviewed. There was a system for writing and approving policies.
- The service was developing an effective governance process. There were regular governance meetings which had a standing agenda and were recorded.

However:

- There was no process to monitor or improve response times. Following the inspection the provider informed CQC that they had set up a process to start monitoring response times when they restarted the service.
- Not all risks, such as a potential vehicle break down were recorded in the risk register.
- It was not clear how patients can make a formal complaint if they wish to.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	

# Summary of findings

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# Summary of this inspection

## Background to Ponders End Ambulance Station

We inspected this service using our comprehensive inspection methodology on 1 and 8 February 2022. During the inspection, we identified numerous concerns as a result of which, on 22 March 2022, we served a Warning Notice under section 29 of the Health and Social Care Act 2008, setting out the improvements the provider must make by 24 June 2022.

We re-inspected the service on 8 June 2022 to review the improvements made by the provider in specific areas of concern identified in the notice.

As it was a follow up focussed inspection, reviewing actions taken in response to previously identified specific areas of concerns, we did not undertake a comprehensive inspection, but we did review the ratings from the previous inspection completed in February 2022. At the time of the inspection, the service was not operational. This meant we were unable to assess the impact of the improvements made by the provider on patients and the practical service delivery.

Ponders End Ambulance Station is operated by Emergency Medical Services (GB) Ltd. The regulated activity provided is transport services, triage and medical advice provided remotely. It provides non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This includes those attending hospital, outpatient clinics, and patients being discharged from hospital wards.

There was no registered manager in place at the time of inspection. The service was run by the owner and manager of the company, who acquired the company from the previous provider in May 2021.

## How we carried out this inspection

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

## Areas for improvement

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

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

- The service should ensure that all risks that could affect service delivery are recorded in the risk register.
- The service should ensure that response times are monitored to aid improvement.
- The service should ensure it is clear to patients how they can complain if they wish to.





# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Patient transport services

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

## Are Patient transport services safe?

Good 

Our rating of safe improved. We rated it as good.

### Mandatory training

**Staff had completed their mandatory training. There was a process in place to monitor mandatory training compliance.**

During our previous inspection, there was no system for the manager to monitor mandatory training compliance, and they had no oversight of when staff needed to update their training.

We found that the provider had now developed a comprehensive training matrix. The matrix listed the 13 elements of the core skills training for staff and the sheet indicated that the training was all up to date. A rating system was used to alert the manager when training needed to be completed.

### Safeguarding

**The named safeguarding lead had the appropriate level of safeguarding training. Staff had training on how to recognise and report abuse.**

During our previous inspection, all staff had level 1 and 2 safeguarding training for adults and children. The manager had level 3 and 4 adult safeguarding training, and level 3 child safeguarding training. The manager was stated as the named professional on the policy and did not have level 4 training in line with national guidance. However, there was a safeguarding lead at the subcontracting provider who they would contact if needed.

During the inspection we found that the manager was now trained to level 4 for both adults and children in line with the updated safeguarding policy.

### Incidents

**There was evidence on the management of safety incidents. We were assured that the manager and staff recognised incidents and near misses and reported them appropriately.**

During our previous inspection we saw that the service had an incident reporting policy, however, there was limited evidence to show that staff knew what incidents to report and how to report them. There was an incident logbook, however, this was empty. The manager told us that there had been no serious incidents to report in the last 12 months.

# Patient transport services

During the inspection the manager showed a good understanding of the need to report and learn from incidents. A new incident reporting policy aimed and encouraging reporting and learning had been written and shared with staff.

## Are Patient transport services effective?

Requires Improvement 

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

### Evidence-based care and treatment

**The service had a range of policies which reflected national guidance.**

During our last inspection, the service had a range of policies which reflected national guidance, such as infection control and data protection. The manager told us policies were regularly reviewed and updated. We reviewed policies and procedures and found that most had been reviewed within the last 12 months. However, none of the policies had a date for when they were due to be reviewed and did not cite national guidance sources. There was no audit of the services policies.

During the inspection we found that the service had engaged a professional advisor to review all its' policies. The provider identified their top 14 most important policies and had reviewed and updated those and there were eight other policies which were due to be reviewed shortly. We found that the policies referenced appropriate sources of guidance such as NHS, Royal Colleges and inter-collegiate documents. Sources were properly referenced and signed by an author and an approver. The manager was able to talk through the policies we spoke with him about.

### Response Times

At the last inspection the provider did not have any method of monitoring and improving response times. We found that they had still not implemented anything at the time of this inspection. Following the inspection the provider informed CQC that they had set up a process to start monitoring response times when they restarted the service.

## Are Patient transport services responsive?

Requires Improvement 

Our rating of responsive stayed the same. We rated it as requires improvement.

### Learning from complaints and concerns

**The service had a complaints policy. People were easily able to give feedback and raise concerns about care received and there was evidence of learning and changes made as a result of feedback.**

During our previous inspection we found that there was no robust policy for complaints including logging complaints, responding to complaints and learning from complaints.



# Patient transport services

During this inspection we found that the service had produced a more comprehensive complaints policy. However, whilst there were feedback forms, there were no complaints forms and it was still unclear how a person could make a formal complaint. The service was investigating the possibility of joining the Independent Sector Complaints Adjudication Service (ISCAS) but was not currently a member.

## Are Patient transport services well-led?

Requires Improvement 

Our rating of well led improved. We rated it as requires improvement.

### Leadership

**Leaders did not have all the skills and abilities to run the service. However, they were visible and approachable in the service for patients and staff.**

During our previous inspection, the service was run by the manager/director who owned the company. They took over the company in May 2021. At the time of inspection, the manager did not have a strong sense of leadership and had limited knowledge of regulatory requirements. However, during the inspection we were assured that they intended to make improvements and had contracted a consultancy company to aid them.

During this inspection we found that the manager has secured professional help and support in developing his leadership and management skills. The manager had been involved in developing the organisation and was able to talk in detail about the improvements that had been made.

During our previous inspection, there was no registered manager in place at the time of inspection. The manager had acquired the company in May 2021 and had not submitted their application at the time of inspection.

During this inspection the manager had applied to become the registered manager, but the process was still in progress.

### Governance

**Leaders were able to operate effective governance processes.**

During our previous inspection, the manager told us they held monthly staff meetings which included discussions on potential improvements for the service. Meetings were attended by ambulance crew and administrative staff. However, there was no record of the meetings or any actions.

The service had a folder of policies and procedures. However, they were all created under the previous ownership and not all had been reviewed by the manager. There was no clear system for updating policies.

During this inspection, we found that effective management meetings were being held and recorded each month. The new process was supported by a governance consultant who was coaching and supporting the manager. There was a clear process for reviewing, updating and disseminating policies.

### Management of risk, issues and performance

**There were systems to manage performance effectively. The manager identified and escalated relevant risks and issues and identified actions to reduce their impact.**

## Patient transport services

During our previous inspection we found there was no process to manage risks, such as a risk register, at the time of inspection. The service had arrangements with the subcontractor who conducted audits with them. However, they had not undertaken one since the manager took over the service in May 2021.

During this inspection we found that there was now a risk register in place which covered most of the risks the provider faced. However, it did not cover the known risk that the one ambulance had recently undergone extensive repair work and was due to be replaced. A further breakdown of the provider's only vehicle would affect service delivery.