Emergency Medical Services (GB) Ltd

Ponders End Ambulance Station

Inspection report

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Enfield
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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?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

Ponders End Ambulance Station is operated by Emergency Medical Services (GB) Ltd. The regulated activity provided is patient transport services. 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.

The service had one vehicle which covered shifts between 7am and 8pm Monday to Friday. During the inspection period, the usual ambulance was in a garage for essential maintenance and repairs. We inspected the hired ambulance that the service was using in place of the main one, but all equipment belonged to the provider.

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.

At the time of inspection, there was one full-time self-employed member of staff plus two other self-employed staff who worked for the service on an ad hoc basis. There were also two self-employed administrative staff who worked part time.

This service was previously inspected, in 2018, but it was not rated as the CQC did not have legal duty to rate independent ambulance providers. There were no requirement notices at the last inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	**This location was previously inspected but not rated. We rated it as requires improvement because:** • Mandatory training was not always completed on time. • The named safeguarding lead did not have the appropriate level of child safeguarding training. • The service did not manage safety incidents well. There was a system to log incidents, but no incidents had been recorded. • There was no process in place for reviewing and updating policies. • There were no systems to monitor the service's performance such as response times. • The service did not have effective governance processes. There was no risk register and no system to identify and manage risks effectively. **However:** • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. • Staff provided good care and treatment and assessed patients' food and drink requirements. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. • 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. • Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. • The service had sought to improve the leadership and governance of the service through an external consultancy.

Summary of findings

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Summary of this inspection

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 MUST take to improve:

- The service must ensure that there is oversight of staff mandatory training. This includes records of what training has been completed by each staff member, what is outstanding, and when the training is due to be updated.
- The service must ensure the safeguarding policy has a named professional with the appropriate level of child safeguarding training in line with national guidance.
- The service must ensure safety incidents are reported and investigated, and that learning is identified and shared with staff.
- The service must ensure leaders have the right skills and knowledge to run the service.
- The service must ensure they have all relevant policies in place and that these are up to date, with a system for regular review.
- The service must ensure appropriate risk management systems and processes are in place.

Following the inspection we undertook enforcement action and issued a warning notice, on the 22 March 2022, under Section 29 of the Health and Social Care Act 2008. This identified specific areas that the provider must improve and set a date for compliance of 24 June 2022.

Action the service SHOULD take to improve:

- The service should ensure that new staff have an induction and that this is recorded with relevant skills signed off.
- The service should ensure that response times are monitored to aid improvement.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Inadequate	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Inadequate	Requires Improvement

Requires Improvement

Patient transport services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Insufficient evidence to rate
Responsive	Requires Improvement
Well-led	Inadequate

Are Patient transport services safe?

Requires Improvement

The service has not previously been rated. We rated safe as requires improvement.

Mandatory training

Staff had completed their mandatory training. However, there was no process in place to monitor mandatory training compliance.

The service used a third-party online training package. We saw that the following training modules had been completed by all staff: first aid, manual handling, safeguarding, Mental Capacity Act (MCA), fire safety, equality and diversity, mental health awareness and dementia, infection prevention and control, health and safety.

However, 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.

Safeguarding

The named safeguarding lead did not have the appropriate level of safeguarding training. However, staff had training on how to recognise and report abuse.

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, they said there was a safeguarding lead at the subcontracting provider who they would contact if needed.

Staff we spoke with had some understanding of how to identify adults and children at risk of, or suffering, significant harm. The manager and staff told us they would inform the subcontractor and the relevant health professional if they had concerns.

The manager told us there had been no safeguarding concerns since they took over the service.

The service occasionally transported children and the manager told us they were always accompanied by a parent or carer.

The safeguarding policy set out the expectations of reporting concerns and included the local authority contact details to call with a concern. However, it did not reference up to date guidance such as the intercollegiate guidance, and it did not list out the categories of abuse.

Cleanliness, infection control and hygiene

The service had processes to control infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, and vehicles visibly clean.

The ambulance was clean and well maintained. Chairs had covers which could be wiped down between patients. Staff cleaned equipment after patient contact.

We viewed the ambulance and saw here was appropriate equipment for infection prevention and control (IPC). Wipes, gloves and hand gel were available and accessible. There was suitable personal protective equipment (PPE), including, aprons, gloves, facemasks, and eye protection. A sharps bin was accessible and secured.

Single use equipment was sealed in the correct packaging. We saw 10 pieces of single use, sealed equipment, all were within the expiry dates.

The ambulance was cleaned between patients, and staff changed the linens on stretcher and cleaned the straps. They used a recognised brand of anti-bacterial wipes.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw five vehicle daily check sheets completed which included the daily IPC checks.

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.

Staff carried out daily safety checks of equipment. We saw five vehicle daily check sheets completed which included the daily checks required for vehicle roadworthiness.

The provider carried equipment for monitoring patients on journey. They also had a portable defibrillator and a suction machine in the event of an emergency. All electrical equipment was clean, in good working order and had been serviced within the last year.

The service had enough suitable equipment to help them to safely care for patients, including a carry chair, stair-climber and stretcher. We saw that all lifting equipment had been serviced within the last year.

Staff disposed of clinical waste safely. Clinical waste was taken to the hospital the patient was being transported to.

There were two fire extinguishers on the ambulance, both in working order.

All equipment, including wheelchairs and oxygen cylinders were stored securely and restrained. Seatbelts were provided and were in good working order on all chairs. There were additional securing straps available and suitable for securing wheelchairs within the ambulance if necessary.

The provider said that the ambulance had been flagged down to render aid at road traffic collisions. He had therefore made the decision to carry extra equipment that could be used to help injured persons until an emergency ambulance arrived. High-visibility jackets were also available and accessible for crew to wear.

The ambulance had suitable equipment for transporting children.

We saw the vehicle servicing record, insurance certificate and policy schedule, employers' insurance and public liability insurance.

Assessing and responding to patient risk

Staff were aware of risks for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff were made aware of any patient risks via the patient notes from the transferring hospitals or the subcontractor. If a patient was deemed to be "high risk", the manager told us they were able to take the decision not to transport them. They were given the patient lists by the subcontractor the evening before the transport was due to take place.

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

There were two staff members assigned for each patient journey. One sat with the patient and observed them during the journey.

Staff told us how they would respond in the event of deterioration in a patient's health. For anything urgent they would call 999, or if they were near the hospital would divert to A&E. For less urgent concerns they would undertake the patient's observations and report any concerns on the patient record form and inform a health professional they were being handed over to.

Staffing

The service did not always have enough staff. However, staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The owner and manager was the main driver and ambulance attendant. They employed one full time member of staff who also drove, and two others on an ad hoc basis, one of whom did not drive the ambulance. The service occasionally did not have enough staff and had had to request staff from the subcontracting provider to assist them.

The manager told us there were normally two members of staff (including themselves) on the ambulance when transporting a patient – one to drive and one to attend the patient. They said they occasionally transported patients on their own, but only when it was agreed by the subcontractor and the patient did not have any medical or care needs.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive. For each journey record, staff completed an associated patient transport form which included details about the assistance given to patients and details of their condition during the journey. We reviewed five of these forms. Most forms contained details of patient belongings and if an escort was present. Some were missing allergy information, however, the manager told us this was because they were regular patients.

Requires Improvement

Patient transport services

For high dependency transfers a more detailed patient record form was used. We saw one inter-hospital transfer record relating to a patient transported in December 2021. It included the observations carried out and documentation of condition and interventions on route.

We saw five days of vehicle record sheets with logs of transport journeys. These included the patient name, postcode for pickup and destination, driver and attendant details, mileage and journey times. However, some did not have all times recorded.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Paper records were kept in a secure metal safe, dual locked within the manager's residential address. The keys were held by the manger only. The manger was aware of safe disposal requirements and said they would contract an external company for secure destruction of records. This was not applicable yet as they only had records from May 2021 (when they took over the service).

Medicines

The service followed best practice when administering, recording and storing medicines.

The service stored oxygen and Entonox in the ambulance. Entonox was only used on rare occasions for pain relief during hospital transfers, and was only administered by the nurse. The service did not store or administer any other medicines. The manager told us they did not have spare cylinders, and when the gauge read less than half, they would call the supplier to replace it.

They occasionally transported patients on continuous oxygen. The manager told us that the staff from the transferring hospital would give them instructions on the saturation and oxygen required.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Incidents

There was limited evidence on the management of safety incidents. We were not assured that the manager and staff recognised incidents and near misses and reported them appropriately.

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 manger told us that there had been no serious incidents to report in the last 12 months.

There was evidence that changes had been made as a result of patient and staff feedback. A patient who struggled with stair use had expressed the wish for the service to have a stair climber chair. As a result, the service invested in this equipment and staff undertook training for its use.

Are Patient transport services effective?

Requires Improvement

The service has not previously been rated. We rated effective as requires improvement.

Requires Improvement

Patient transport services

Evidence-based care and treatment

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

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.

Staff were able to access policies in a folder in the ambulance.

There were no formal eligibility criteria for patients using the service. However, they had a regular cohort of patients so were aware of most of their needs. They were provided with details of the patient and any particular needs by the subcontractor before the booking and were able to ask further questions if needed.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

Staff made sure patients had enough to eat and drink. They kept bottles of water on the ambulance for patients, and for longer journeys they would offer to stop for the patient to purchase food if required.

Response times

The service did not have a system to monitor agreed response times.

The manager told us they met response times for approximately 60-70% of journeys. There was no evidence to support this. They did not monitor response times and had no process in place to make improvements. They did not benchmark response times against similar services.

Competent staff

The service made sure staff were competent for their roles. The manager provided support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were qualified in First Response Emergency Care Level 3 (FREC3), a recognised qualification in the sector. The manager also funded potential new staff to attend this course.

The manager carried out an induction for new staff prior to them working unsupervised. However, there was no formal induction record or checklist.

At the time of inspection there was no formal appraisal system. Staff were self-employed and the manager told us they gave them verbal feedback. They were working to set up a more formalised system via an external HR company.

Staff were encouraged to develop and the provider had funded their attendance for an in person training course on the stair-climber chair.

Managers identified poor staff performance promptly and supported staff to improve. The manager told us they had had issues with staff not working to full capacity during a long break between patient journeys and were working to encourage them to undertake more tasks in order to support more effective time management.

Requires Improvement

Patient transport services

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 liaised with the wider multidisciplinary team as necessary. They discussed patients' immediate needs and any changes in their condition or behaviour with hospital staff. Patient records showed that interactions with other professionals involved were recorded.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy for mental capacity and consent. Staff had received training on consent and the Mental Capacity Act (2005).

Staff gained verbal consent from patients for their care.

Are Patient transport services caring?

Insufficient evidence to rate

There was insufficient evidence to rate caring.

Compassionate care

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

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

Patients said staff treated them well and with kindness. Comments from patient feedback forms were positive and included: "there is nothing to change, best service provided. Keep going like this", "very good except for being late picked up".

Staff followed policy to keep patient care and treatment confidential.

The manager told us that the ethos of the service was to treat patients like they were their own family.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff old us they gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Requires Improvement

Patient transport services

Understanding and involvement of patients and those close to them

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

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

Patients gave positive feedback about the service.

Are Patient transport services responsive?

Requires Improvement

The service has not previously been rated. We rated responsive as requires improvement.

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.

The service provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and patients being discharged from hospital wards. The majority of the service's journeys were for patients attending dialysis clinics, and the provider regularly transported the same patients.

Patient transport services were subcontracted by a large independent patient transport service. Transport was booked with the subcontractor and a list of journeys given to the provider on the day before.

The manager used a satellite navigation system and paid a subscription for live traffic data to help them to make the journeys as efficiently as possible.

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.

The provider had an ambulance suitable for transporting bariatric patients. This included a ramp, stretcher and extension parts for seatbelts. It also included a stair climber device to provide a more comfortable experience for the patient and reduce the risk of manual handling injuries to staff. The provider also had a device that was used to secure a child to the stretcher.

The service had specialised bottles for patients to use if they needed to go to the toilet during their journey. The provider had also sourced an additional specialised one specifically for women.

The service did not have information leaflets available in languages other than English. Staff did not have access to an interpreter and did not have access to accessible information such as large print or Braille. However, the manager told us they rarely transported patients who did not speak English or who had other information access needs, and if they did, they would usually be accompanied.

Requires Improvement

Patient transport services

Access and flow

People could access the service when they needed it.

Patients were allocated and referred to the service by the subcontracting organisation. The service was able to meet the booking requests.

However, there was insufficient evidence on meeting waiting time targets. They did not monitor waiting times. The manager told us they had a 45-minute KPI for picking up the patient, which meant they could pick them up within a 45-minute window.

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.

There was a policy for complaints including logging complaints, responding to complaints and learning from complaints. There was a patient feedback form which was given to all new patients and was available on the ambulance.

The manager told us they had not had any complaints since they took over the service in May 2021. They said that if patients had issues, they would complain to the subcontracting provider, who would then liaise with the service.

The manager was able to tell us of a change made following feedback from a patient who said they would like the ambulance to have a stair-climber chair. The provider invested in this equipment and attended a face to face training course along with other staff members of the service to ensure they could use the equipment safely.

Are Patient transport services well-led?

Inadequate

The service has not previously been rated. We rated well-led as inadequate.

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.

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 course of the inspection we were assured that they intended to make improvements and had contracted a consultancy company to aid them.

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.

The manager was visible and approachable to staff and patients. Staff we spoke with said they were able to contact them and enjoyed working for the service.

Requires Improvement

Patient transport services

Vision and Strategy

The service did not have a formal vision and strategy due to the nature of the service. However, the manager was able to tell us of their vision and their plans for the future.

The vision and strategy of the service was to provide safe and reliable care while maintaining patient dignity, to provide a service that was responsive to individual needs

The main strategy for the service at the time of inspection was to address their issues with the ambulance, and to focus on management and governance of the organisation. Their main ambulance had broken down during the inspection and they were using a hire vehicle.

The manager told us their main strategic plan was to continue working for the subcontractor and transporting their primary cohort of dialysis patients. They had also provided funding for potential new staff to attend the FREC3 training course so they could work for the service in the future.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

There were cooperative, supportive and appreciative relationships among staff. The manager and staff we spoke with said they worked well together as a team. It was a small team who worked together most of the time and communication was good.

There was a strong focus on patient care and the manager was passionate about providing a good service for patients.

Governance

Leaders did not operate effective governance processes.

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.

The manager had recently contracted an external consultancy to assist him in the governance processes for the service. They also received ongoing support from the previous registered manager.

The service held staff records which included DBS checks, references and driving licence details.

Management of risk, issues and performance

There were no systems to manage performance effectively. However, the manager identified and escalated relevant risks and issues and identified actions to reduce their impact.

There was no process to manage risks, such as a risk register, at the time of inspection. However, the manager told us they intended to address this with the aid of the external consultancy company they had recently contracted. We spoke with the manager about current risks such as the broken-down ambulance, and they could explain their mitigating

actions including hiring a vehicle and on occasion borrowing one from the subcontractor. The manager also told us staffing was a potential risk as they were such a small service and therefore had only one full time self-employed staff member, but that they had bank staff they were able to call on. They were further mitigating this risk by training potential new staff on FREC3.

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.

Information Management

The service managed data securely.

The service used a personal digital assistant (PDA) device for patient journeys which linked back to the subcontractor. The PDA included pick up and drop off times, and journey lengths.

Engagement

Leaders actively and openly engaged with patients and staff.

Feedback forms were given to patients on every journey and the service had made changes as a result of patient suggestions.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The manager supported staff to develop and had recently sent staff for face to face training on using a new stair climber chair. The service had also recently contracted a consultancy company to help improve their governance processes, quality oversight and monitoring.

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
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's safeguarding policy was not fit for purpose, it did not reference up to date intercollegiate guidance, it did not list out the categories of abuse to support staff with identification of abuse. The service's safeguarding policy stated the manager was the named professional for safeguarding. They only had level 1 and 2 safeguarding training. A named professional should have level 4 safeguarding training as prescribed by the national guidance.

This section is primarily information for the provider

Enforcement actions

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
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not establish effective systems and processes to operate effective governance to assess, monitor, and improve the quality and safety of the services. The were no systems to support assessment, monitoring, and mitigation of the risks relating to the health, safety, and welfare of service users and others who may be at risk. There was no system to monitor mandatory training compliance. There were no systems for effective management of safety incidents and limited learning from incidents. There was no process in place for reviewing and updating policies. There was no policy for complaints including logging complaints, responding to complaints, and learning from complaints. There was no system to identify and manage risks effectively.