UK Ambulance Transport Ltd

Unit 6

Inspection report

Unit 6, Woodhouse Business Centre
Woodhouse Street, Woodville
Swadlincote
DE11 8ED
Tel: 03003035398
www.ukambulancetransport.co.uk

Date of inspection visit: 15 September 2022
Date of publication: 16/11/2022

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?	Good
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We rated it as requires improvement because:

- Not all staff had training in key skills. Staff did not use a recognised tool to identify deteriorating patients. The service did not always have the appropriate equipment in place to keep people safe. The service did not have appropriate systems and processes to safely prescribe, administer, record and store medicines. The service did not ensure its records audits were standardised and recorded.
- The service did not always ensure staff were competent for their roles.
- The service did not respond to complaints appropriately or in accordance with their policies.
- Leaders did not operate effective governance processes throughout the service. The service did not ensure it has an effective system in place to ensure all staff had the appropriate checks in place to ensure they were of good character, appropriately skilled and competent in the role they were employed for.

However:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff kept good care records. The service managed safety incidents well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Staff administered pain relief in a timely manner.
- 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 and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long.
- Staff understood the service's vision and values. 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 staff to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Requires Improvement 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Unit 6

Unit 6 is an independent ambulance service based in Swadlincote, Derbyshire. It has three response vehicles, four ambulances and one medical treatment unit. It employs 55 staff mostly on bank contracts. The main activity of the service is events including both adults and children where they covey patients to hospital if required. The service has recently registered with the CQC so conveys patients to hospital and undertakes patient transport services, which do come under CQC regulations. Due to the small amount of patient transports undertaken at the time of inspection we decided to merge the reports and report under Urgent and Emergency Services.

At the time of inspection, the service did not have a registered manager in place after a recent resignation, however they had a staff member going through the registration process to become the registered manager. The service is registered to provide transport services, triage and medical advice provided remotely as well as treatment of disease, disorder or injury. This is the first inspection of the service.

How we carried out this inspection

We undertook this comprehensive inspection as a response to concerns raised about the service.

During the inspection we spoke with ten members of staff including paramedics, ambulance technicians, operations co-ordinators and managers. We reviewed seven patient records and twenty staff records. On the day of the inspection the service did not undertake any activity, so we were not able to observe patient care.

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 staff have undertaken the appropriate mandatory training. The was a breach of regulation 18.
- The service must ensure staff use a nationally recognised tool to identify deteriorating patients and escalate them. This was a breach of regulation 12.
- The service must ensure it that it has the appropriate directives in place to administer medicines not on Schedule 17 of the Human Medicines Regulations 2012. This was a breach of regulation 12.
- The service must ensure it has facilities on the ambulance to store controlled drugs. This was a breach of regulation 12.
- The service must ensure it responds to and investigates complaints in line with policy. This was a breach of regulation 16.

Summary of this inspection

- The service must ensure it has an effective system in place to ensure all staff had the appropriate checks in place to ensure they were of good character, appropriately skilled and competent in the role they were employed for. This was a breach of regulation 17.

Action the service SHOULD take to improve:

- The service should ensure it has the appropriate equipment to transport patients.
- The service should ensure its records audits are standardised and recorded.
- The service should ensure that when medicines which have been opened are stored, they are stored in their original packaging.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires Improvement	Good	Inspected but not rated	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Inspected but not rated	Requires Improvement	Requires Improvement	Requires Improvement

Requires Improvement

Emergency and urgent care

Safe	Requires Improvement
Effective	Good
Caring	Inspected but not rated
Responsive	Requires Improvement
Well-led	Requires Improvement

Are Emergency and urgent care safe?

Requires Improvement

We rated it as requires improvement.

Mandatory training

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

Managers provided us with an extensive list of 35 training courses that it offered for staff; including key areas such as safeguarding, sepsis management and basic life support. During our inspection we were told the service had recently appointed a new staff member with the responsibility of monitoring staff training as the registered manager had recently left. After our inspection, we were provided with the mandatory completion for all staff members and the average completion across all staff members was 49%. Managers had not always monitored mandatory training and did not previously alert staff when they needed to update their training, however the service was aware of this issue and had recently began a push to complete training.

To mitigate the risk the service did not allow staff who hadn't undertaken the core training modules to undertake shifts. The service had also encouraged staff members who worked regularly to complete all of their training and 12 staff members had 100% training completion.

Clinical staff had access to training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia although it was not clear how many had undertaken the training recently. Managers told us that staff did have access to conflict resolution training to help if situations required de-escalation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Not all staff had training on how to recognise and report abuse and they knew how to apply it.

Not all clinical staff received training specific for their role on how to recognise and report abuse. The service had a designated safeguarding lead who was recently trained to level 4 for the safeguarding of adults and children. The service provided us with evidence that us that 68% of staff had completed safeguarding adults level 3 training and 71% of staff had completed safeguarding children level three training.

Requires Improvement

Emergency and urgent care

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had a safeguarding policy in place. They were able to describe possible signs of abuse and who to contact if they were concerned. Staff were also able to give examples of where they had undertaken safeguarding referrals in line with their safeguarding policy. Staff had access to the contact details of safeguarding teams across the United Kingdom. This enabled ambulance crews to rapidly raise a safeguarding alert in whichever part of the country they were at the time.

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. The service kept equipment, vehicles and the premises visibly clean.

All areas and vehicles were clean and had suitable furnishings which were clean and well-maintained. Staff were provided with personal protective equipment (PPE), for example disposable aprons, face masks and gloves. We observed hand sanitizer, clinical wipes and PPE on the vehicles we inspected. Additional infection control procedures had been introduced during the pandemic. These had been updated regularly and were in line with national guidance.

The service had an appropriate infection prevention and control policy and covid-19 policy in place which had been reviewed appropriately.

Cleaning of vehicles and equipment was carried out every day by the service. We inspected three vehicles. All were visibly clean and checklists showed each item of equipment had been individually cleaned and checked. The service had a designated lead for infection prevention and control (IPC). They were responsible for completing deep cleans every six weeks. Swabbing of vehicles was completed after the cleans to provide assurance of their cleanliness.

There service undertook infection control audits to monitor best practice. The service undertook a general infection control audit and a handwashing audit. The service had undertaken one infection control audit since registration and had achieved 100%. The service undertook six monthly handwashing audits of each staff member, we saw a sample of the staff had achieved 100%.

Environment and equipment

The service did not always have the appropriate equipment in place to keep people safe. The design, maintenance and use of facilities, premises and vehicles kept people safe. Staff managed clinical waste well.

The design of the ambulances followed national guidance. The service had vehicles that were suitable for the work they carried out. The vehicles were in good condition. The service had vehicles regularly serviced.

The service had suitable facilities to meet the needs of patients' families. Ambulances had a spare seat so that a member of the patient's family could travel with them.

The service did not always have enough suitable equipment to help them to safely care for patients. At the time of inspection, the service did not have child support harnesses in place but were registered to transport children. Following the inspection, the service provided urgent assurance that they would not transport children until they had the appropriate equipment in place. Following on from this the service provided evidence that they had ordered the appropriate child support harnesses for each of their vehicles.

Emergency and urgent care

Each ambulance had equipment for monitoring patient's clinical observations as well as a defibrillator and heart monitor. They were fitted with modern stretchers and a wheelchair although the wheelchairs were not fitted with lap belts. Staff carried out daily safety checks of specialist equipment before the vehicle was used.

Staff disposed of clinical waste safely. It was disposed of in colour-coded sacks and secure bins. The service had a contract for the bins to be emptied or collected by a specialist clinical waste contractor.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration, however they did not use a recognised tool to identify deteriorating patients.

Staff did not use a nationally recognised tool to identify deteriorating patients or escalate them appropriately. We reviewed seven patient report forms (PRFs) (six adult patients and one paediatric patient), each had observations recorded on them, some had more than one set of observations recorded. We did not see a NEWS (National Early Warning Score) or PEWS (paediatric early warning score) recorded for any set of observations. The service had a medical emergencies policy which stated staff should use, 'Track and trigger systems, NEWS2 charts, are in place to recognise, manage and escalate the care of the deteriorating patient.' We raised this at the time of the inspection. Managers told us staff were trained to use NEWS scoring however was unable to provide a rationale for the lack of scores being completed. Following the inspection, the service produced stickers with NEWS2 chart and a PEWS tables and these would be placed on all of their vehicles for staff to reference.

The service were looking to implement a digital system for recording patient information which would automatically calculate a NEWS score. We asked if this would be the same for paediatric patients. Staff were unable to confirm at the time of inspection that a PEWS score would be automatically calculated.

Staff completed risk assessments for each patient using a recognised tool and reviewed this regularly. Staff used the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance to assess patients and documented this on PRFs. JRCALC is the nationally recognised standards of care for ambulance and pre-hospital staff.

All staff had the contact details for the accident and emergency departments for the local acute hospitals. If required, the staff would contact them to warn them about an urgent trauma or cardiac arrest patient (known as red calls) they were transporting to them. If the staff were out of their usual areas for an event, they would always find out the details for the accident and emergency department at the local acute hospital they would transport patients to in the event they needed to make a red call.

Staff had radio's which they used during the events. In the event of a patient becoming violent or aggressive, these could double up as a body camera or a device which managers were able to dial into and listen to any concerns. This provided staff with additional security should they be exposed to a high risk situation.

Staff shared key information to keep patients safe when handing over their care to others. A copy of patient documents was given to the receiving hospital or care provider.

Requires Improvement

Emergency and urgent care

When operating as a patient transport service, patients transported as part of the service were medically stable and not considered to be at risk of deterioration by the requesting service. Staff used a deteriorating patient policy in the event someone became unwell during a journey and would manage the patient accordingly. All staff were trained to carry out first aid with many achieving first response emergency care (FREC). Staff ensured key information including resuscitation status was recorded at the time of the request and would adhere to any specific directives.

The service used their emergency vehicles for patient transport journeys, therefore all equipment used to treat deteriorating patients was available should this be required.

Staffing

The service had enough staff 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 staff a full induction.

The service had enough staff to keep patients safe. The service employed 38 staff at the time of inspection, most of which were on zero hour contracts.

Managers accurately calculated and reviewed the number of staff needed for each event in accordance with national guidance. The service used the purple book as a guide for staffing events. Managers were also able to use any prior knowledge of attending events to calculate their staffing requirements.

Managers could adjust staffing levels according to the potential needs of patients. Using their knowledge of events and potential issues which staff could come across, they were able to increase the number of staff to ensure a safe service was always being ran. Managers discussed an example where they increased their staffing requirements for an event due to their previous knowledge of the complex needs of the public attending them.

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. However, the service did not document its records audits.

Staff used paper patient report forms (PRFs) which had been specifically designed for the service. We reviewed seven PRFs for patients who had been transported from an event to the local acute hospital.

Patient notes were detailed and all staff could access them easily. The PRFs we reviewed during inspection mostly contained enough details about the patient and their presenting complaint and treatment received. One PRF also had a continuation sheet attached to provide additional information about the care and treatment provided. Most of the PRFs reviewed were legible, however due to the size of the document, staff had to write small which at times impacted on legibility.

When patients were transferred to the local acute hospitals, there were no delays in staff accessing their records. When patients were transferred to the hospital, the receiving hospital signed the bottom of the PRF and were immediately provided a copy of the document.

Records were stored securely. Staff ensured all completed documents were stored securely during the remainder of the shift and were immediately secured in the ambulance station at the end of the shift.

The service audited PRFs on a weekly basis following weekend events or events which had happened during the week prior to that day. Staff told us if forms were not filled correctly they would be informed. At the time of inspection records audits were not recorded and stored. Following the inspection, the service told us they had discussed creating a documented audit for this process.

Medicines

The service did not always use systems and processes to safely prescribe, administer, record and store medicines.

Staff did not always follow systems and processes to prescribe and administer medicines safely. We found staff had administered a number of medicines which were not on Schedule 17 of the Human Medicines Regulations 2012 and there were no additional directives in place for staff to follow to safely administer them. We informed the manager about this at the time of our inspection. This had been identified as a priority for the new registered manager to address to ensure paramedics were able to safely administer medicines which may be advised on JRCALC but not on the Schedule 17. Following on from the inspection, the service provided evidence of additional directives, however they were still waiting for final sign off.

Staff completed medicines records accurately and kept them up-to-date. We found staff had recorded accurately when medicines had been administered. We also found staff mostly included details about allergies on the PRFs (six out of seven PRFs had this recorded). However, staff told us of an incident when a paramedic from an alternative service they had sub-contracted to had administered medication under their own medication policies. This was not recorded accurately to evidence this on the PRF.

Staff stored and managed all medicines and prescribing documents safely. The service did not have a Home Office Drugs Licence at the time of our inspection. Staff told us they had previously applied but were rejected on grounds of security. The service was currently reviewing their security systems and once new systems were installed, would reapply again. Paramedics provided their own controlled drugs. They would keep their controlled drugs on them at all times as there were no facilities within the ambulances to store these. Following on from the inspection, the service explained they were in the process of ordering new safes for the vehicles.

We found medicines had been removed from their original packaging and stored in boxes for ease of restocking the bags staff used when completing events. This was not in line with best practice.

The service had a system in place for ordering medicines. The registered manager was responsible for this, however at the time of our inspection the service did not have a registered manager in place. Following on from the inspection, the service had become compliant and could order medicines as they had a new paramedic responsible for this.

We found medical gases were stored securely on vehicles in a locked cupboard to prevent the risk of injury to staff and patients. Medical gas cylinders were also stored safely and securely at the service location, with appropriate hazard warning stickers prohibiting smoking and naked lights visible on the outside of the building. Cylinders were stored in a dedicated secure area that was clean, dry and well ventilated.

Incidents

Staff could recognise incidents and near misses and knew how to report them appropriately. Managers explained the process to investigate incidents and share lessons learned with the whole team.

Requires Improvement

Emergency and urgent care

Staff knew what incidents to report and how to report them. Staff we spoke with told us they knew how to report incidents.

Staff raised concerns and reported incidents and near misses in line with the provider policy. Staff told us that all of incidents reported since registering with the CQC earlier this year were non-clinical incidents (vehicle damage occurred when returning to the ambulance station).

There had been no never events at this service.

Staff understood the duty of candour. They understood the importance of being open and transparent, and giving patients and families a full explanation if and when things went wrong. However, it had not been necessary to implement this since the service was registered.

Managers could explain how they would investigate incidents. The service had an appropriate incident reporting policy in place. The service had fully investigated the non-clinical incidents. The manager explained how they would feedback to staff following incidents in order to share learning.

Are Emergency and urgent care effective?

Good

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service provided care and treatment which was based on national guidance. Policies, procedures and guidelines were based on the Joint Royal College Ambulance Liaison Committee (JRCALC) guidance. Paramedic staff who worked at the service had access to this document and would ensure care and treatment was in line with this.

The service audited PRFs on weekly basis every following weekend events or events which have happened during the week prior to that day to check for best practice. However, these audits were not recorded.

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, including those with specialist nutrition and hydration needs. Patients food and drink requirements were assessed before the journey started. All ambulances carried bottled water, high-calorie drinks and disposable cups.

Pain Relief

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

Requires Improvement

Emergency and urgent care

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. From the patient report forms (PRFs) we reviewed we observed evidence of staff assessing patient's pain using a 0 to 10 scoring system (0 being no pain and 10 being the worst pain). Our observation of PRFs also showed appropriate analgesia (pain relief) being administered in response to a pain assessment.

Response times

The service did not have any agreed response times for any transfers completed. Based on the records we reviewed, patients were transported in a timely and safe manner according to their clinical condition.

Competent staff

The service did not always ensure staff were competent for their roles. Managers had a system in place to appraise staff's work performance with them to provide support and development.

Staff appeared to be experienced, qualified and have the right skills and knowledge to meet the needs of patients. Staff that we spoke with were able to demonstrate the correct knowledge needed for their role. However, gaps in staff records with regards to mandatory training, meant that we could not be certain that all staff had the correct skills and knowledge.

Managers had a system in place support staff to develop through yearly, constructive appraisals of their work. The service only had two staff who had been employed for over a year who were eligible for appraisal. Of those two staff one had an appraisal and one was due to take place within two weeks.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The meetings had an agenda and there were minutes accessible to all staff, whether they attended or not.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us that management was supportive of staff and would encourage them to develop their skills and knowledge.

Managers identified poor staff performance promptly and supported staff to improve. Managers were able to describe the processes that would be carried out should this be necessary.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients.

We observed good teamwork between different groups of staff. Records showed that ambulance crews communicated effectively in order to deliver good patient care.

Health Promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff discussed examples where they had not only given patients information and support on how to live healthier lifestyles but had also managed to be involved in planning additional support for management of healthier lifestyles.

Requires Improvement

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us they had only had concerns around a patient's capacity during events where patients were allowed to consume large amounts of alcohol. If they had concerns about the capacity of any patients, they were knowledgeable on the steps they needed to take.

The service had appropriate consent policies and procedures in place,

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff were able to discuss examples where they had provided care and treatment to children and young people where they took Gillick competency into consideration when making decisions about their needs.

Not all staff had training in the Mental Capacity Act, the overall completion for that module was 46%.

Are Emergency and urgent care caring?

Inspected but not rated

Inspected but not rated.

Compassionate care

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

Patients said staff treated them well and with kindness. Due to there being no patient journeys on the day of inspection we were unable to directly observe patient care despite spending time at a nearby hospital where patients were being transported. However, feedback from patients described being treated kindness and compassion.

Staff followed policy to keep patient care and treatment confidential. They understood the principles of patient confidentiality and knew that personal details should not be shared with unauthorised persons.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They were aware of the need to adhere to privacy and dignity when transporting patients.

Emotional support

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

Requires Improvement

Emergency and urgent care

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. They described the importance of treating patients as individuals with different needs. Feedback from families and patients described support for nervous patients, elderly patients and children.

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.

Staff explained how they would speak with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged feedback in any means convenient for the individual, including e-mail, telephone or letter. We saw several examples of feedback about ambulance crews, all of which were positive.

Are Emergency and urgent care responsive?

Requires Improvement

We rated it 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.

Managers planned and organised services, so they met the changing needs of the local population. All events were well assessed and planned for in advance of the staff turning up to work. If required, the managers met with key personnel within the event organisation to ensure the assessments and plans met the needs of all involved, especially patients who may be conveyed to hospital if required.

Staff were aware of all local hospital facilities and where specialist centres were located. Managers ensured plans were in place and staff knew about plans, to escalate care and treatment to other organisations (for example the local air ambulance) if the seriousness of the patient's condition warranted this.

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.

Staff established each patient's needs in advance. This included if they would be carrying oxygen or if they needed specific support or equipment during a journey. Drivers ensured patients could make requests during longer journeys, including stops at service stations for refreshments and to use the toilet. Long journeys would be planned in advance to ensure there were sufficient service stations on the route.

There was bariatric ambulance equipment as well as a hoist and bariatric chair, that could be used to transfer large patients to the ambulance. This enabled patients with a high body mass index (BMI) to be transported safely and comfortably.

Requires Improvement

Emergency and urgent care

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us of a tool which had common health related questions written in different languages to help communicate with and appropriately treat patients. Staff also had access to additional tools to aid communication with patients whose first language was not English. The digital device which the service intended to implement soon would also be able to support the communication needs of patients.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. They worked closely with carers to explain what was happening in terms that the patient could understand and carers were encouraged to travel with the patient. Extra time was allowed for people with learning disabilities or confusion.

Access and flow

People could access the service when they needed it, and received the right care in a timely way.

The service did not operate set working times. Staff would work for the duration of the event being covered. The service was able to offer cover to events on any day of the week, and any time of the day.

The service completed patient transport journeys for private providers. Providers contacted the service to organise a journey when required.

Learning from complaints and concerns

The service did not respond to complaints appropriately or in accordance with their policies. The service did not fully investigate complaints.

Staff did not acknowledge complaints in line with the services policy and patients did not receive appropriate feedback from managers when they made their complaint. We looked at the most recent and only complaint the service had received since registration and found that the response had not met the services complaints policy. The service did not ensure a letter of acknowledgement was provided to the complainant within 5 working days.

It was not clear whether the service had investigated the complaint fully and it did not provide a formal response in a timely manner. Whilst the service did start an investigation within the appropriate 14-day timeframe it was not clear from the information provided whether any further investigation was ongoing. The service had not yet provided a formal response to the complainant, so the complaint had not been concluded. According to the services policy they should have sent a final response to the complainant within 25 working days. However as this was not possible, the investigating manager should have contacted the complainant to invite their agreement to an extension and explained the reasons.

The service did not always correspond with complainants in and empathetic or professional manner. In the complaint response we reviewed, the service raised information that was not relevant to the initial complaint. The service also provided information in relation to individuals who were not the complainant which should not be shared. The service also appeared to raise counter accusations about the complainant but did not provide any evidence.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Information was available in ambulances informing patients how to raise concerns or give feedback.

Are Emergency and urgent care well-led?

Requires Improvement

Emergency and urgent care

Requires Improvement

We rated it as requires improvement.

Leadership

The service had a new leadership team in place. 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.

The service had a relatively new leadership team in place. The service did not have a registered manager at the time of the inspection. Following on from the inspection the service had submitted an application to register a new manager.

Leaders were visible and approachable. Staff told us that managers were approachable and easy to contact whenever they were required. All staff told us they would not hesitate to contact them if they had any concerns.

Staff who had been able to develop skills and had taken on more senior roles.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision and strategy were focused on sustainability of services.

The service had a clear vision in place. The services aim was to be a, 'warm welcoming service so that all team members and service users feel at ease and safe within our trusted hands. We want to ensure that we make people feel valued and supported in all aspects of our business no matter what service they receive'.

The service also had a clear set of aims and objectives which was focused on putting patients first.

Culture

Staff felt respected, supported and valued. They provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

There had been a recent change in the culture and morale of the staff within the service. All staff we spoke with told us of a difficult time due to staff changes. However, now they had left the service, the culture and morale were improving again.

Staff now felt respected, valued and supported. Due within the leadership group had impacted on how some staff had felt, but this had improved. Staff however commented that they had always felt respected and valued by the current leaders within the service.

Where behaviours had been identified as going against the values and standards of the service, this was immediately dealt with, which staff identified as a positive action.

Staff told us they were happy to raise concerns with managers if necessary. Two of them told us of the career development opportunities they had been given.

Staff had access to a support hub to help with any difficult situations they had been exposed to. This provided access to counselling, mental health support and access to a GP if required. In addition to this, the service had implemented Trauma Risk Management (TRiM) to manage any potentially stressful and traumatic experiences which staff had been exposed to. Staff told us this was also used to support them for any incidents which they may have encountered in their primary employment. Debriefs were also used following any events where staff had transported patients off site. Pre-briefs were also being introduced which prepared staff for the realistic expectations of what they may experience during an event.

Governance

Leaders did not operate effective governance processes throughout the service. Staff were clear about their roles and accountabilities. There were regular opportunities to meet, discuss and learn from the performance of the service.

Managers did not have an effective system in place to ensure all staff had the appropriate checks in place to ensure they were of good character, appropriately skilled and competent in the role they were employed for. We found out of 61 staff members who were employed by the service, 1 staff member had all checks in place as directed under Regulation 19, fit and proper persons employed. At the time of our inspection, staff were updating the way they managed staff files which meant some staff now had electronic files which they had uploaded documents to, but the majority still had files and paper documents in place. A gap analysis had been completed by the new human resources manager which demonstrated what documents staff were required to provide. We observed 12 members of staff which had no information recorded on the gap analysis to demonstrate what evidence they had provided on employment. The service had a recruitment and selection policy in place. The service had not met lots of aspects of this policy when recruiting its staff. For example, staff should not be signed off to work until all the employment checks had been carried out and they were deemed to be compliant.

Following on from the inspection we requested urgent assurance that staff were taking action to quickly rectify the lack of evidence in the staff files. The service planned to have contacted all staff for evidence by the end of September. The service also created a new onboarding checklist to ensure full compliance was undertaken for all new staff moving forward.

Staff were aware of their roles and responsibilities. The service had several new staff members with new responsibilities since the registered manager left the service. Staff were aware of their new responsibilities.

There were regular management and staff meetings providing opportunities to discuss the performance and governance of the service. These meeting were minutes so staff could access there if they weren't able to attend.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service kept a risk register which contained 26 risks. These had been given a score depending on the degree and likelihood of harm that the risk could produce. The risks reflected concerns raised by staff and some of the issues we found during our inspection. There were mitigations to reduce or eliminate these risks.

The service ran enhanced checks with the disclosure and barring service before staff were allowed to look after vulnerable adults and children.

There were systems for managing performance. Audits took place to check that actions identified to reduce risk, prevent a repeat of incidents or necessary to comply with company policy were being performed.

Information Management

Staff could find the data they needed in easily accessible formats. Staff understood which data or notifications needed to be submitted to external organisations.

There was a mixture of paper and electronic records, all of which were stored securely. The service had started to transfer all paper records to a new computer system.

Clinical guidelines and company policies were available to each staff member.

Staff understood which notification it needed to submit.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The service encouraged patients and family members to give feedback. Information was displayed in ambulances to encourage feedback from patients. Letters of thanks from patients were sent to individual staff members to confirm patient appreciation.

Managers engaged with staff at team meetings and through communication in the office in order to get feedback.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The managing director of the service were keen to grow and improve the service. They discussed many areas where they were aiming to improve which included developing a training academy for staff. Their immediate areas for developing was their patient transport services and high dependency transportation.

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 Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure staff use a nationally recognised tool to identify deteriorating patients and escalate them. This was a breach of regulation 12. The service must ensure it that it has the appropriate directives in place to administer medicines not on Schedule 17 of the Human Medicines Regulations 2012. This was a breach of regulation 12. The service must ensure it has facilities on the ambulance to store controlled drugs. This was a breach of regulation 12.

Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service must ensure that staff have undertaken the appropriate mandatory training. The was a breach of regulation 18.

Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The service must ensure it responds to and investigates complaints in line with policy. This was a breach of regulation 16.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure it has an effective system in place to ensure all staff had the appropriate checks in place to ensure they were of good character, appropriately skilled and competent in the role they were employed for. This was a breach of regulation 17.