

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Lifestar Medical Limited

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Tel: 01872264842

Date of Inspection: 18 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✗ Action needed

Details about this location

Registered Provider	Lifestar Medical Limited
Registered Manager	Mrs. Naomi Page
Overview of the service	Lifestar Medical Limited is an independent ambulance service. The service provides patient transport services, scheduled ambulance journeys and emergency and urgent response services for NHS Ambulance Trusts.
Type of service	Ambulance service
Regulated activities	Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 January 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Due to the nature of the service we were unable to speak directly with many people who used the ambulance service. However, we spoke with one relative who had accessed the service and reviewed six 'feedback forms'. Comments included, "the level of care is superb", "I can't thank them enough", and "very courteous and helpful".

As part of the inspection process we visited the organisations office in Truro, Cornwall, spoke with the registered manager, and spoke with three members of staff who worked for the organisation.

We spoke with the patient facilities manager for the local NHS hospital trust. We received positive feedback, and were told that "there was a positive relationship and a good rapport" with the organisation and that they had no concerns.

We found that people's privacy, dignity and independence were respected and appropriate checks were undertaken before staff began work.

However, we found that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There was not an effective complaints system available.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 05 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Due to the nature of the service we were unable to speak directly with many people who used the ambulance service. However, we spoke with one relative who had accessed the service and reviewed six 'feedback forms'. Comments included, "everything was brilliant" and "I can't praise them enough, I am lucky to have found them".

The service had a privacy and dignity policy in place a copy of this policy. We were told that staff could access the policy at all times, as policies were kept in a file on each ambulance. We spoke with three members of staff who confirmed that they could access the policy and were aware of where it was. This meant that staff were aware of the organisations ethos and approach to privacy and dignity.

We inspected two ambulances; one ambulance had darkened windows and/or blinds to assist in maintaining people's privacy and dignity whilst being assisted. The other ambulance was used for patient transport, so darkened windows were not a necessity. But we were told by one ambulance driver that blankets were also available to protect people's dignity as necessary; this was confirmed as we saw blankets in both vehicles.

We were told that people who were transported over a long distance were provided with drinks and food by the hospitals. Regular comfort stops were made as necessary and all vehicles were supplied with bottled water. We saw water was present in both ambulances.

We looked at a sample of completed 'journey records'; these forms were filled out when providing transport and care to a patient. The provider may like to note that the organisation had not asked patients for their consent prior to receiving any care, treatment or support.

We asked the provider if systems were in place to provide support when a person's first language may not be English. We were shown a copy of a handbook which the provider told us they were going to be incorporating into the staff handbook to assist with supporting staff and the patient. This indicated that the provider recognised the diversity, values and human rights of the people who used the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Due to the nature of the service we were unable to speak directly with many people who used the ambulance service. However, we spoke with one relative who had accessed the service and reviewed six 'feedback forms'. Comments included, "fantastic care", "superior service", "the level of care is superb" and "they go that extra mile when transporting".

We reviewed a sample of 'journey records'. These records were a written record of people who had used the service. We saw the records contained some information relating to the care and welfare of the patient. However, information provided did not always give specific detail about a person's health care needs and or risks relating to the patient. We were told by the service that "journey sheets show all information passed by contractors at the time of booking. This information is logged through the hospital MPT system. Any discrepancies found on collection or drop off of a patient is documented on an incident report, which is handed back to the patient transport office to be actioned. Sometimes this is made in the form of a phone call to the transport office, and then followed up by a report. All private bookings are documented in our bookings diary, all information is then passed into the journey sheet for the crew to view. Again, discrepancies are reported".

We found that there was minimal information recorded about people's mobility needs, physical or psychological needs. The service told us "crews are controlled by the contracting hospitals patient transport team, not by Lifestar Hub staff. All mobility categories are filled in, in the column headed mobility category, medical criteria is also documented in its own column, other notes as to patients needs and access at destination are logged in the extra notes column. This could vary from notes including, for example: dementia, can not travel alone, requires O2, in own wheelchair, or is diabetic for example".

We found there was no information recorded about people's mental capacity. Meaning that staff were not always aware of the implications relating to a person's capacity, in line with the care and or treatment they were delivering.

We read that there had been an incident relating to one patient who had become agitated

which had resulted in aggressive behaviour, this information had not originally been documented as relevant health care information by the service. We were told that the information had not been passed on to the service by the hospital. This demonstrated that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We did not find any differences with documentation which related to people who were travelling long distances (out of County). It is important that people's health care needs are planned and considered in line with long distance travelling in case a patient became unwell. However, one relative was extremely complimentary about the discussion and support which took place prior to a long distance transfer of their relative.

We asked if there was a protocol in place if a patient was to become increasingly unwell whilst in transit. We were informed that there was not, but we were told by the provider that they would ensure one was devised.

We saw that people who worked for the service were issued with a uniform and an identity card which was to be worn when duties were being carried out. This enabled people to know who they were being supported by. One relative told us, "You have no question about who they are". They told us that staff always wear their uniform, and ID badges. We were also told the vehicles were always clean.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The agency had two policies in place for safeguarding of vulnerable children and adults; we looked at both policies and found them to be detailed. However, the policy did not mention the Alerters Guide, which is the multi-agency approach to safeguarding within Cornwall.

The policies made reference to the organisations policy titled "consent and capacity". However, we found that this policy did not exist. It is important policies only reflective the practices carried out by an organisation.

We asked if all staff had received training in the safeguarding of vulnerable adults and children. The provider was unable to clarify this. We were told that there was an expectation that staff who worked for Lifestar Medical Limited may have had knowledge of this from their previous employment. However, competence and knowledge of safeguarding when joining the organisation had not been identified.

We spoke with three people who worked for the organisation. Staff told us that they had received training in their previous employment. Staff spoke with, were confident about what action to take if they had any concerns about a patient who may have been abused, mistreated or neglected.

The patient facilities manager for the local NHS hospital trust informed us that they had not received any safeguarding concerns from the organisation. We were told that effective communication was a priority and that a monthly meeting was held to discuss any issues or concerns from either partner relating to the running of the service and impact on patient care. The registered manager also confirmed that these meetings took place.

The Mental Capacity Act (MCA) and deprivation of liberty safeguards (DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We were told that staff who worked for Lifestar Medical Limited,

similarly to safeguarding training, may have had knowledge of this from their previous employment but competence when joining the organisation had not been identified.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

Reasons for our judgement

During our inspection we checked if the organisation was operating an effective recruitment procedure in order to ensure the people they employed were of good character, suitably qualified, skilled and experienced. We spoke with one relative who was complementary about the staff employed by the organisation, comments included, "reliable, time keeping, and professional" and "you have no question about who they are, they look so professional".

The organisation had a recruitment policy in place, the policy made reference to regulation 21 of the Health and Social Care Act 2008. This was positive to see and demonstrated that the provider had taken into consideration its reasonability's relating to compliance with the Essential Standards of Quality and Safety.

We inspected two recruitment files for the newest employees to the organisation. We found in all files, the organisation had carried out recruitment checks prior to the person commencing work for the organisation. We saw recruitment files contained references, an application form or curriculum vitae (CV).

The registered manager showed us new documentation which she had put into place to improve the recruitment process to ensure it was always robust and in line with the organisations policy.

A Criminal Record Bureau check (CRB) is a mandatory process which is undertaken by any health and social care provider, to ensure people are of good character. We found CRB checks were in place within both files.

However, the provider may like to note that it was not clear whether Independent safeguarding checks (ISA) had also been carried out to ensure people recruited were not on the Independent Safeguarding Authority list which is a list of people who have been assessed as being unsuitable to work with vulnerable people.

We spoke with three members of staff who confirmed a CRB check had been applied for and references obtained prior to commencing their employment with the organisation. We were also told by one member of staff that their CRB had been renewed since joining the organisation over 9 years ago.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was not an effective complaints system available.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We asked the provider if they had a system in place for dealing with complaints, for example a complaints policy and procedure. We were told that they did not. We were told that complaints were investigated mainly by the contracting hospital because the patient was 'linked' with hospital care rather than to the organisation. However, we were told that in such cases the organisation assisted with investigations as required.

The organisation used their adverse and incidents forms to monitor any concerns that may be raised directly from patients. However, we reviewed a sample of these forms and found that when an incident had occurred the organisation did not provide any action on learning from the incidents to improve service delivery.

We spoke with three members of staff who worked for the organisation; they told us that if a patient wished to complain the adverse incident forms would be used. We were also told that they would provide the patient with the contact number of the organisation and or provide the patient with information relating to the Patient Advice and Liaison Service (PALS).

One relative told us that they had no reason to complain, but would feel confident about contacting the registered and or/provider directly.

A complaints process gives people who use the service guidance to comment and complain. It also ensures that complaints are listened to, acted on effectively and people know that they will not be discriminated against for making a complaint.

Recording complaints is important as this demonstrates complaints have been responded to appropriately and resolved.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Transport services, triage and medical advice provided remotely	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	How the regulation was not being met: Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. (Regulation 9 1a, bi bii).
Regulated activities	Regulation
Transport services, triage and medical advice provided remotely	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
Treatment of disease, disorder or injury	How the regulation was not being met: People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. (Regulation 11 1a).
Regulated activities	Regulation
Transport services, triage and medical advice provided	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

This section is primarily information for the provider

remotely Treatment of disease, disorder or injury	How the regulation was not being met: There was not an effective complaints system available. (Regulation 19 1 2a, b).
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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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