

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

E-Zec Medical Transport North Staffordshire

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	E-Zec Medical Transport
Registered Manager	Ms. Debra Jayne Morris
Overview of the service	E-Zec Medical Transport work to the demands of the University Hospital of North Staffordshire. They transfer people to other wards in the hospital, or to other hospitals when needed. They provide home discharge services to palliative care patients only.
Type of service	Ambulance service
Regulated activity	Transport services, triage and medical advice provided remotely

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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 21 February 2013 and talked with staff.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people using this service. Our inspection was discussed and arranged one day in advance. This was to ensure that we had time to see and speak with staff working at the service.

Due to the nature of the service we were not able to talk with people using the service. We spoke with members of staff working within the control room and the paramedics waiting to assist. We also spoke with the director of operations at the local hospital who arranged the service for people in hospital.

We saw the vehicles were equipped to carry out their transport functions. There were arrangements in place to check that the vehicles were clean and hygienic. They also ensured the vehicles were insured, checked, serviced and roadworthy.

We saw the service was organised and systems were in place to manage the service effectively. This meant the staff had the information they required to work to the required standards.

The staff spoken with were able to demonstrate they knew how to support people in the most appropriate way. This meant the staff had the skills and knowledge to deliver the necessary care, treatment and support.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The provider had systems in place for obtaining information about the needs of people using their transport. An online booking form was completed when people telephoned the provider to arrange transport. The forms were used to take account of people's health and mobility needs. This meant the safety, and comfort of people was fully considered. We saw people's needs were assessed and the service they received was planned and delivered accordingly.

We saw that clinical and medical conditions relevant during transport could be recorded on booking forms. We saw that these escorts included doctors and mental healthcare professionals. This meant people were transported with the necessary medical staff.

We saw that the first aid kits were audited regularly to ensure that they contained all the appropriate in date equipment. Each kit had a seal on it which had an identification number; this meant that once opened staff would know that the kit had been used.

The provider had an agreement with the trust for delivering high dependency transport services. They told us there were regular meetings with the staff from the trust to discuss various aspects of service delivery. We spoke with the trust regarding this and were informed by them that they had good working relationships. We were told, "We have daily contact to assess demand. They are very responsive and communicate well. They work with us in some unique circumstances." We were also told, "We observe the quality of care and it has been wonderful. They talk to people to reassure them and explain where they are going, it is of a high quality."

The nature of the service offered meant that paperwork regarding people using the service was not retained, or submitted at their destination. We were able to look at the templates used and they showed that the care and welfare of people was considered within the delivery of the service. This meant people's individual needs were met.

The paperwork used when transporting someone within the vehicles was seen to include sections around consent, capacity, and patient demeanour. This ensured the staff had the

information needed to monitor people's health and welfare during their journey.

There was also paperwork for observations made during a journey which monitored their physical health. All of the paperwork completed stayed with the person using the service once their journey was completed so we were unable to look at completed forms. The registered manager confirmed a handover form was always given to the care team on arrival as an extra safeguard. This meant the care team were aware of the care and treatment delivered to people during transportation.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw the provider had policies and procedures in place for the prevention and control of infections. The registered manager told us all the staff had occupational health clearance prior to taking up their role. This meant people were fit and able to do their job.

The staff told us they cleaned the ambulances on a daily basis. They carried out a regular deep clean every four weeks, or between transfers if they had carried a person who may have been infectious. The provider had cleaning schedules and instructions in place. We noted that records were kept of the dates and times the ambulances were cleaned and by whom. This meant the provider could demonstrate the ambulances were kept suitably clean and safe.

Staff training records showed that all the staff who were employed to work with the ambulance service had completed training about infection control. Staff were able to tell us the required precautions and safety measures taken to keep people safe. This meant they had the necessary knowledge and skills

We noted that anti-bacterial/disinfectant wipes and other suitable materials were available to use to maintain the cleanliness and hygiene of the interior of the ambulance during transportation.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We looked in one ambulance used by the provider. The ambulance was in a good state of repair and contained all the necessary equipment including blankets, protective wear, oxygen, a defibrillator, airways and emergency first aid kits. This meant the provider ensured comfort and safety for the people using the service.

Documents we looked at showed that the provider had suitable insurance cover including vehicle, employers and public liability and their ambulances were suitably licensed. We saw documentary evidence that the ambulances were regularly serviced and had current Ministry of Transport (MOT) test certificates. This meant the ambulances were safe and roadworthy.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We saw copies of the daily inspection sheet. Staff told us they checked the general safety of the ambulances everyday. They checked that the vehicle was clean and had sufficient quantities of equipment, such as blankets, pillows and hand cleaning gel.

We saw there was enough equipment to promote the independence, safety, medical needs and comfort of people using the service. We saw the ambulances were well equipped and had a removable trolley to ensure an incubator or larger intensive care unit trolley could be transported. We saw there was adequate seating for the necessary professional staff such as consultants, doctors or nurses who needed to travel with the person using the service. This meant people could travel with all the necessary equipment and professionals.

Staff told us they risk assessed where the person was going and if they could be suitably transferred at their destination. This meant the provider ensured people's transportation from beginning to end was as suitable and efficient as possible.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at staff training records and were informed by the registered manager that training was tailored to meet the needs of the people using the service. This meant hospital training was offered such as on the wards and in accident and emergency. This ensured the staff understood the hospital environment and knew where people needed to go.

We saw that all staff completed first person on scene (FPOS) training as part of their mandatory training. This training included ensuring that people's dignity was maintained regardless of the situation and that if possible, consent was gained before any transportation or treatment. We saw information on equality and diversity was available within the service which meant staff had access to information about how to support people in an individualised way.

We saw evidence that driving licence checks were carried out and recorded, and that registration for paramedics was checked on a regular basis. We also saw that all staff had a current criminal records bureau (CRB) check in place. This meant the necessary checks were in place to keep vulnerable people safe.

We were informed training for staff including first aid at work, fire safety, safeguarding, manual handling, infection control were up to date. This meant the provider had given staff the opportunities to gain the skills and knowledge needed to do their job.

Staff informed us that where possible they would wait for the person to offer consistency of care and minimise confusion and distress. Examples would include when people using the service required an X ray or magnetic resonance imaging (MRI) scan. This meant people's transfers to and from the ward or the medical assessment unit were provided by the same member of staff. This would help to reassure people and the communication of personal information would be clear and understood.

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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