

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

Hospital Logistics Centre

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Date of Inspection: 28 November 2012

Date of Publication: January 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 ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Exel Europe Limited t/a DHL Hospital Transport Services
Overview of the service	Hospital Logistics Centre is part of the DHL Logistics group. Hospital Logistic Centre offers a 24 hour service, by trained ambulance technicians. The service is located in an industrial estate in Park Royal North West London.
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 unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Hospital Logistics Centre, looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2012 and observed how people were being cared for. We talked with staff.

There were no patients using Hospital Logistics Centre available to talk to us.

What people told us and what we found

There were no patients using Hospital Logistics Centre available to talk to us during the day of our inspection.

Patients were involved in their treatment and care and appropriate communication between ambulance staff and patients ensured their views were respected and their choices considered. Appropriate assessment of patients conditions ensured that transport arrangement were carried out appropriately and safely.

The ambulances were clean and maintained however, records did not necessarily demonstrate that cleaning had taken place. The provider has since put in place a system to ensure records are maintained.

Information given to the ambulance crew was appropriate and sufficient, to transport patients safely. Staff were skilled and experienced and were provided with regular periodic training. Complaints had been dealt with appropriately.

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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

There were no patients using Hospital Logistics Centre available to talk to us during the day of our inspection.

We spoke with ambulance technicians and were advised that they always asked patients where they want to sit and also discussed transport arrangements with them and the hospital. Examples given by one member of staff, "I would always try to find out what is the most comfortable position when applying the seat belt to a patient".

Regular patient surveys were undertaken which ensured patients were able to comment on the quality of treatment or care provided. In addition, regular unannounced spot checks carried out by field trainers, ensured during which patients were asked about their transport arrangements ensured quality improvements and contributions by patients were taken into consideration.

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

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We observed the controllers in the office arranging ambulances to pick up patients from various London hospitals. The controller was observed obtaining basic patient information such as the type of condition, mobility and access to the patient's property when patient transport was arranged. The assessment of patients varied depending upon the type of transport required. Patients transport records seen contained the necessary information required to carry out a pick-up and drop off of patients. Ambulance crews were issued personal digital assistant (PDA), also known as a palmtop computers. All necessary patient information such as drop off, Pick up, condition and risk was provided via PDA to ambulance crews.

Ambulance crew advised us that they would always obtain further information from the hospital, ward and patient prior to transporting people using the service.

We spoke with the ambulance crew about the procedure to be followed if the patient's destination was not found to be suitable. The crew told us that they would call the controller and hospital for advice. If the situation continued to be unsafe, they would transfer the patient back to the pick-up location.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

We viewed the safeguarding procedure which was made available to us during our inspection in March 2012. The provider told us that the safeguarding procedure and whistleblowing information were given to staff during their induction, this was confirmed by staff.

Ambulance crew members knew the signs to look out for if they suspected abuse and they knew how to report any suspected incidents. They told us that they would contact the control room and report or would talk to the nurses on the ward. Staff told us that they had received safeguarding training. Records viewed confirmed this.

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

Our judgement

The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

The provider advised us that ambulances were cleaned weekly. During our inspection we observed cleaning being done and ambulances inspected appeared to be clean. We were however not able to view any records of which cleaning duties had been carried out. The member of staff responsible for the cleaning of ambulances used a piece of card board where he recorded the registration numbers of each vehicle which had been cleaned. He advised us, that he failed to complete any records relating to the cleaning activity undertaken.

We discussed this with ambulance crews, who confirmed to us while vehicles appeared to be clean when picked up from the ambulance station evidence of cleaning duties undertaken was not available. In addition to this the provider failed to monitor the completion of these records. While we had visual evidence that vehicles were cleaned the lack of appropriate recording did not demonstrate to us that cleaning was carried out regularly. This could have put patients at risk of acquiring infection.

We discussed the above with the provider who advised us that they would address the issue without delay and forward an action plan to the Care Quality Commission. The provider forwarded within 24 hours an action plan to the Care Quality Commission demonstrating how he addressed the issue. Within the action plan the provider explained how cleaning duties on ambulances were carried out and introduced a system to document and record frequent weekly cleaning duties.

We spoke to ambulance staff, who advised us that gloves were available and vehicles were wiped down with disinfectant wipes following each transport carried out. We viewed records of maintenance and equipment checks carried out by staff at the beginning and end of each shift.

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

Staff told us that they received the necessary support and help from the ambulance provider, comments included "if I need some advise I speak with the controller and they will always help and sort things out".

Staff spoke positively about the ambulance provider and said they worked well as a team. Staff had the relevant skills and experience to carry out the work, some staff was qualified ambulance technicians or ex-nurses. Training was provided in periodic intervals, for example, most recently staff received manual handling training.

Staff spoken with advised us that all new staff received a 21 days induction during which practical and classroom teaching were provided and regular competency tests were carried out, which ensured that suitably qualified staff provided care or support to patients.

Staff and a senior manager told us that refresher training was regularly arranged by the organisation's human resources department.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a detailed complaints procedure in place and advised us that the procedure was available at each ambulance base at the hospitals where services were provided.

We viewed the complaints procedure in practice during our inspection. Complaints were received by a senior customer service assistant. All necessary information was collated and forwarded to a senior member of staff within the company. Complaints records viewed were detailed and actions undertaken were clearly documented. Previous complaints forwarded to the Care Quality Commission demonstrated that the provider dealt with complaints appropriately and their complaints procedure was followed.

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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