# Review of compliance

| Harley Street Ambulance Service Limited<br>Harley Street Ambulance Service | |
|---|---|
| **Region:** | London |
| **Location address:** | Unit 8, 715 North Circular Road<br>London<br>NW2 7AQ |
| **Type of service:** | Ambulance service |
| **Date of Publication:** | March 2012 |
| **Overview of the service:** | Harley Street Ambulance Service (HSAS) was established in 1982. HSAS offer 24 hour service, by trained ambulance technicians and paramedics.The service is located in an industrial estate in North West London. HSAS owns five vehicles, which are used for patient transport services. |

# Summary of our findings
for the essential standards of quality and safety

## Our current overall judgement

**Harley Street Ambulance Service was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

## Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 11 - Safety, availability and suitability of equipment
Outcome 12 - Requirements relating to workers
Outcome 16 - Assessing and monitoring the quality of service provision

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 January 2012, looked at records of people who use services and talked to staff.

## What people told us

There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection.

## What we found about the standards we reviewed and how well Harley Street Ambulance Service was meeting them

### Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The registered person ensured that all patients were protected against the risk of receiving treatment, care or transport that was inappropriate or unsafe by obtaining appropriate patient information.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard.

### Outcome 07: People should be protected from abuse and staff should respect their human rights

The registered person made suitable arrangements to put safeguarding procedures in place, but these were not fully effective because staff spoken with had not received any safeguarding training. They were not fully aware of the whistle blowing procedure which could mean that patients were not always protected from abuse.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The registered person ensured that vehicles were clean and patients were not exposed to unnecessary risk resulting from poor hygiene procedure. There was a lack of up to date recording, which made it hard to monitor and audit cleanliness.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The registered person ensured that equipment was maintained appropriately. Single use equipment, however was  not checked regularly which led to a range of equipment being out of date putting patients under unnecessary risk.

Overall, we found that improvements were needed for this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The registered person operated an effective recruitment procedure, by obtaining CRB clearance, assessing if the person employed is fit to work with vulnerable adults, however the lack of suitable reference checks may put patients under unnecessary risk from being treated by unsuitable staff.

Overall, we found that improvements were needed for this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The registered person generally ensured that quality assessment and monitoring was in place and patients were not at risk of inappropriate or unsafe treatment and care. However these systems were not always effective.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this

report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## Other information

Please see previous reports for more information about previous reviews.

# What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 04:
# Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

**Our judgement**

The provider is compliant with Outcome 04: Care and welfare of people who use services

**Our findings**

**What people who use the service experienced and told us**
There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection. However we observed the two controllers in the office arranging ambulances to pick up patients from various London hospitals. The controllers were observed obtaining basic patient information such as type of condition, mobility and access to the patients property when patient transport was arranged.

**Other evidence**
The assessment of patients varied depending upon the type of transport required. For example, some patients required transport with a High Dependency Unit (HDU) vehicle and a qualified paramedic on board. Patients records viewed during our visit had more detail taking into account the patients circumstances and what treatment the patient required during transport. If vehicles were used for patients transport services (PTS), pick up location, the patients name and destination was sent to the ambulance crew by text on their personal mobile.
Control room staff told us that the majority of time, in particular for PTS the information provided by the hospital was not very detailed, but the ambulance crew received patient information from the hospital ward during pick up. Ambulance crews told us that they filled out a patient transport sheet, which they used and forwarded to the control room monthly. We viewed completed records during our inspection and noted while they were basic; information captured was sufficient.
We discussed with the ambulance crew the procedure followed if the destination where the patient would be left was not suitable. The crew told us that they would call the controller and pick up location for advice. If the situation continued to be unsafe they

transfered the patient back to the pick up location.

**Our judgement**
The registered person ensured that all patients were protected against the risk of receiving treatment, care or transport that was inappropriate or unsafe by obtaining appropriate patient information.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard.

# Outcome 07:
# Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

**Our judgement**

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

**Our findings**

**What people who use the service experienced and told us**
There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection.

**Other evidence**
We viewed the safeguarding procedure which was made available to us. The registered manager told us that the safeguarding procedure and whistle blowing procedure is given to staff in the handbook during their induction. We discussed with staff how they would respond if they dealt with or witnessed abuse of patients. Staff told us that they would contact the control room and report this alert or would talk to the nurses on the ward. However both members of staff we spoke with told us that they had not received safeguarding training and that they had never heard of the whistle blowing procedure. We received various feedback from NHS and private hospitals using HSAS, the feedback we received was positive throughout and no concerns around inappropriate safeguarding procedure were raised.

**Our judgement**
The registered person made suitable arrangements to put safeguarding procedures in place, but these were not fully effective because staff spoken with had not received any safeguarding training. They were not fully aware of the whistle blowing procedure which could mean that patients were not always protected from abuse.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

# Outcome 08:
# Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

## What we found

**Our judgement**

There are minor concerns with Outcome 08: Cleanliness and infection control

**Our findings**

**What people who use the service experienced and told us**
There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection. However we observed the ambulance vehicles to be clean and tidy.

**Other evidence**
We discussed the cleaning regime of ambulances with office staff. Staff told us that ambulances were cleaned following each transport and at the end of each shift and weekly a deep clean of each vehicle was undertaken. Staff spoken with told us that disinfectant to clean the ambulances was not available. The registered manager told us that this was not correct and showed us storage of cleaning materials in the ambulance bay. We tried to obtain written documentation of this cleaning procedures, but no up to date documentation was available. We discussed this with the registered manager and were advised that ambulance crews do not visit the control room regularly and cleaning records were kept on the vehicles. We raised our concern that the lack of monitoring regarding the cleanliness of vehicles may have a future impact on patients. However hand gel and gloves were available on the ambulance we inspected.

**Our judgement**
The registered person ensured that vehicles were clean and patients were not exposed to unnecessary risk resulting from poor hygiene procedure. There was a lack of up to date recording, which made it hard to monitor and audit cleanliness.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

# Outcome 11:
# Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
* Benefit from equipment that is comfortable and meets their needs.

## What we found

**Our judgement**

There are moderate concerns with Outcome 11: Safety, availability and suitability of equipment

**Our findings**

**What people who use the service experienced and told us**
There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection. However we observed that some of the single use equipment provided was out of date.

**Other evidence**
The registered manager advised us that equipment such as stretchers, defibrillators and oxygen cylinders were checked regularly by ambulance staff and external contractors. We sampled equipment and noted that checks had happened regularly and the equipment was up to date. There were records to evidence this on the equipment.
We also checked single use equipment on ambulances and in the back up storage, such as infusion sets, aerosol masks, tracheal tubes, surgical gloves and pediatric breathing equipment. We noted that the majority of single use equipment we checked had expired, some as far back as May 2005. We discussed our findings with the registered manager who advised us that ambulance crew use the equipment rarely. Qualified paramedics were responsible and ensured that emergency equipment used was stocked according to manufacturers guidance. One paramedic spoken with told us that whenever a HD patient is transferred a nurse from the trust accompanied the crew, this ensured that the patient was made safe and any emergency can be dealt with swiftly.

**Our judgement**

The registered person ensured that equipment was maintained appropriately. Single use equipment, however was  not checked regularly which led to a range of equipment being out of date putting patients under unnecessary risk.

Overall, we found that improvements were needed for this essential standard.

# Outcome 12:
# Requirements relating to workers

## What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

**Our judgement**

There are moderate concerns with Outcome 12: Requirements relating to workers

**Our findings**

**What people who use the service experienced and told us**
There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection.

**Other evidence**
We assessed staffing records during our inspection visit. Records viewed contained application forms, induction checklist, proof of identification and registration with the Health Professional Council for qualified paramedics. The registered manager was not able to provide us with evidence of Criminal Records Bureau (CRB) checks, but forwarded a list of CRB numbers for all staff within 48 hours. We discussed the lack of references for staff with the manager and were advised that verbal references were obtained for all staff, but records of these were not available for inspection. We explained to the registered manager the importance of written references, which should be verbally verified with the referee as this provided additional assurance that patients are protected from receiving a service from unsuitable staff.

**Our judgement**
The registered person operated an effective recruitment procedure, by obtaining CRB clearance, assessing if the person employed is fit to work with vulnerable adults, however the lack of suitable reference checks may put patients under unnecessary risk from being treated by unsuitable staff.

Overall, we found that improvements were needed for this essential standard.

# Outcome 16:
# Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

**Our judgement**

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

**Our findings**

**What people who use the service experienced and told us**
There were no patients using Harley Street Ambulance Service (HSAS) available to talk to us during the day of our inspection.

**Other evidence**
The provider ensured that regular quality audits were carried out. The annual quality management audit in January 2011 under International Organisation for Standardisation (ISO) 9001, made three recommendations of improvement, which the provider implemented. The next quality audit was arranged for February 2012. In addition to this, regular Health and Safety (H&S) audits were carried out and a date was arranged for the annual H&S audit.
We viewed feedback from patients and purchasers obtained by the provider, which had been positive throughout and praised the provider as being "very reliable and efficient". However, as previously stated audits of vehicle cleaning and single use equipment were not in place and as a result compliance actions had been made in respect of this.

**Our judgement**
The registered person generally ensured that quality assessment and monitoring was in place and patients were not at risk of inappropriate or unsafe treatment and care. However these systems were not always effective.

Overall, we found that Harley Street Ambulance Services was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

# Action
we have asked the provider to take

## Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity | Regulation | Outcome |
|---|---|---|
| Transport services, triage and medical advice provided remotely | Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 07: Safeguarding people who use services from abuse |
| | **Why we have concerns:**<br>The registered person made suitable arrangements to put safeguarding procedures in place, but these were not fully effective because staff spoken with had not received any safeguarding training. They were not fully aware of the whistle blowing procedure which could mean that patients were not always protected from abuse. | |
| Transport services, triage and medical advice provided remotely | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 08: Cleanliness and infection control |
| | **Why we have concerns:**<br>The registered person ensured that vehicles were clean and patients were not exposed to unnecessary risk resulting from poor hygiene procedure. There was a lack of up to date recording, which made it hard to monitor and audit cleanliness. | |
| Treatment of disease, disorder or injury | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 08: Cleanliness and infection control |
| | **Why we have concerns:**<br>The registered person ensured that vehicles were clean and patients were not exposed to unnecessary risk resulting from poor hygiene procedure. There was a lack of up to date recording, which made it hard to monitor and audit cleanliness. | |

| | | |
|---|---|---|
| Transport services, triage and medical advice provided remotely | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | **Why we have concerns:**<br>The registered person generally ensured that quality assessment and monitoring was in place and patients were not at risk of inappropriate or unsafe treatment and care. However these systems were not always effective. | |
| Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | **Why we have concerns:**<br>The registered person generally ensured that quality assessment and monitoring was in place and patients were not at risk of inappropriate or unsafe treatment and care. However these systems were not always effective. | |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

| Regulated activity | Regulation | Outcome |
|---|---|---|
| Treatment of disease, disorder or injury | Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 11: Safety, availability and suitability of equipment |
| | **How the regulation is not being met:** The registered person ensured that equipment was maintained appropriately. Single use equipment, however was not checked regularly which led to a range of equipment being out of date putting patients under unnecessary risk. | |
| Transport services, triage and medical advice provided remotely | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| | **How the regulation is not being met:** The registered person operated an effective recruitment procedure, by obtaining CRB clearance, assessing if the person employed is fit to work with vulnerable adults, however the lack of suitable reference checks may put patients under unnecessary risk from being treated by unsuitable staff. | |

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of

compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

| | |
|---|---|
| **Document purpose** | Review of compliance report |
| **Author** | Care Quality Commission |
| **Audience** | The general public |
| **Further copies from** | 03000 616161 / www.cqc.org.uk |
| **Copyright** |  |

## Care Quality Commission

| | |
|---|---|
| **Website** | www.cqc.org.uk |
| **Telephone** | 03000 616161 |
| **Email address** | enquiries@cqc.org.uk |
| **Postal address** | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |