

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

## Harley Street Ambulance Service

Tel: 02082084440

Date of Inspection: 29 November 2012

Date of Publication:  
December 2012

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Harley Street Ambulance Service Limited
Registered Manager	Mrs. Claire Dobson
Overview of the service	Harley Street Ambulance Service (HSAS) offers 24 hours services, by trained emergency ambulance technicians (EMT) and paramedics. HSAS is located in North West London with a fleet of five vehicles, which are used for patient transport services (PTS).
Type of service	Ambulance service
Regulated activities	Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Cleanliness and infection control	8
Safety, availability and suitability of equipment	9
Requirements relating to workers	10
Complaints	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Harley Street Ambulance Service, looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2012 and observed how people were being cared for. We talked with staff.

There were no patients using Harley Street Ambulance Services available to talk to us.

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### What people told us and what we found

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There were no patients using HSAS available to talk to us during the day of our inspection. Equipment used and provided was maintained and up to date. Vehicles were cleaned and maintained regularly.

Appropriate cleaning procedures ensured that the risk of infection was minimised. We were told that patients were given a choice of where to sit during transport that was safe and appropriate to their condition.

Information given to the ambulance crew was appropriate and sufficient, to transport patients safely.

Staff were checked appropriately for their suitability to work with vulnerable people.

Robust complaints procedures ensured that all complaints were dealt with and investigated thoroughly, this ensured that patients were satisfied with the service provided by HSAS.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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

We spoke with one EMT and one paramedic during our inspection. We were advised that they would always ask patients where they wanted to sit and also discussed transport arrangements with them and the hospital. Staff told us that they would use gestures, sign language or consult relatives when talking to patients where English was not the first language. One member of staff told us, that "the most important thing is to communicate and explain everything to patients."

We viewed patient feedback obtained by the provider which was mostly very positive and included comments such as, "I was very pleased with the fast response."

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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

We observed the controller 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 staff explained to us that they would receive basic information from the controllers and would then undertake an assessment during pick up by talking to the patient, assessing the environment and talking to hospital staff. A patient transport sheet was then completed, which contained the required assessment and transport information. We viewed some of these patient transport sheets, which were detailed and adequate for the transport provided by HSAS. Patients surveyed commented that HSAS was "brilliant" or "very effective."

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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A safeguarding procedure and whistle blowing procedure was made available to us during our inspection. Staff spoken with confirmed that they were given a copy of these procedures as part of their induction. A form signed by staff was shown to us demonstrating that this had happened.

Staff explained to us the process to be followed in case of allegations of abuse or if they were faced with unsuitable destination points to drop of vulnerable patients. This process was confirmed to us by the provider and controllers spoken with during our inspection.

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

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We observed one of the ambulances being cleaned during the day of our inspection. Staff talked us through the process, we judged the process as being very thorough and observed that all equipment was removed and cleaned as well as disinfected thoroughly. Staff told us that this process was undertaken weekly and records viewed confirmed this frequency the majority of the time. We noted occasionally some gaps in the recording, which was noted by the provider. Ambulance crew advised us that disinfectants, gloves and cleaning materials were available and ambulances were generally wiped down after each completed transport.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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During our previous inspection in January 2012 we noticed that the provider used old and unsuitable single use equipment.

During this inspection we found all equipment we checked to be within the manufacturers' date of expiry, available in sufficient quantities and easily accessible to ambulance crews. Staff spoken with told us that they would always pick up single use equipment for the ambulance station and there had not been an occasion when equipment was not available. We observed staff during the cleaning of the ambulance that all equipment was removed and checked for expiry dates and usability.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work.

We viewed employment records of newly appointed staff. All relevant checks such as employment history, criminal record checks and references were obtained prior to offering employment. This helped to ensure that patients' were protected from unsuitable staff. The provider told us and showed us that he had obtained a police check from abroad for a foreign national employed by HSAS.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We viewed four examples of complaints which had been investigated by the provider. Records of the findings and actions taken were in place. Evidence of where lessons were learnt was available. A complaints procedure was forwarded to us by the provider. The provider advised us that patients were informed of this procedure and encouraged to use the procedure.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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