

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

Lifestar Medical Limited

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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, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

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

Contents

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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 6 December 2013 and talked with staff.

What people told us and what we found

We visited the office of Lifestar Medical Limited and met with the registered manager, and a member of the management team. Following our inspection we spoke with three members of staff who worked for the organisation.

We did not have an opportunity to meet with people who used the service because people did not visit the office as treatment and support was provided in transit in ambulances.

Care and treatment was planned and delivered in a way to ensure people's safety and welfare.

People were protected from the risk of infection because appropriate guidance had been followed.

People were protected from unsafe or unsuitable equipment.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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.

Care and treatment was planned and delivered in a way to ensure people's safety and welfare.

Reasons for our judgement

We saw the provider had a system in place to obtain the initial assessment of people's health and support needs prior to transporting them. For private patients this information was recorded on journey sheets. This meant that staff had information so they were able to meet a person's needs and could ensure that necessary equipment was available.

The registered manager described how she liaised with a number of professionals to gather important information about a person, for example the home and hospital. The registered manager told us for some people they may have never used an ambulance service, and she liked to "reassure people that they are going to be looked after". We spoke with staff who confirmed information was provided to them about people's care needs prior to collecting a patient.

The provider worked in conjunction with local NHS hospitals and had contractual agreements in place with external providers. We were concerned to hear that information regarding people's care needs from one contacting organisation was sometimes limited. Information about key health and social care needs were not always detailed to staff which had resulted in staff having to work in situations that they may not have been prepared for.

The provider was recording the concerns which had been raised by staff and was setting up a meeting to discuss this further.

The provider had introduced a system to obtain patient experience feedback of their journey. We saw on the journey sheets that patients had been asked to comment how they had felt, for example a sad or smiley face. This demonstrated that the provider was committed to ensuring patients received a good service and patients had an opportunity to feedback.

Staff wore a uniform and had an identity card; this is important so people are aware that the person works for the organisation.

The provider had a system in place to respond to incidents, for example if a patient became unwell whilst being transferred. The protocols regarding this were available to staff in the staff handbook which was kept on each vehicle. The provider may find it useful to note there was no policy in place.

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 protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The provider had an infection control policy in place, the policy considered many areas such as health care waste, sharp objects, spillage of body fluids, equipment, and vehicle cleaning.

There was a copy of the code of practice for health and adult social care on the prevention and control of infection and related guidance available to staff for reference. We met with the person who was the lead for infection control. The provider may find it useful to note, that this person had not undertaken any training.

The management of clinical waste was handled through arrangements that the provider had with the local NHS hospital, we saw this was detailed in the infection control policy. We were told that staff were informed of their responsibilities regarding clinical waste during their induction. The provider may find it useful to note, the management of clinical waste was not documented on the induction paperwork which was shown to us.

We were shown that the provider had cleaning schedules in place, to ensure vehicles were cleaned effectively. We saw that the cleaning schedules detailed the frequency and the method required to ensure effective prevention and control of infection.

We saw a sample of staff records which confirmed staff had received training in infection control. Staff we spoke with demonstrated their knowledge of infection control practices and the management of clinical waste.

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 looked at the records for two vehicles, we found evidence the vehicles had an up to date MOT certificate and insurance certificate. We saw computer records which evidenced that the maintenance of the vehicles was carried out. The provider may like to note that there was no full overview of maintenance and servicing records for vehicles.

We spoke with staff who told us about their responsibilities regarding vehicle safety. There were daily and weekly checks carried out on vehicles for safety, we saw that staff recorded any concerns they had regarding vehicles and action was noted by management and rectified.

The provider had in place a vehicle recovery contract in place. The staff handbook provided staff with information in the event should a vehicle breakdown. The provider had arrangements in place for local and out of County support.

We saw there was a contract in place to check medical equipment was safe for use. Medical equipment such as suction units and defibrillators had been checked in May 2013, and we saw all equipment assessed had been passed as safe for use.

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

Lifestar Medical Limited provided staff with a staff handbook; the handbook had been updated in October 2013 and provided staff with information to support them with their role. The handbook was kept in vehicles so staff had immediate access to information.

Policies and procedures relevant to the day to day running of the service were available for staff in files which were held in vehicles. This ensured staff had access to information whilst in transit.

The provider had an induction policy statement which detailed the responsibilities of the employer and the employee to ensure staff were supported in their role.

The provider had introduced a staff competency check list as part of induction. We saw staff who had recently joined the organisation had completed the induction process and competency check list. We were also told that new staff were paired up with more experienced staff to shadow that person and that staff were observed by a member of the management team before they were 'signed off' as being competent. Staff we spoke with confirmed this.

We saw staff had undertaken training in safeguarding, first aid, infection control and the Mental Capacity Act 2005. We saw some employees had undertaken additional training such as dementia, disability, equality and diversity, nutrition and person centred thinking. One member of staff told us that if they wanted any additional training they could request it.

Staff appraisals had taken place and were continuing through-out 2013/2014. The registered manager confirmed she was looking at a new system to ensure that everyone's appraisal was completed at a particular time of the year to ensure no one was forgotten.

We saw a copy of a spread sheet which had been devised to keep an overview of training. This demonstrated the provider was committed to ensuring staff were always up to date with training requirements.

The registered manager ensured that qualified paramedics were registered with the Health and Care Professional Council (HCPC). The HCPC is the professional body that is responsible for the registration and competence of qualified paramedics. The provider may find it useful to note, there was no formal record of this on staff recruitment files. We looked at one employee's registration on the HCPC website on the day of our inspection and found that they were registered.

Qualified paramedics are responsible to complete continuing professional development (CPD) as part of their registration with the HCPC; the registered manager told us that she had good links with the local NHS hospital for staff to keep up to date with clinical practices for their CPD.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed a selection of records the service held, such as recruitment, training, patient journey sheets, and vehicle records including insurance and MOT certification. We found that records were in date, well ordered, clear and factual.

We found records were stored securely. The office had a coded lock and blinds so that only staff with a need to access records could do so.

As part of the induction process, people who worked for Lifestar Medical Limited were informed of their responsibilities regarding Data Protection and Confidentiality. We also saw in staff recruitment files that people's employment contracts made reference to the importance of confidentiality.

Staff we spoke with told us about their understanding and responsibilities regarding patient confidentiality, they told us paperwork was never left on view, and electrical equipment which contained confidential personal information was never left unattended.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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