

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

Harley Street Ambulance Service

Unit 8, London Group Business Park, 715 North
Circular Road, London, NW2 7AQ

Tel: 02082084440

Date of Inspection: 29 October 2013

Date of Publication:
December 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	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
Summary of this inspection:	
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	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Meeting nutritional needs	8
Cleanliness and infection control	9
Supporting workers	10
Records	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 29 October 2013, checked how people were cared for at each stage of their treatment and care and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We did not talk with people who had received support and treatment from the service during our inspection, but we did see quality assurance questionnaires from people using the service and their representatives. All were complimentary about the service and said staff were "well-trained" and "competent and highly professional."

We found the service maintained patient's privacy and dignity whilst being transported. The records showed us patients were involved in their care and offered appropriate choices in relation to their treatment.

The care provided was tailored to meet the specific needs of each individual and ensured their safety and welfare. Staff followed appropriate infection control procedures to ensure the health and safety of patients, staff and the general public.

The ambulances were clean and well maintained.

We found the staff were supported by management and undertook appropriate training to enable them to meet the needs of their patients.

The service had effective systems in place to monitor levels of customer satisfaction.

We found that records were stored safely and people's confidentiality was ensured and protected.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke to two crew members during our inspection of HSAS, both staff demonstrated good understanding of the Mental Capacity Act (MCA) 2005 and had received training. Ambulance crew told us that they would always talk to patients and ask them if safety belts were comfortable and when possible if they would want to sit at the right or the left hand side of the ambulance. One crew member told us that he "would ask a relative if the person was not able to make their own decisions."

Due to the nature of the patient transport sector, transport was arranged by the hospital using HSAS as the agent to provide transport and consent issues were dealt with by the hospital. The provider also provided private transfers, which were arranged directly between HSAS and the patient or their representatives.

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

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

The manager gave us examples of the type of information the service would ask for before they provided a service. They told us that the initial enquiry would be received by telephone or by e-mail. The service would ask for sufficient information to decide if they could meet the person's needs effectively and safely. Any potential risks to the patient would be identified at the initial enquiry stage.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Details of the person's diagnosis, treatment and medical needs on route were documented. This enabled the service to plan the trip and to identify specific risks to the patient.

We saw the ambulance was fully equipped to deal with all types of medical emergency. There was oxygen and suction equipment on board. We saw a medical kit containing emergency equipment including a defibrillator and other first aid and resuscitation equipment. We saw records that showed that staff had been trained in its use.

We were told the service used paramedics and emergency technicians to meet the care needs of the people who used the service and to maintain their safety.

We saw questionnaires from people who used the service that were very positive about the quality of care provided by the service. One person said in the questionnaire, "The service provided has been excellent and the staff are very professional and friendly."

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We were told by the ambulance crew that the service planned the trip in detail, considering the need for refreshment breaks if the service was transporting the patient any distance. We were told that bottled water was available on the ambulances and the vehicles were replenished at the ambulance base. This meant that people were comfortable and that their nutritional needs were met. One ambulance crew member gave an example of asking patients on long journeys, if they required a comfort break, which ensured that patients were comfortable during their journey.

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

There were effective systems in place to reduce the risk and spread of infection.

We saw the service had policies and procedures on infection control. The manager told us that the policies and procedures were routinely followed to ensure patient safety. We saw records that confirmed staff had received training in infection control and decontamination.

We looked at one ambulance and found the vehicle was clean and well organised. All linens had been laundered and were stored safely. All materials and surfaces were suitable for decontamination. The ambulance contained sufficient supplies of disposable equipment to support patients appropriately. The ambulance contained a spillage kit, spare linens and appropriate cleaning materials including hand gels, surface wipes and disposable protective equipment for the crew.

Equipment such as suction equipment and oxygen masks were disposable and single use. The manager told us the expiry dates were checked regularly on certain dated equipment to ensure they remained hygienic and safe. We checked a random sample of the equipment and saw that it was all within date.

The manager assured us that they regularly deep cleaned the ambulances and was able to tell us how they decontaminated the ambulance between patients and completed essential equipment checks. The manager showed us their stock of cleaning materials. This confirmed that they were provided with the materials that they needed to ensure good infection control processes.

We saw that the ambulance held a yellow clinical waste bag and the manager told us about their arrangements for the disposal of contaminated waste.

Supporting workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that staff received appropriate professional development.

The manager told us that ambulance crew received regular training; this was confirmed by the two crew members we spoke with and three staff records we viewed during our inspection. This ensured that ambulance crews underwent regular training to keep their skills and qualifications current and that they took regular opportunities to gain further professional qualifications.

We looked at records the manager had kept that showed that they had checked and confirmed that the personnel they used had been trained to deal with medical emergencies and had maintained their Health Care Professions Council (HPC) registration where required. We saw evidence that the manager checked that they had up to date Disclosure and Barring services checks in place.

Records

✓ Met this standard

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

People's personal records, staffing records and other records relevant to the management of the service were accurate and fit for purpose.

All records were stored in lockable cabinets, electronic records were password protected ensuring they can only be accessed by people authorised to do so.

The ambulance provider was registered with the Information Commissioners Office (ICO), which required providers to register and ensured personal records were handled sensitively and safely.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
