



External Provider Assurance Assessment

Providers Name:ERS (SRCL) Medical Services

Date of visit: 06/11/2014

An unannounced inspection was undertaken on 6th November 2014 to assess that essential standards of quality and safety were being met in accordance with the contractual agreements between ERS (SRCL) Medical Services and South East Coast Ambulance Service NHS Foundation Trust.

The assessment started at 11: 02 and ended at 12:28, the inspection team attended the following location:

Apex 30
Unit A 233-269 London Road
Staines
TW18 4JU .

**Overall assessment of
provider compliance**





SECTION A1

Assessment of Staffing and Qualifications

Complete one form per staff file checked

Y N N/A

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A. Is there evidence of certification which confirms qualification? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is there evidence of mandatory training undertaken in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Is there evidence of a SECAmb induction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Is there evidence of a personal development meeting in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Is there a copy of a driving licence on file that has been checked in the last 12 months relevant to the class of vehicle ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is there a current Disclosure and Barring Service check on file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Is there evidence that the staff member has been inducted on vehicles and vehicle equipment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| H. Is there evidence that the employment history of the member of staff has been checked to confirm there is no history of dismissal from NHS service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| I. Is there evidence that the member of staff has undergone a occupational health assessment prior to starting active service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| J. Is there evidence that the member of staff has had the opportunity to declare any conflict of interests? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K. If a declaration has been declared, does this impact in SECAmb? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L. Is there evidence that the member of staff has completed a blue light driving course? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. If the member of staff is a registered health care professional, is there evidence that the employer has checked the appropriate register in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| N. If the member of staff is a registered health care professional, the assessor has independently checked the appropriate register which confirmed an active registration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Qualification of the member of staff was declared as:

PTS: ?

ECSW: ?

TECHNICIAN: ?

PARAMEDIC: ?



SECTION A2

Assessment of Staffing and Qualifications

Complete one form per staff file checked

Y N N/A

☐ ☒ ☐☐ ☒ ☐☐ ☒ ☐☐ ☒ ☐☒ ☐ ☐☐ ☒ ☐☒ ☐ ☐☐ ☒ ☐☐ ☒ ☐☐ ☒ ☐☐ ☒ ☐☒ ☐ ☐☐ ☐ ☒☐ ☐ ☒

Qualification of the member of staff was declared as:

PTS:

ECSW:

TECHNICIAN (TRAINEE):

PARAMEDIC:



SECTION A3

Assessment of Staffing and Qualifications

Complete one form per staff file checked

Y N N/A

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| A. Is there evidence of certification which confirms qualification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Is there evidence of mandatory training undertaken in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Is there evidence of a SECAmb induction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Is there evidence of a personal development meeting in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Is there a copy of a driving licence on file that has been checked in the last 12 months relevant to the class of vehicle ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F. Is there a current Disclosure and Barring Service check on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G. Is there evidence that the staff member has been inducted on vehicles and vehicle equipment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| H. Is there evidence that the employment history of the member of staff has been checked to confirm there is no history of dismissal from NHS service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| I. Is there evidence that the member of staff has undergone a occupational health assessment prior to starting active service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| J. Is there evidence that the member of staff has had the opportunity to declare any conflict of interests? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K. If a declaration has been declared, does this impact in SECAmb? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L. Is there evidence that the member of staff has completed a blue light driving course? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| M. If the member of staff is a registered health care professional, is there evidence that the employer has checked the appropriate register in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| N. If the member of staff is a registered health care professional, the assessor has independently checked the appropriate register which confirmed an active registration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Qualification of the member of staff was declared as:

PTS:

ECSW:

TECHNICIAN:

PARAMEDIC:



SECTION A4

Assessment of Staffing and Qualifications

Complete one form per staff file checked

Y N N/A

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A. Is there evidence of certification which confirms qualification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Is there evidence of mandatory training undertaken in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Is there evidence of a SECAmb induction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Is there evidence of a personal development meeting in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Is there a copy of a driving licence on file that has been check in the last 12 months relevant to the class of vehicle ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F. Is the a current Disclosure and Barring Service check on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G. Is there evidence that the staff member has been inducted on vehicles and vehicle equipment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| H. Is there evidence that the employment history of the member of staff has been checked to confirm there is no history of dismissal from NHS service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| I. Is there evidence that the member of staff has undergone a occupational health assessment prior to starting active service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| J. Is there evidence that the member of staff has had the opportunity to declare any conflict of interests? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K. If a declaration has been declared, does this impact in SECAmb? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L. Is there evidence that the member of staff has completed a blue light driving course? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. If the member of staff is a registered health care professional, is there evidence that the employer has checked the appropriate register in the last 12months? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| N. If the member of staff is a registered health care professional, the assessor has independently checked the appropriate register which confirmed an active registration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Qualification of the member of staff was declared as:

PTS: ?

ECSW: ?

TECHNICIAN: ?

PARAMEDIC: ?



SECTION A5

Assessment of Staffing and Qualifications

Complete one form per staff file checked

Y N N/A

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A. Is there evidence of certification which confirms qualification? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is there evidence of mandatory training undertaken in the last 12 months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is there evidence of a SECAmb induction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Is there evidence of a personal development meeting in the last 12 months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is there a copy of a driving licence on file that has been checked in the last 12 months relevant to the class of vehicle ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is there a current Disclosure and Barring Service check on file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Is there evidence that the staff member has been inducted on vehicles and vehicle equipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Is there evidence that the employment history of the member of staff has been checked to confirm there is no history of dismissal from NHS service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Is there evidence that the member of staff has undergone a occupational health assessment prior to starting active service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Is there evidence that the member of staff has had the opportunity to declare any conflict of interests? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. If a declaration has been declared, does this impact in SECAmb? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| L. Is there evidence that the member of staff has completed a blue light driving course? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. If the member of staff is a registered health care professional, is there evidence that the employer has checked the appropriate register in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| N. If the member of staff is a registered health care professional, the assessor has independently checked the appropriate register which confirmed an active registration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Qualification of the member of staff was declared as:

PTS:

ECSW:

TECHNICIAN:

PARAMEDIC:



SECTION B1

Assessment of Fleet

Complete one form per vehicle checked

Vehicle Registration Number: **HN11UTT**

Y N N/A

- A. Was the date of the last service ahead of the recommended manufacture time frame? ☐ ☒ ☐
- B. Is there evidence that once the vehicle has been in consistent use by SECamb for six weeks that a regime of being serviced or inspected every 6 weeks would take place? ☐ ☒ ☐
- C. Is there evidence that the vehicle was currently taxed? ☒ ☐ ☐
- D. Is there evidence that the vehicle had undergone a MOT in the last 12 months? ☐ ☒ ☐
- E. Is there evidence that the tail lift has undergone a LOLER test in the last 6 months? ☐ ☐ ☒
- F. Is there evidence that the tail lift has undergone a LOLER test every 6 months since the time of purchase? ☐ ☐ ☒

Current Mileage: **095417**

Mileage at last service: **UNKNOWN**

- G. Is there evidence that the stretcher has been serviced in the last 6 months? ☐ ☒ ☐
- H. Is there evidence that the stretcher has been serviced every 6 months since purchase? ☐ ☒ ☐
- I. Is there evidence that the carry & wheel chair has been serviced in the last 6 months? ☒ ☐ ☐
- J. Is there evidence that the carry & wheel chair has been serviced every year since purchase? ☐ ☒ ☐
- K. Is there evidence that the medical gas piping has been serviced in the last 12 months? ☐ ☒ ☐
- L. Is there evidence of a deep cleaning regime that has been completed in the last 12 weeks? ☐ ☒ ☐
- M. On inspection tyres and type tread pattern were identical on any one axle? ☐ ☒ ☐
- N. On inspection were tread depth more than 3mm? ☒ ☐ ☐
- O. Is there evidence of daily vehicle checks that cover tyre tread, oil, water & lights? ☐ ☒ ☐
- P. On inspection there was no evidence of body damage including no sharp protruding edges on the vehicle bumpers and external ornamentation was secure with no broken glass? ☐ ☒ ☐
- Q. Is there evidence of Proof of vehicle insurance including public liability insurance? ☐ ☒ ☐



SECTION B2

Assessment of Fleet

Complete one form per vehicle checked

Vehicle Registration Number: HV63 UHK

Y N N/A

- A. Was the date of the last service ahead of the recommended manufacture time frame? ☐ ☒ ☐
- B. Is there evidence that once the vehicle has been in consistent use by SECamb for six weeks that a regime of being serviced or inspected every 6 weeks would take place? ☐ ☒ ☐
- C. Is there evidence that the vehicle was currently taxed? ☐ ☒ ☐
- D. Is there evidence that the vehicle had undergone a MOT in the last 12 months? ☐ ☒ ☐
- E. Is there evidence that the tail lift has undergone a LOLER test in the last 6 months? ☐ ☐ ☒
- F. Is there evidence that the tail lift has undergone a LOLER test every 6 months since the time of purchase? ☐ ☐ ☒

Current Mileage: 28015

Mileage at last service: UNKNOWN

- G. Is there evidence that the stretcher has been serviced in the last 6 months? ☐ ☒ ☐
- H. Is there evidence that the stretcher has been serviced every 6 months since purchase? ☐ ☒ ☐
- I. Is there evidence that the carry & wheel chair has been serviced in the last 6 months? ☐ ☒ ☐
- J. Is there evidence that the carry & wheel chair has been serviced every year since purchase? ☐ ☐ ☒
- K. Is there evidence that the medical gas piping has been serviced in the last 12 months? ☐ ☒ ☐
- L. Is there evidence of a deep cleaning regime that has been completed in the last 12 weeks? ☐ ☒ ☐
- M. On inspection tyres and type tread pattern were identical on any one axle? ☐ ☒ ☐
- N. On inspection were tread depth more than 3mm? ☒ ☐ ☐
- O. Is there evidence of daily vehicle checks that cover tyre tread, oil, water & lights? ☐ ☒ ☐
- P. On inspection there was no evidence of body damage including no sharp protruding edges on the vehicle bumpers and external ornamentation was secure with no broken glass? ☐ ☒ ☐
- Q. Is there evidence of Proof of vehicle insurance including public liability insurance? ☐ ☒ ☐



SECTION C1

Assessment of Equipment

Y N N/A

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- A. A Policy on medical equipment maintenance is available for viewing, is in date and valid
- B. A Policy on medical equipment training is available for viewing, is in date and valid
- C. An Equipment list is available for viewing demonstrating relations to staff grade
- D. A portfolio of risk assessments on all equipment is available for viewing, is in date and valid
- E. A Maintenance procedure which includes maintenance staff qualifications or contractor details is available for viewing, is in date and valid
- F. Maintenance and service records for equipment for the last 12 months are available for viewing
- G. A Servicing procedure which includes service staff qualifications or contractor details is available for viewing, is in date and valid
- H. An asset register is available for viewing
- I. A MHRA incident reporting procedure is available for viewing, is in date and valid
- J. There is evidence of MHRA incident reports and alerts being received & action taken (if necessary)
- K. Physical check of all high value items confirmed last and next service date
- L. Physical check of all high value items confirmed serial number on asset list
- M. There is evidence of an equipment procurement process and the assessor is able to track an item through this process
- N. Equipment available for SECAMB shifts matched the latest standard load list supplied to the provider
- O. All products checked were in date
- P. There is evidence of a recent check of all equipment
- Q. There is evidence of an consumables procurement process and the assessor is able to track an item through this process



SECTION C2

Assessment of Estate

Y N N/A

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Further comments from the assessor relating to the providers estate:



SECTION D

Assessment of Medicines Management

	Y	N	N/A
1. Is there evidence that the provider can track batch numbers of all medicines in their possession?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there evidence that the provider can report stock levels of each medicine with ease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there evidence of frequent stock checks and audits to identify misuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all medicines correctly labelled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all medicines in date and displaying an appropriate expiry date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the provider obtaining medicines through a legal supply route?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is there evidence that the provider can track access to all medicines, ensuring no one has access who is not authorised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Complete if the provider supplies paramedics

8. Is there evidence that the provider has inspected their own sites within the last 6 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there copies of relevant policies and standard operating procedures relating to the management and security of Controlled Drugs to hand?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Is the evidence that the provider monitors use of Controlled Drugs and can report against excessive, unusual or inappropriate administration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there evidence of clear procedures for escalating concerns around use and security of Controlled drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Do all Controlled Drug safes conform to legal recruitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are registers in place for each Controlled Drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are any errors in the Controlled Drug registers correctly recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are all orders for Controlled Drug countersigned by the provides medical director?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Is the providers accountable officer trained to undertake the role and does not hold a clinical role within the providers organisation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Is there original copies of all Patient Group Directives available for inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SECTION E

Assessment of what we were told or observed

- | | Y | N | N/A |
|------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. All clinical staff seen displayed correct uniform | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All clinical staff seen conformed to "bare below the elbows"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The assessment team felt welcomed and accepted by all staff? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The assessment team felt the provider was well organised | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

When talking to the provider's staff we were told:

" We are a large company who has swallowed up lots of small ones and we are still fighting through the hash of records "

When talking to the provider's staff we were told:

" Formerly get off the site and if [REDACTED] has a problem with it tell him to call me"

When talking to the provider's staff we were told:

" I have a meeting to go to so make this quick "

The following scenario was posed to a member of staff:

If the MHRA issued a drug recall how would you be able to tell if you had the batch being recalled and where it was at any one time

The answer was satisfactory: YES ☐ NO ☒



Summary

Summary of visit from lead assessor

Staffing

The inspection team were informed by a representative from HR that the provider is mid transitioning from a system of storing staff records at each local location to a central database in Leeds. A list of staff names and numbers were requested and five members of staff were picked at random from this list, the results of the inspection into these staff records are included under section A of this report. The inspection team note that while one of the staff records identified a DBS check this expired in 2009

The inspection team were not reassured by the majority of the explanations given by the HR representative and ultimately were not able to identify sufficient processes in place to ensure the appropriate recruitment and management of staff.

Medicines Management

The inspection team were met by a clinical manager along with a member of staff responsible for repacking medicines to discuss the management of medicines. Clear process and procedures were defined and explained including the ability to track the locations of medicines and a resolution to an earlier complaint from SECAmb around medicines not displaying the correct expiry date and batch numbers was offered.

A random inspection of a checked and operational medicines bag identified that the above process were not being followed. In addition the provider was not able to identify the presence of an accountable officer as defined in the recommendations contained in the Third Shipman Inquiry, the provider attempted to reassure the inspectors that they understood the process involved in management of Controlled Drugs but were unable to identify full compliance, in addition the inspector had noted that the provider has not completed a self-assessment document.

Fleet

The inspection team were informed that the vehicles stored at Staines would not be used on a SECAmb contract shift, for this reason the team agreed to mark any item as “not applicable” if this referred to a SECAmb requirement other than a generic national or legal requirement.

Both vehicles inspected contained SECAmb documentation and therefore the inspection team were not reassured that the vehicles inspected have not and could not be used as part of the SECAmb contract. The inspection team were unable to view or interrogate any fleet records as only one member of staff had access to these documents and they were not present during the time of inspection, this raised concerns with the inspection team around the ability of the provider to ensure vehicles were fit for operational use.

The results of each vehicle inspection are listed in Section B of this document but the following highlights are made, any areas marked in red indicate where we were not able to inspect before being asked to leave.



Summary Continued

- HN11UTT – Found Sabre Flow meter with service due sticker of 9/8/12, and the corresponding vehicle pipeline connector also with service due 9/8/12.
- HN63UHK – Found Oxylite flow meter with “Property of EMAS” sticker on it, although it had been serviced by their service contractor recently. The straps on the scope stretcher were not of a type that fits with SECamb infection control policy (webbing type).

During a walk around the garage area, there was a large pile of equipment stacked behind a sign balanced on a chair, the sign stated “defective equipment”, but the equipment was not tagged as defective and no security existed that would stop this being accessed.

In a separate area of the garage, a pile of tents and old equipment was found, including a Hartwell vacuum mattress (the type used within SECamb) with MRT (the commonly used abbreviation for Make Ready Thanet) written across the grey face of the item, items were also identified as being branded from other NHS Trusts such as East Midlands Ambulance service.

All other equipment checked had in-date service labels attached and passed the user tests when tested.

The make ready area was in operation during the visit, the staff were washing vehicles outside the entrance door, which led to excess water being brought into the garage area when the vehicle entered the make ready system.

The inspection team were not provided with any make ready paperwork that had been completed for the vehicles being made ready.

Summary

The inspection was terminated early at 12:08 following a phone call from the one of the provider’s directors formerly asking the inspection team to leave their property.

The inspection team are deeply concerned that the provider was not able to evidence that the basics of recruitment checks had been completed and that the processes defined by the providers management team were indeed followed, the request to leave the providers property at a point in the inspection where records could not be provided indicated to the inspection team that the provider was not transparent and open.

During the inspection, the inspection team noted a collection of photocopied SECamb patient clinical records displaying patient sensitive information left on a desk, clearly visible to visitors to the building, the Inspection team do not believe these have been provided by SECamb for the following reasons:

- The patient data was not redacted
- The copy did not have the standard markings printed from info.secamb

As a result the inspection team believe these are copies obtained by operational crews during their shifts and demonstrates a breach in information governance.

The inspection team recommend that SECamb immediately terminate the use of this provider until such time that evidence can be provided for those areas in which concerns have been raised, as a result of this recommendation there is no action plan for the provider, should SECamb management continue the provision of services from this provider the inspection lead would recommend a physical meeting to discuss the concerns and then a re-inspection within one month from this meeting occurring.