

Castlebrand

Phoenix Private Ambulance Service

Quality Report

26 Dodd Avenue
Warwick
CV34 6QS
Tel: 01926403359
Website: www.phoenix-ambulance.co.uk

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January 2019
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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Ratings

**Overall rating for this
ambulance location**

Requires improvement



Patient transport services (PTS)

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Phoenix Private Ambulance Service is operated by Castle brand Limited and provides a patient transport service. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC regulates the patient transport service and treatment of disease, disorder and injury service provided by Phoenix Private Ambulance Service, which makes up over 50% of the business. The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Phoenix Private Ambulance service that we do not regulate are transporting of children to a place of education.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 18 December 2018 and then with a follow up inspection on the 4 January 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was patient transport.

We found the following areas of good practice:

- Staff know their responsibilities for reporting incidents.
- Staff were up-to-date on mandatory training and there were systems in place to monitor staff compliance with mandatory training.
- The service mostly had systems in place to maintain cleanliness of vehicles and equipment.
- All staff cited that patient care was the most important part of the job.
- A full verbal handover for all patients was given before any transport was undertaken and this was thoroughly checked as correct.
- We witnessed very good care and excellent communication and manual handling skills by one crew on a transfer.
- Premises and equipment were appropriate and well maintained.
- Systems were in place to ensure ambulances were well maintained with equipment to meet the needs of patients.
- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Leadership was visible, responsive and staff could access them when required.

However, we found the following issues that the service provider needs to improve:

- Governance systems were not established or effective. The service did not have an effective system in place to demonstrate risks had been identified and actions taken to mitigate risks, there was no formal process in place to report and record incidents, audits were not undertaken and some policies required updating.
- Although staff were aware of how and when to report incidents, the service did not have a policy on incident reporting on the first day of inspection. When we returned on the 4 January 2019 a policy was being implemented and staff had been informed of the process, although this was not yet embedded.
- Systems and processes were not in place to implement lone working procedures, although these were reviewed and added to the handbook immediately after the first day of inspection and were in place when we returned on the 4 January 2019. Staff were able to demonstrate their knowledge of the policy.

Summary of findings

- There was no clear written guidance on the patient criteria for transport, and although staff stated that they would not transfer an unstable patient, there was no written process in place to follow. This was duly reviewed and we viewed the written criteria on our return visit. However, this was not the final revision of the criteria, as there remained some criteria to be reviewed. Therefore, the new criteria policy was to be implemented by the end of January 2019.
- There was no written criteria and process in place for the deteriorating patient. This was in the process of being added to the staff handbook and training at the time of the inspection in January 2019, but had not been fully embedded with staff.
- The safeguarding training was found to be inadequate for the level required for the transport of adult patients. The management had implemented a training programme for all staff to have completed by the 15th January 2019.
- Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with a requirement notice(s) that affected the transport service provided by them. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Requires improvement

Rating



Why have we given this rating?

Patient transport services was the main service. Staff were caring and aimed to deliver a high-quality service for patients. Staff were up to date with mandatory training. Some governance arrangements were not initially in place for updating of policies or implementation of a lone working policy. Staff did not have the right level of safeguarding training. There was no formal audit process used to drive improvements in the service

Phoenix Private Ambulance Service

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Phoenix Private Ambulance Service

Phoenix Private Ambulance Service is operated by Castle brand Limited. The service opened with the current management in 2013, although the provider had been managed previously by a separate management team for 30 years before. It is an independent ambulance service in Warwick. The service primarily serves the communities of the Warwickshire and Northamptonshire as well as Birmingham, Northamptonshire and Leicestershire.

The service has had a registered manager in post since registering with the Care Quality Commission in February

2015. The service had two locations – an administrative office and a separate locked garage where the ambulances and equipment were stored. There were two visits to the provider, both announced but with a short notice given. These were on the 18 December 2018 and then the 4 January 2019.

The service had four vehicles and there were five employees in total.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector and a CQC Inspection Manager. The inspection team was overseen by Julie Fraser, Inspection Manager.

Facts and data about Phoenix Private Ambulance Service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited the office at the location address and also visited the garage where the ambulances were stored. We spoke with all five members of staff on the day including the patient transport drivers and management.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was not meeting all standards of quality and safety it was inspected against. However, it was operating a good service overall and was on track to shortly be implementing all the necessary steps to meet the standards of safety that were required.

Detailed findings

Activity

There were approximately 120 patient transport journeys undertaken each month.

Four patient transport drivers worked at the service, and also a non-driving patient escort, so that there were five staff members in total including the owner.

Track record on safety

- No Never events
- No recorded clinical incidents
- No recorded serious injuries

No recorded complaints







There were other local providers of non-emergency patient transport supplying a similar service.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Patient transport services (PTS)

Safe	Requires improvement	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

Phoenix is operated by Castlebrand Limited. The service opened in 2013. It is an independent ambulance service in Warwick. The service primarily serves the communities of the Warwickshire and Northamptonshire. The company has been operating for 35 years, although under the current management since 2013.

- The service has had a registered manager in post since registering with the CQC in February 2015.
- The service had two locations – an administrative office and a separate locked garage where the ambulances and equipment were stored.
- The service transported adults only for non-emergency medical transfers as part of the regulatory service. However, outside the regulatory scope of the CQC the service operated a specialised transport for schoolchildren with special needs.
- The provider served the local city council, local NHS Foundation and Hospital Trusts and local hospice and independent health and care providers.
- Although registered as a patient transport service the patients were generally stable and not requiring emergency treatment. Therefore, the ambulances were not equipped in the way that a conventional emergency ambulance would be.

Summary of findings

We found the following areas of good practice:

- Staff know their responsibilities for reporting incidents.
- Staff were up-to-date on mandatory training and there were systems in place to monitor staff compliance with mandatory training.
- The service mostly had systems in place to maintain cleanliness of vehicles and equipment.
- All staff cited that patient care was the most important part of the job.
- A full verbal handover for all patients was given before any transport was undertaken and this was thoroughly checked as correct.
- We witnessed very good care and excellent communication and manual handling skills by one crew on a transfer.
- Premises and equipment were appropriate and well maintained. The ambulances that were kept in a dedicated secure garage were visibly clean. Staff used hand gel in clinical areas to maintain good hand hygiene and used personal protective equipment.
- Systems were in place to ensure ambulances were well maintained with equipment to meet the needs of patients.
- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Patient transport services (PTS)

- Leadership was visible, responsive and staff could access them when required.

However, we found the following issues that the service provider needs to improve:

- Governance systems were not established or effective. The service did not have an effective system in place to demonstrate risks had been identified and actions taken to mitigate risks, there was no formal process in place to report and record incidents, audits were not undertaken and some policies required updating.
- Although staff were aware of how and when to report incidents, the service did not have a policy on incident reporting on the first day of inspection. When we returned on the 4 January 2019 a policy was being implemented and staff had been informed of the process, although this was not yet embedded by staff.
- Systems and processes were not in place to implement lone working procedures, although these were reviewed and added to the handbook immediately after the first day of inspection and were in place when we returned on the 4 January 2019. Staff were able to demonstrate their knowledge of the policy.
- There was no clear written guidance on the patient criteria for transport, and although staff stated that they would not transfer an unstable patient, there was no written process in place to follow. This was duly reviewed and we viewed the written criteria on our return visit. However, this was not the final revision of the criteria, as there remained some criteria to be reviewed. Therefore, the new criteria policy was to be implemented by the end of January 2019.
- There was no written criteria and process in place for the deteriorating patient. This was in the process of being added to the staff handbook and training at the time of the inspection in January 2019, but had not been fully embedded with staff.
- The safeguarding training was found to be inadequate for the level required for the transport of

adult patients. The management had implemented a training programme for all staff to be completed by the 15 January 2019. This was duly completed by all staff by this date.

Patient transport services (PTS)

Are patient transport services safe?

Requires improvement



Incidents

- The service managed patient safety incidents, but there was no formal process in place for reporting. Staff recognised incidents and reported them appropriately.
- Although staff knew their responsibilities for reporting incidents there was no formal process in place to do this. However, on the return visit to the provider on 4 January 2019, there was a new incident reporting procedure that included types of incident and how to report them. There was also a clear process of the actions to be taken and the sharing of any investigation or information as a result. All staff forms for incidents and investigations were updated or due to be updated imminently.
- The provider told us they would deal with any incidents immediately. Staff confirmed that they would report incidents immediately to management or, where necessary, to the hospital or care facility involved.
- Staff generally logged any incidents on the daily transport paperwork and reported them to the managers if needed. For the year to date the service reported that no incidents or accidents had taken place. No near misses were recorded.
- The provider told us they would deal with an incident immediately to safeguard the safety of people using the service. They said a full investigation would take place and a report would be completed and the provider would also meet with the staff team to share learning.
- Staff said they were confident to report any accidents, incidents or near misses. Staff who worked remotely could speak with the on-call manager. However, there was initially no formal reporting procedure in the staff handbook showing the clear steps to be taken in the event of an incident or near miss, or giving a definition of an incident. On the inspection on 4 January 2019, we found the incident reporting procedure had been updated in the staff handbook and included types of incident and how to report them. There was also a clear process of the actions to be taken and the sharing of any investigation or information as a result.
- The service reported that there were no never events in the last 12 months. A never event is a serious, wholly

preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

- Vehicle accidents and equipment defects were recorded on a vehicle report form. We did not see any incidents with vehicles having been recorded in the last year. All staff were aware of their duty regarding vehicle safety and reporting.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did have a duty of candour policy. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. When staff were spoken to it was found that they understood the principle of duty of candour and their duties regarding this.

Mandatory training

- Mandatory training was provided in key skills to staff. There were processes in place to monitor training compliance and ensure everyone completed it.
- The service had a mandatory training programme. Mandatory training included patient handling, data protection, mental capacity and consent, infection control and first aid. Mandatory training was delivered through a mixture of e-learning and face-to-face training. All staff were required to complete and record their mandatory training.
- All staff were up to date with their mandatory training. However, the level of safeguarding training given was not easily identified on the day of the inspection and was later found to not be to the required level for a patient transport service. See section below.
- Patient transport services staff who drove the vehicles completed an in-house driving assessment on commencement of employment and would undertake a further assessment once they felt confident to transport patients.

Patient transport services (PTS)

Safeguarding

- There were systems, processes and practices in place to protect adults, children and young people from avoidable harm; however, staff did not possess the necessary level of training.
- The provider did have a safeguarding policy, but had limited information available, although local safeguarding teams and agencies contact details were available. On our return visit on 4 January 2019 the policy had been updated to include types of abuse and actions to be taken.
- We found that front line staff were aware of their responsibilities in managing a safeguarding concern. For example, we spoke with two members of staff who were aware of when they were required to notify external agencies.
- On the first day of inspection we found that all staff had undertaken safeguarding training, but it was unclear as to the level of the training. All staff were required to be to level two safeguarding for the level of duties that they were performing. This was to follow national guidance following the intercollegiate recommendations published in 2018. After this visit it was ascertained that the safeguarding training was not accredited to safeguarding level two and therefore the provider was sourcing the appropriate training via an e-learning package in the following two months.
- On our return visit the manager had undertaken the appropriate level of safeguarding training. The other staff were booked onto the course and would be completing the training in January 2019. The management had implemented a training programme for all staff to be completed by the 15 January 2019. This was duly completed by all staff by this date.
- The service policy had been updated accordingly to demonstrate that staff were soon to be trained in safeguarding for adults to the required standard. The policy reiterated the patient criteria that children under 18 years of age would not be transported under the current safeguarding certification of staff.
- Three staff that we spoke to informed us that if they had a safeguarding concern they would contact the Phoenix management, and if necessary, the hospital where the patient was transported from and seek advice. If required staff would contact the police or external agencies. Staff were aware of their responsibilities to the patient and to themselves with regard to safeguarding.

Cleanliness, infection control and hygiene

- The service mostly had systems in place to maintain cleanliness of vehicles and equipment. This included pre- and post-use cleaning regimes and access to hand hygiene products and linen. #
- The service had an infection control policy and all staff were trained in infection control and prevention as part of their mandatory training.
- We looked at three ambulance vehicles. There were all visibly clean and clutter free. The garage that housed the vehicles was tidy and well organised.
- The garage did have adequate cleaning equipment; however, it was noted at the first day of inspection that the mops for cleaning were not stored or colour coded in line with national guidance. The provider was made aware of this and stated that the cleaning consumables and practices would be reviewed in line with the NPSA Cleaning Procedures manual as appropriate. At the time of our return visit in January 2019 the correct cleaning equipment was in place, including colour coding and staff were aware of the updated infection control policy.
- The crew assigned to the ambulance each day completed the day-to-day cleaning of ambulances. We found the daily cleaning sheet record on the ambulance had been completed consistently. There were general cleaning materials available to all staff.
- We observed staff wearing wrist watches which does not comply with the Department of Health guidance relating to 'arms bare below the elbows'. Immediately after the inspection in December 2018 the provider instructed all staff not to wear wrist watches when on duty. When we returned in January 2019, all staff were compliant regarding the services policy on what could be worn below elbows when on duty.
- The vehicles did have provision for waste removal. Although the staff generally did not have to deal with clinical waste it was noted that there should still be a facility for this. The general and clinical waste was not segregated appropriately on our first visit. However, when we returned there was a good system in place. The provider stated that the clinical waste would now be clearly and appropriately stored and disposed of. There was also assurance that all clinical waste would be removed from vehicles using best practice of avoidance of direct handling of the contents.
- Crews were required to ensure their ambulance was fit for purpose, before, during and after they had

Patient transport services (PTS)

transported a patient. Decontamination cleaning wipes were available on the ambulance we saw and staff stated that they cleaned the ambulance between transports.

- Hand washing facilities were available at the ambulance station.
- We witnessed good hand hygiene by all staff and the use of hand gel before and during the transportation of a patient.
- There were arrangements for disposing of used linen and restocking with clean linen.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection. Crews carried a spill kit on their ambulances to manage any small spillages and reduce the infection and hygiene risk to other patients.
- Staff were provided with sufficient uniform, which ensured they could change during a shift if necessary. Staff were responsible for cleaning their own uniform and they were contractually obliged to be clean and presentable at all times.

Environment and equipment

- Premises and equipment were appropriate and well maintained. The premises were clean and tidy with adequate space to safely store the ambulances.
- There was a serviceable home office for the manager to work from and to store the administrative files and computer.
- The keys for the ambulances were stored securely. There was secure access to the station building and within that to the offices. Staff attended the office to collect the designated ambulance keys. All ambulances were locked when unattended.
- All drivers had their driving licence and eligibility to drive ambulances checked prior to employment and on an ongoing basis. We saw evidence of these checks on our first visit of the inspection when it was also noted that not all staff had received their checks within the one year time frame as per service policy. However, when we returned in January these checks were evidenced to have taken place and there was a reminder procedure in place to ensure that annual checks were adhered to in the future according to service policy.
- The service had three ambulances for the transport of patients plus an ambulance car. Systems were in place to ensure that all ambulances were maintained, serviced, cleaned, insured and taxed appropriately.

- Vehicles were covered by a current MOT safety test certificates as required and a central log was kept at the office.
- We were told the provider maintained membership of a vehicle breakdown organisation and all staff were aware of the contact details. Staff informed us they reported any defects directly to the manager. All staff that drove were aware of their personal duty to ensure that the vehicle checks were completed and the vehicles were road worthy at all times.
- The ambulance we inspected was fully equipped with first aid kits, equipment and fire extinguishers. However, the first aid kits were found to contain some out of date products on the day of the inspections. These were replaced immediately after the inspection and a policy put in place to ensure that regular checks of dates were undertaken in the future.
- There was a system for reporting equipment defects and staff had received appropriate training to use equipment safely. Equipment had been safety tested; stickers showed when the equipment was next due for testing and records were available to support their suitability for use
- We saw that equipment was available to ensure patient safety throughout a journey. This included a wheelchair and stretcher, which could be strapped into place for safety. The seatbelts and trolley straps were in working order in the ambulances we checked.
- Fire extinguishers were available in the vehicles and had undergone checks to ensure safety. We found fire extinguishers were clearly marked with the next service test date and all were within date

Medicines

- The service does not currently store any medication.
- When the service transported patients with medication the medicines were kept with the patient at all times and the staff would ensure that all belongings were taken with the patient at the end of the transfer.
- When the ambulance was unattended for any reason during the transfer then it was locked and therefore any belongings inside were secure.

Records

- Most records were held securely in the station office. Storage was in locked filing cabinets. However, at the time of the first visit there were some records that were not securely held and that contained confidential

Patient transport services (PTS)

patient details. At the time of the second inspection there was a lockable drawer in the garage unit for the secure storage of records, including job sheets, which staff could access.

- Patient transport service drivers received work sheets at the start of a shift, which were completed by staff and included the basic details of the journey to be completed. These included collection times and addresses.
- Staff personnel files were stored in a locked cupboard on the service premises. Only the registered manager had access to this key to ensure the confidentiality of staff members was respected.

Assessing and responding to patient risk

- There were systems in place to ensure the safety of patients.
- Appropriate procedures were in place to assess and respond to patient risk, including appropriate response to vehicle breakdown.
- Staff requested detailed information on risks posed when transporting patients at the time of the booking. Basic risk assessment screening questions were asked at this time.
- The criteria for accepting a booking was always that the patient was for a non-emergency transfer and required no medical intervention. All other issues, such as bariatric patients, patients with mental health concerns, infections, and poor mobility and access were considered and risk assessed on an individual basis.
- When transporting patients, the ambulance crew would use their first aid knowledge to assess if a patient's condition was deteriorating. However, there was no clear written guidance on patient criteria for transport or clear deteriorating patient guidance given to staff at the time of our first visit.
- At the time of the second visit in January 2019, the provider stated that the employee handbook would be updated, and staff re-trained, to clarify what staff were expected to do in the event of a patient deteriorating.
- The management had plans to implement a written policy and process to be used for all staff when booking transport. This included specific criteria for patients in order to be safe for transport by the service. This was not in place at the time of the visit on 4 January 2019 and was due to be implemented by the end of January 2019. We saw draft criteria which included information to assess at the time of booking the transport

- The staff we spoke to were aware of the risks to be assessed and all staff insisted that they would always seek a full handover at the beginning of each journey. Additionally, all staff we spoke to stated that the patient had an escort always so any deterioration could be assessed. We witnessed on a transport that staff did undertake full checks and a comprehensive handover.
- Crew had access to phone numbers of all members of staff and management if they needed to quickly report a risk. Staff stated they would divert to a hospital if necessary and stated the patient wellbeing always came first.
- Staff told us if a patient became unwell during a journey, they stopped their vehicle when safe to do so and then assessed the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support. All staff had basic life support training as part of their mandatory training
- One staff member stated that when they left a patient at their own home that they would always test the that panic button worked, if applicable, and that all relatives or wardens were aware that the patient was now at home. All staff stated that they would never leave a patient without being completely assured that they were safe to be left.
- Two staff members stated that if they were not happy to leave a patient at the destination that they have both in the past called the social services or hospital and asked for them to confirm that the patient could be left. One staff member stated that they have remained on scene for a considerable time in the past until a relative had come as they were not convinced that the patient could be left on their own.
- Two staff members stated that there was never a time pressure applied by management to leave a patient if there were any concerns.

Staffing

- There was enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staffing levels and skill mix were planned and reviewed to ensure that patients received safe care and treatment at all times
- In addition to the manager, the service employed four patient transport services staff, three of whom were qualified to drive the ambulances. The registered

Patient transport services (PTS)

manager completed all office and administration duties and also worked shifts alongside the other staff. One member of staff was the operations manager and deputised when required for the manager.

- Staff files did not fully reflect up to date work histories and references. They were also difficult to navigate as there was not a standard layout for how information should be stored in staff files.
- At the time of the second visit in January 2019 to the provider we saw evidence that all staff files had been reviewed and ordered into a standard layout, including a summary front sheet.
- At the time of our first visit there was no lone working policy, although staff were aware of the need to ensure that their own safety. Staff generally did not work alone, but ensured they were in a crew of two and that they had contact numbers for each other. On our return visit in January the management had a written lone worker policy for all employees to read and acknowledge as having read and understood.
- Some staff had been employed before the current manager had bought the business in 2013. However, the current manager had not re-vetted the staff at the time and therefore not all staff files had the references and work histories that the newly recruited staff had.
- All ambulance staff had valid enhanced Disclosure and Barring Service (DBS) checks. We saw evidence that a check with the DBS had been carried out prior to staff commencing duties, which involved accessing patients and their personal and confidential information. This protected patients from receiving care and treatment from unsuitable staff.
- A written diarised rostering system was used to plan shifts. Shortfalls in cover were shown on this system and staff could request to work additional shifts. The diarised rota tracked sickness and holidays. If a short notice booking was received, the service would not accept it if they could not supply two staff. We were informed that staff were allocated time for rest and meal breaks.
- For emergencies out of hours staff had a direct number to the duty manager on call. Staff we spoke with knew how to escalate concerns when working out of hours.

Anticipated resource and capacity risks

- The service did have a business continuity plan in place. Senior staff told us they planned for anticipated risks and understood how to manage foreseeable risks such as adverse weather. This was clearly documented in the employee handbook.
- Potential capacity risks were considered when planning services. Seasonal fluctuation in demand was recognised by the registered manager. However, the management had not experienced pressure on demand in the last year.
- There were processes in place on how to manage short-term sickness or emergency annual leave. There was capacity for staff to cover for each other.

Response to major incidents

- The service did not have a major incident policy in place and did not provide an emergency response service.
- In the event of a major incident, the service would refer to the emergency services for support, and complete tasks that they were competent and qualified to manage.
- Vehicles were covered with emergency breakdown cover for any vehicle failures whilst on the road.

Are patient transport services effective?

Good 

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service had policies and procedures in place that were used to guide staff in their daily work. These were supplied to staff in a comprehensive employee handbook that referenced national guidance such as National Institute for Health and Care Excellence (NICE). This was being reviewed at the time of both visits and by the end of January 2019 the provider clarified that there would be additions for incidents reporting, lone working, safeguarding and deteriorating patient procedures and policies. A copy of the handbook was issued to each employee and each ambulance was to have a revised copy on each ambulance by the end of January 2019.

Patient transport services (PTS)

- The employee handbook had been compiled with the assistance of an outside company that specialised in providing policies to independent health care providers. This was to ensure that all policies were compliant with health and safety legislation and were legally compliant.
- Staff did not transport a patient if they felt they were not equipped to do so, or the patient needed more specialist care. Patient transport service staff were not all clinically trained, and did seek advice from clinical staff at the hospital as necessary or the manager on call for the service. If a patient was observed or assessed as not well enough to travel or be discharged from hospital, then it may be that a decision would be made not to take them. This process was being further clarified at the time of the second inspection visit.
- All staff had completed an induction and were given an employee handbook that contained the policies and procedures for the service. Some members of staff had previous NHS transport or paramedic experience.
- Driver and Vehicle Licensing Agency checks were completed prior to commencement of employment.
- All staff that were drivers were required to complete a driving assessment on commencement of employment but the service had no arrangements in place for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor.
- Appraisals had not been carried out within the year for all members of staff. This was discussed with the registered manager and all outstanding appraisals were due to be completed by the end of January 2019. At the time of the second visit in January 2019 all staff had a date for their appraisal.
- Some staff were undertaking dementia courses in order to further skill themselves in looking after patients with this condition.
- The service did not use bank or agency staff.

Assessment and planning of care

- Staff had access to the information they needed to deliver effective care and treatment to patients.
- The manager was informed of the patient's condition at the time of booking; this enabled the service to provide the necessary equipment and staffing numbers. Bookings could be planned several days or weeks in advance, but were often booked on a more ad hoc basis.
- Staff identified patients by confirming their full name, home address and destination address to ensure they had the right details and were going to the correct destination.
- Patients' hydration needs were considered and there were some arrangements such as bottled water and other refreshments in the vehicle, which could be given to the patient if required.
- There were no service level agreements in place with NHS providers or clinical commissioning groups. This meant there were no formally agreed criteria of which patients Phoenix Private Ambulance Service staff were transporting to and from hospitals.

Competent staff

- Staff had the skills, knowledge, and experience to deliver effective care and treatment. The service had systems in place to manage the effective staff recruitment process.
- Staff had the appropriate qualifications and experience for their role within the service.

Coordination with other providers and multi-disciplinary working

- There were clear lines of responsibility and accountability for the service. Patient transfers were delivered in a coordinated way with all other services involved.
- During our inspection, we spoke with a care home provider and service user. They told us the service was reliable and the staff were knowledgeable and capable.
- Effective and positive multi-disciplinary working was evident as we witnessed the staff conversing with other agencies to deliver care and treatment. Staff told us they had effective communication with other services and teams of individuals they worked with.
- When staff transferred patients between services, they received a formal handover from staff at the transferring hospital.
- Staff telephoned care providers if there was a delay with the transfer of a patient or an issue that needed to be resolved, such as confirmation of a care plan.

Access to information

- Staff accessed relevant information, which was confirmed at the time of booking on the patient record form. This was supported by their own assessment of the patient.

Patient transport services (PTS)

- Staff accessed the information needed for specific patient journeys via the management and reported that this worked well. Staff were reliant on the management staff inputting all the relevant information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood the need for gaining valid consent from each patient.
- There was a policy in place covering the Mental Capacity Act and Deprivation of Liberty. When speaking with staff we were assured that staff knew how to assess mental capacity and the importance of gaining consent and this was also part of the mandatory training. Staff gained verbal consent from patients before the transport.
- All patient information was checked by the staff, including whether there was a DNACPR (Do not attempt cardio-pulmonary resuscitation) decision/document in place.

Are patient transport services caring?

Good



Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We observed a patient transfer during the inspection. The crew were attentive to the needs and questions of the patient and the relatives at all times. The patient was treated with an excellent level of respect and care and was moved with consideration to the temperature outside and wrapped properly with a blanket. The patient was also asked consent before manual handling took place.
- We observed the ambulance crews maintained patient's privacy always.
- We witnessed good practice where staff made sure that an elderly patient had a care plan in place before leaving them at home.

- A service user (care home) on the transfer stated that they were glad to see the provider crew and stated to the inspector that the patient would be looked after well. They held the provider in very high regard for patient care.
- There was a booklet of comments from previous users of the service kept in the office. We saw an example of comments that were exceptionally positive compliments given to the provider for the level of care given. One relative stated at the time that the level of care shown to the patient 'surpassed anything that they had experienced before with other services.'

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff gave anecdotal examples of where they had transported patients and ensured that the patients were adequately clothed for the journey and were given consideration to their dignity and comfort. Two staff members thought that they gave an excellent service and three members of staff, when asked, stated that patient care was the single most important value for them. One member of staff stated that they were happy knowing that they all gave the best that they could to the best of their ability.
- We observed a thorough verbal handover at the start of a patient transfer and that all details were cross checked with the job request form.

Emotional support

- Staff involved patients and those close to them in decisions about their transportation.
- Staff understood the impact that a patients' condition, care and treatment would have on their wellbeing.
- Crew members said they had never had a patient die in their care during a patient journey. However, they had received training in dealing with this scenario and all had undergone comprehensive mandatory training on how to deal with a deceased patient.

Supporting people to manage their own health

- Staff supported patients to manage their own health, care and wellbeing and to maximise their independence during patient transfer journeys if that was the patient wish and that this could be accommodated safely.

Patient transport services (PTS)

- The two patient transfer forms we looked at showed staff had carried out an assessment of how patients could travel, if they required a wheelchair or if they could walk. Patients were asked if they had a preference of wheelchair or trolley or own mobility aids, and preferences were taken into account for all patients.

Are patient transport services responsive to people's needs?

Good



Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- Phoenix Private Ambulance Service was predominantly a service to local people, undertaking work for various local NHS trusts and social care providers. Transports were booked by staff in advance and appropriate transport was provided.
- The main service was a patient transport service which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and being discharged from hospital wards.
- The service had two core elements, pre-planned patient transport services, and unplanned services to meet the needs of patients. Workloads were planned around this.
- Service delivery was based on pre-bookings. Patient transport services were mostly provided to a local City Council, NHS Trusts, private hospitals, care homes and hospices. No high dependency work was undertaken.
- The manager coordinated all bookings from 8am to around 8pm. Patient transport service crews worked individual rotas to provide cover at all these times and the service offered a seven-day weekly service. Staff could work outside these hours but no staff were forced to work outside their planned hours.
- On the day, bookings were responded to quickly via telephone. We observed effective communication between the manager and another member of staff as part of service planning.
- After the first visit the patient criteria for transport were written as a process and policy for the staff to follow.

This had not been embedded at the time of the second inspection, but demonstrated a clear forward plan of which patients the service felt safe to transport and that still served the needs of the local community.

Meeting people's individual needs

- Patients' individual needs were taken account of.
- The ambulance staff ensured patients were not left at home without being safe and supported. Some patients were discharged from hospital and had a package of care to be arranged at home. If the support person or team had not arrived when the patient came home, the staff called the hospital to find out where they were. The patient would not be left alone until either the care team arrived, or the patient was safe in the care of their family or carer. All safety alerts were tested to ensure that they worked before the patient was left alone.
- Staff had been trained in dementia awareness and understood the issues surrounding the care required for people living with dementia
- The three ambulance vans were wheelchair accessible with ramps. They also had an extra carry chair and trolley bed for extra mobility requirements.
- Staff told us that at the time of booking the question was asked if the patient would have a relative or carer with them. Staff stated that generally they would accommodate the needs of the patient whenever and wherever possible.
- Staff ensured that they were given full and competent handovers and notes as to the patient and any needs that would be required on a transport.
- For patients with communication difficulties or who did not speak English as a first language, staff had access to a telephone-based interpreting service provided by on their own personal phones by the provider.

Access and flow

- Patients had access to timely care and treatment.
- All journey times were calculated at the time of booking. However, these were not always monitored for auditing purposes.
- As many requests for transport were made on an ad hoc basis, there were occasions where transports could be cancelled, but this was unusual.
- The provider ensured it could provide ambulances where and when they were needed before the bookings were confirmed.

Patient transport services (PTS)

- Patient transport requests were received on an intermittent rather than a contractual basis and the service responded at short notice. Long journeys or night transfers were required to be pre-planned but were provided.
- Potential delays were communicated with patients, carers and hospital staff by telephone if there would be an impact on the service offered. The provider stated that this rarely occurred.

Learning from complaints and concerns

- Concerns and complaints were treated seriously.
- There was a complaints handling policy in place.
- Staff knew how to advise a patient if they wished to complain and written information of how to make a complaint was present on the ambulance we inspected.
- The service had a system for handling, managing and monitoring complaints and concerns and outlined the process for dealing with complaints, initially by local resolution and informally. Where this did not lead to a resolution the policy stated that an investigation would be made into the complaint.
- The service had not received any complaints from patients within the last 12 months.

Are patient transport services well-led?

Requires improvement



Leadership of service

- A registered manager led the service who had most of the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. The manager had been in post since 2013, and was responsible for the daily running of the service, provision of suitable staff and equipment. The manager was fully aware of the Care Quality Commission registration requirements but lacked a full understanding of the essential standards Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The service was generally well managed with a positive and friendly working environment. The service had a clear leadership structure with a team manager/owner of the business and a deputy operations manager. The

leadership team consisted of the owner who was the CQC registered manager and nominated individual, and one other staff member who had a deputy role and was available to cover the manager when needed.

- At the time of the first day of the inspection the leadership team did not have a full understanding of the policies and processes that had to be in place. However, at the time of the second visit they understood all their regulatory requirements and there was a clear strategy in place to ensure full compliance with all the issues that had been raised.
- The leadership team demonstrably showed responsiveness and care to the needs of the business and to the staff. The leadership reacted quickly where the service was seen to be performing below the expected requirements.

Vision and strategy for this service

- The provider had a written statement of vision and values. These centred around providing non-emergency patient transport to the highest possible standards – safely, in comfort with a friendly and caring team. These values were in the employee handbook and were available on the provider website. Staff were aware of them when asked.
- The registered manager stated that they wanted the service to continue to grow and to maintain their reputation that they had achieved locally.
- The registered manager we spoke with had a good understanding of the commercial aspect of the patient transport service, ensuring they remained competitive.

Culture within the service

- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The manager looked after the welfare of the staff and was responsible for the planning of the day to day work.
- The management team also undertook transfers when required and to ensure that there was adequate staffing.
- All staff we spoke with said that they considered themselves to be part of a friendly and cooperative team. All had each team member's contact details and felt valued by the management and their colleagues.
- The culture of the company was positive and team-based. It was apparent that staff wanted to provide a caring transport service. All staff told us they felt well supported.

Patient transport services (PTS)

- Two staff members stated that the company had improved since the current manager had taken over in 2013 and that it was now a very happy and relaxing environment to work in.

Governance, risk management and quality measurement

- Governance systems were not always established or effective. The service did not demonstrate it had a formal system in place to manage risks had been identified and actions taken to mitigate risks, there was no formal process in place to report and record incidents, audits were not undertaken and some policies required updating.
- Due to the service having a small number of substantive staff, there was a limited formal governance structure. However, there were informal huddles most days and staff stated that they felt there was good communication within the service. Staff felt that sharing of information effectively occurred at the informal huddles.
- The provider had formal employee handbook of policies and procedures which was being updated. At the time of the second visit the policies had been reviewed and the changes that were to be made were scheduled to be undertaken within the following month. We saw a memo was prepared addressed to all staff to inform them of these updates.
- There was a manager on duty to support staff.
- All paperwork regarding invoicing and transfer details were kept in ordered files and could be easily located for reference. However, at the first day of inspection not all confidential patient documents could be demonstrated to be secure at all times where the ambulances were stored. At the time of the second visit, there was a newly installed secure lockable cabinet for all paperwork and a clear process for staff to follow for ensuring confidential paperwork was secure always. Staff were aware of their duty regarding this.
- The service did not have a formal process for managing all risks, such as a risk register. The team was small and had regular informal discussions about any issues that arose, but the provider did reassure us that health and safety risk assessments were undertaken, documented and stored appropriately.

- The provider informed us that risk processes would be written as a formal policy and procedure in the employee handbook which staff will be required to read and sign as having understood. All risks would be recorded in the future.
- At the time of the second visit there was a new policy regarding incident reporting and a clear process that was to be included in the new employee handbook. A form was being written that staff could fill out and then escalate to the management appropriately. This process was not yet embedded at the time of the second visit.
- The management team were implementing a new investigation form for when there was an incident.
- The service was not carrying out any internal audits looking at practices, system and process. Therefore, areas for improvement were not identified and areas of best practice were not shared or monitored. However, staff acknowledged that work experiences were discussed informally at the daily meetings where appropriate.
- All staff spoken to were aware of their legal responsibilities to ensure patient safety and vehicle roadworthiness.

Public and staff engagement

- The service's publicly accessible website contained information for the public in relation to what the service could offer.
- The provider's website had opportunities for the public to give feedback about the service.
- Staff felt that they did receive feedback from the management, and management requested staff feedback at appraisals.

Innovation, improvement and sustainability

- There was genuine positivity about the future of the service when talking to staff and management. The Management team had plans to continue marketing their service and increasing their number of transports.
- At the time of the second visit, the provider had narrowed the criteria for patient transport to adults only for medical transport within the regulatory scope. This was not yet embedded as service policy but would be part of the new policy framework. The provider believed that this would enable them to offer the best service to this group of patients.

Patient transport services (PTS)

- Staff spoken to by the inspectors enjoyed working with the provider and were looking forward to continuing their employment.
- All staff felt that there was room to take on extra work, but acknowledged that there were no imminent plans to move into different areas of work. Two members of staff were hoping that the service might expand into other areas when new investment was available, and felt confident approaching management with their suggestions.
- The leadership of the service were responsive to change and wanted to continue to improve the service and the opportunities for staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must take the proposed action to address the level of training for all staff in relation to safeguarding to the appropriate level required.
- The provider must ensure that the written criteria for the transport of patients is documented clearly and understood by all staff to ensure that staff are only transporting patients that they are trained to transport.
- The provider must ensure that all staff are aware of the process for a deteriorating patient.

- The provider must ensure that there is a process to identify and manage risks.

Action the hospital **SHOULD** take to improve

- The provider should ensure that there is a system in place for review and updating of all policies going forwards in order to maintain good practice. For example, the lone working policy,
- The provider should ensure that performance is monitored, for example by use of audits.
- The provider should ensure that there is an embedded incident reporting process in place.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance