

UK Emergency Medical Transport

UK Emergency Medical Transport

Quality Report

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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

Good



Patient transport services (PTS)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

UK Emergency Medical Transport Ltd is operated by UK Emergency Medical Transport (UK EMT) Ltd. The service provides a patient transport service specialising in the transfer of mental health patients, including those detained under the Mental Health Act 1983.

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection on 20 August 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 mental health transport.

We rated it as **Good** overall.

We found the following areas of good practice:

- All staff had completed training that was required to undertake their roles safely. In addition, records indicated that staff were up to date with all mandatory training.
- Staff were trained in safeguarding adults and safeguarding children level two and level three. This was in line with the standards set out by the intercollegiate document, safeguarding children and young people: roles and competencies for healthcare staff (2019).
- Staff demonstrated an awareness of the need to protect the privacy and dignity of patients.
- The service monitored the maintenance and cleaning of ambulances and other equipment.
- The service had ambulances available to them that were suitable for patients requiring bariatric equipment.
- There was clear, visible leadership and structure. Processes were in place for recruitment and training.

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

- At the time of inspection, the service had not ensured that equipment stored on the privately-owned ambulance was in line with safety and manufacturers guidance. For example, the automated defibrillator had not been calibrated or serviced. Post-inspection we were provided evidence that all the equipment had been serviced and calibrated
- At the time of inspection, the service had a risk management policy in place, however, there was no risk register and therefore they could not assure us that they had oversight of their risks. Post-inspection we were provided with a risk register which identified individual risks with actions to mitigate them.
- The service had several policies that were not personal to the service and were not version controlled.

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 two requirement notices. Details are at the end of the report.

Name of signatory

Anne Ford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Good



Why have we given this rating?

Patient transport services was the only service provided by UK Emergency Medical Transport Ltd and this was provided 24 hours per day, every day of the year. The service completed 66 patient transport journeys between October 2018 and July 2019. The service transported adult patients only. There were two substantive members of staff and three bank staff employed in the service.

UK Emergency Medical Transport

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to UK Emergency Medical Transport

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury.

Although the service had been registered with the Care Quality Commission since May 2018, the service did not start patient transport journeys until October 2018.

The service sub-contracted for work to two external providers.

During the inspection, we visited the registered premises. We spoke with two staff, including; the registered manager. We did not speak to any patients, relatives or carers during the inspection. We reviewed 10 sets of patient records.

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 the CQC.

Activity:

- In the reporting period October 2018 to July 2019 there were 66 patient transport journeys undertaken.

- The service did not use controlled drugs.

Track record on safety for the period October 2018 to July 2019:

- No patients had absconded from the service since it commenced transporting patients
- No never events had been reported
- No serious injuries had been reported
- One low harm incident that had been resolved
- No complaints

A registered manager, a supervisor and three bank staff were employed in the service. The service had one privately owned ambulance and could hire the use of other ambulances if required from an external company.

Service Level Agreements:

- Hire of ambulances, including deep cleaning of all hired vehicles
- Storage of oxygen cylinders
- Storage facility for stock items
- Use of hot and cold water and electricity at external companies
- Waste disposal

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Judith Connor, Head of Hospital Inspections.







Detailed findings

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Not rated	Good	Requires improvement	Good
Overall	Good	Good	Not rated	Good	Requires improvement	Good

Patient transport services (PTS)

Safe	Good 
Effective	Good 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Requires improvement 
Overall	Good 

Information about the service

The main service provided by this ambulance service was mental health transport.

The service registered with the Care Quality Commission in May 2018 but did not start patient transport journeys until October 2018.

The service owned one ambulance and could hire further ambulances from an external company when required.

The service operated 24 hours a day, seven days a week, 365 days a year.

The service had undertaken 66 patient transport journeys since it had gone live in October 2018.

During this inspection we spoke to two members of staff, which included the registered manager. We also reviewed 10 patient records and inspected one privately owned ambulance.

Summary of findings

We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Patient transport services (PTS)

However:

- The privately-owned ambulance had an automatic external defibrillator, blood pressure monitoring equipment, blood glucose monitoring equipment and pulse oximetry equipment in place. These items of equipment had not been serviced or calibrated. This was raised with management at the time of inspection and the equipment was taken out of service until we could be assured that they had all been serviced and calibrated. Post-inspection we were provided with evidence that all equipment had been serviced and calibrated.
- Appraisals were not currently undertaken routinely due to the small number of staff. Management told us that their plan was to complete appraisals and personal development plans approximately six months after employment had commenced. This would be standardised within the service following the inspection.
- No audits had yet been completed within the service. We raised this at the time of inspection and was told by management that this would be put in place following our inspection so that they could monitor the service effectively.
- Governance processes were in place in the service, however in some areas they were not effective.

Are patient transport services safe?

Good



We rated it as **good**.

Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**
- There were no never events in the period October 2018 to July 2019. Never events are serious incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.
- There were no serious incidents in the period October 2018 to July 2019. Serious incidents are adverse events, where the consequences are so significant or the potential for learning is so great, that a heightened level of response is justified.
- Staff we spoke with understood the duty of candour. 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 incidents' and provide reasonable support to that person.
- Staff told us that there had been only one incident since October 2018 and this had resulted in a verbal apology to the patient; this was now resolved. Lessons learnt had been shared between the team.
- There was a company incident reporting policy that emphasised the importance of effectively managing incidents to ensure the provision of a safe and secure environment for the users of the service. In addition to this, we reviewed an incident reporting flow chart for staff to use when reporting incidents; this was concise and easy to follow.
- No patients had absconded from the service's care since the service went live in October 2018.

Patient transport services (PTS)

- No vehicle accidents had been reported in the period October 2018 to July 2019.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- We reviewed five personnel folders and saw that they all contained relevant certificates and references to provide evidence of training.
- Training was a combination of e-learning and practical skills. We saw evidence of training modules completed including health and safety, conflict resolution, learning disability awareness, complaints, dementia awareness, domestic violence, mental health and restraint awareness (including prevention & management of violence and aggression). The restraint awareness training was face to face training that incorporated physical and mechanical restraints. All clinical staff had undertaken the face to face training.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**
- All staff had safeguarding training delivered as part of their induction training. This covered safeguarding adults and safeguarding children level two and level three. This was in line with the standards set out by the intercollegiate document, safeguarding children and young people: roles and competencies for healthcare staff (2019). We were told by management that the registered manager was due to commence safeguarding training at level 4 following our inspection.
- Staff were aware of their roles and responsibilities in safeguarding and knew how to raise a concern appropriately. Staff we spoke with told us that if they had a safeguarding concern they would report it to the relevant local authorities and also share it with the team so that information identified could be shared. Feedback received from any safeguarding concerns would be shared via emails and in team meetings.
- There had been no reportable safeguarding incidents within the service for the period October 2018 to July 2019.

- There was a safeguarding children, young people and vulnerable adults at risk policy in place. However, this was a combined policy and best practice suggests that these should be separate and clearly define the different legislation applicable to adults and children. In addition to this, the policy did not reflect the most recent safeguarding guidance available and it did not mention female genital. Female genital mutilation, also known as female genital cutting and female circumcision, is the partial or full cutting of a girl's clitoris and labia, for non-medical reasons.
- Disclosure and Barring Service (DBS) certificates and checks were completed for all staff. We reviewed five personnel files, and all had in-date certificates.

Cleanliness, infection control and hygiene

- **The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- The service had an infection control policy. This documented the roles and responsibilities of all individuals and groups concerned with infection prevention and control within the service and outlined the service strategy for dealing proactively with the risk of healthcare associated infections.
- The service was not carrying out hand hygiene audits. This was highlighted to management at the time of inspection and we were told that due to the small number of staff they had not been routinely auditing this. However, audits would now be put in place to ensure best practice was always carried out.
- Infection prevention and control training was delivered to all staff via the e-learning module. Staff we spoke with demonstrated that they had an awareness of 'bare below the elbow' when delivering care to patients.
- We reviewed the privately-owned ambulance which was held at the registered premises. The vehicle appeared visibly clean and tidy and we saw vehicle cleaning checklists for all jobs carried out on all ambulances. This provided assurance that cleaning was completed regularly.
- The privately-owned ambulance was cleaned when it returned to base following each completed transfer. A deep clean was completed monthly.

Patient transport services (PTS)

- The external supplier of the hire ambulances was responsible for the cleaning of each ambulance; however, if the ambulances were kept by the service for longer than 24 hours, they then had the responsibility to ensure that cleanliness was maintained.
- A deep clean of all hired ambulances was the responsibility of the external provider.
- Spill kits were available on the ambulances in the event of a spillage whilst travelling on the vehicle.
- Personal protective equipment, such as gloves, aprons and goggles were available for staff to use.
- Vomit bowls and infection, prevention and control equipment were available on each ambulance.

Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- The provider owned one ambulance which had valid MoT, service, tax and health check completed.
- An emergency first aid kit was available on all the ambulances, we saw evidence of this on the privately-owned vehicle. There was a check sheet in place and all items were available and in date.
- There was a daily ambulance check list which staff completed to ensure that ambulances were appropriately stocked and safe for use. The ambulance checks were completed by the registered manager and all staff were supervised by the registered manager until they were competent with what checks should be completed.
- The service had a service level agreement with an external provider to supply rented ambulances as required. Vehicle checks, which included engine oil levels, windscreen wash, tyre pressure, horn/lights/siren and wipers were carried out by the external provider on each hire rental to the service. These checks were also completed on the privately-owned ambulance which we saw evidence of during our inspection.
- A set of mechanical handcuffs were kept in a lockable filing cabinet at the registered premises.
- The privately-owned ambulance had an automatic external defibrillator, blood pressure monitoring equipment, blood glucose monitoring equipment and pulse oximetry equipment in place. However, these items of equipment had not been serviced or calibrated.

This was raised with management at the time of inspection and the equipment was taken out of service until we could be assured that they had all been serviced and calibrated. Post-inspection we were provided with evidence that all equipment had been serviced and calibrated.

- Oxygen cylinders were stored at an external storage facility at different premises. There was a service level agreement in place.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- Risk assessments were completed for each patient by the referrer and the service ambulance staff. We saw evidence of these assessments in the 10 patient records we reviewed.
- When a transfer was booked, staff established the nature of the patient's mental health, including whether the patient was sectioned under the Mental Health Act (1983) to plan the staff required and vehicles used accordingly. We saw evidence of this on the journey request/quote forms that we reviewed.
- H4 conveyance forms gave the service legal authority to transfer a patient under the Mental Health Act 1983 (Regulation 7(2)(a) and 7(3) from one hospital to another under different managers. We saw that these forms were in place which gave the service authority to act with powers of restraint if required. There had been no requirement to use mechanical restraint since the service went live in October 2018 and they had never had to use the cell in the ambulance. Staff we spoke with told us that they would rather have an extra member of staff on board the ambulance than use mechanical restraint. Mechanical restraint would only be front stack rest, this form of restraint is where mechanical handcuffs are placed on the patients wrists at the front of their body and not behind them. All restraints if used, would be recorded in the patient record. Although this would be best practice, the service was not documenting restraint anywhere else, which meant that staff could not have an overview of these events if they occurred. This was raised with management at the time of inspection and we were told that they did have oversight of this due to the small

Patient transport services (PTS)

number of patient transport journeys they had undertaken, however as the business started to expand they would look at implementing an electronic spreadsheet to collect this information.

- Staff could demonstrate appropriate use of the mechanical restraints. All staff received theoretical and face to face training on restraint procedures. This was evidenced by certification that was held in the personnel folders. One member of staff had not completed their restraint awareness module at the time of inspection. However, we saw that they were booked to complete this training the week following the inspection.
- All paperwork was checked on handover and any pockets that the patient may have in their clothing were checked for any undeclared items, such as lighters or any other small items that could be used as ligatures. This was an essential component of the handover process in keeping both staff and the patients safe.
- If patients were to be transported from a police station, the crew were met by the advanced mental health practitioner on duty who would go through the patients care, paperwork and risk assessment prior to transport.
- If patients required to use bathroom facilities during the journey, staff would risk assess this to decide on the most appropriate place to stop such as a police station or a secure unit. When a patient requested a stop for the toilet, this was recorded in the patient observation notes along with the reasons for any delay.
- A comprehensive assessment of the patients' needs during transfer was completed at the booking stage. This included, the patient's diagnosis, whether they were detained under the Mental Health Act, current presentation, behavioural triggers, ascension risk and whether restrictive interventions were required. The information generated a risk summary and level of staff needed for the transport journey.
- Two members of staff were 'blue light' trained and held the emergency response driving blue light certification. This meant that they were competent to drive ambulances in emergency situations.
- Conflict resolution and de-escalation training was provided to staff on induction. This was important as staff could transfer patients who could become confused or aggressive during the patient transport journey.
- Staff did not carry out any clinical interventions on board the ambulance other than emergency first aid

which was part of the induction process training. No patient transport journeys had required any clinical interventions or emergency first aid in the period October 2018 to July 2019.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.**
- There were two full time members of staff and three bank staff.
- The registered manager and the support manager provided cover 24 hours a day, seven days a week. This was agreed between staff due the business being new. Management told us that as the business expanded, their intention was to employ permanent full-time staff and implement staff rotas.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**
- Jobs that were declined by the service were documented so that they could monitor the reasons why they had been refused.
- We reviewed 10 patient journey request/quote forms. Each form specified if the patient was a private transport service patient or a mental health transport patient. The forms also had several sections, for example, if the patient was under a section or was informal; a brief history was documented on the patient; the patients care requirements, for example, oxygen requirements, monitoring requirement or mobility requirements and the journey details. All forms were legible, dated and signed.
- We reviewed 10 risk assessment forms that were included in the patient records. These included confirmations of last risk assessment by the service and the provider; confirmation of the service user awareness of the planned journey; details of possible aggression/

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violence; risk of self-harm/suicide and risk of absconson. All assessments were completed fully, were clear, legible, dated and signed. However, one risk assessment had the suicide or risk of self-harm omitted.

- A control and restraint form with a “body map” was in place if mechanical restraint was to be used. The time the mechanical restraint was put on, where it was put on and what time it was taken off would be documented if mechanical restraint was used.

Medicines

- **The service used systems and processes to safely administer, record and store medicines.**
- Due to the nature of the service, no medicines were kept on site. Oxygen was stored by an external company at other premises and when required, collected and stored securely on the ambulances as per the service medicines management policy .
- Patients own medicines would be transported in a tamper proof folder that was kept in the driver’s cab for the duration of the journey.
- If a patient required medicines during the journey, the service would accommodate this as all clinical staff had completed their medicines management training. We were given an example of an end of life care patient who was receiving medicines via a syringe driver and the service had safely accommodated this patient transport journey as staff were trained to deal with any unexpected issues that may have occurred with the medicines and the medicines equipment.
- The service had a medicines management policy. However, within the policy it referenced another external provider and was not personal to the service. In addition, the policy mentioned other medicines (including controlled drugs); the service was only administering medical gases; therefore, the policy did not mirror this. We raised this at the time of inspection and was told that the service had no intention of increasing their medicines scope and therefore the policy would be changed following the inspection.

Are patient transport services effective?

Good



We rated it as **good**.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient’s subject to the Mental Health Act 1983.**
- The service had a mental health policy which included relevant guidance about conveying and transporting patients who were detained under the Mental Health Act. In addition to this, included in the policy was a copy of a ‘transfer dynamic risk tool’ that had to be completed by all parties involved in the transportation of the patient to a hospital or a secure unit. This risk assessment was red, amber and green (RAG) rated which highlighted what category/level of transport was required for the patient transport journey.
- Staff told us that the use of mechanical restraint was only used as a last resort for the shortest possible time. This complied with the Department of Health guidance ‘Positive and Proactive Care: reducing the need for restrictive interventions (2014) and National Institute of Health and Care Excellence (NICE) guideline (NG10): Violence and aggression: short-term management in mental health, health and community settings.
- We reviewed the services control and restraint policy which included guidance indicating the circumstances where staff could undertake restraint. The policy stated that all current and relevant legislation/UK Laws and Acts of Parliament would be covered in the staff risk management training on induction. However, we found that there was limited reference made to best practice guidance in this policy which meant that it was unclear to staff if it reflected the most up-to-date practice.
- The service was signed up electronically to receive alerts from places such as the National Institute for Health and Care Excellence (NICE), Health and Safety Executive (HSE), Medicines and Healthcare products Regulatory Agency (MHRA) and the Care Quality Commission. When alerts were received, the administration manager would call a directors meeting for anything that would affect the business and the alerts would also be discussed in the staff team meetings. If an alert was urgent, a text could be sent to the ambulance crew via the satellite navigation system so that they received this straight away.
- Staff could access policies on computers or in hard copies that were kept at the registered premises.

Patient transport services (PTS)

Nutrition and hydration

- **Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.**
- Staff we spoke with told us that bottled water would be given to patients and staff. If the journey was to go over meal times, staff ensured that the referrer had provided appropriate food.

Response times / Patient outcomes

- **The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**
- The service documented details of the time a crew was expected for a journey and the time the crew arrived on site in each patient record. We reviewed the service quality performance report which was for all jobs that had been completed since the service went live in October 2018. Each job was being delivered within the set timeframes and staff told us that they were proud of their response times. The spreadsheet completed also demonstrated to management any trends in the needs of patients, for example, psychiatric intensive care unit bed patients, length of journeys and planned stops for refreshments.
- During the period October 2018 to July 2019 staff told us that there had been no use of restraint. However, staff told us that if restraint was to be used, this would be documented within the patient record, including the time of restraint and how they were restrained. At the time of inspection there was no way of having an overview of this data. Staff told us that they had not used restraint since the registration of the business, but without looking in every patient record, there was no way of corroborating this information. This was raised at the time of inspection and management told us that they would look at implementing an electronic spreadsheet to document restraint activity so that they could measure patient outcomes.
- We reviewed feedback given from three trusts which thanked the service for all their help. One comment received from an external provider said the service was 'fab'.

- No audits had yet been completed within the service. We raised this at the time of inspection and was told by management that this would be put in place following our inspection so that they could monitor the service effectively.

Competent staff

- **The service made sure staff were competent for their roles.**
- Appraisals were not currently undertaken routinely due to the small number of staff. However, management told us that their plan was to complete appraisals and personal development plans approximately six months after employment had commenced. This would be standardised within the service following the inspection.
- All staff had a comprehensive induction checklist to complete. We saw evidence of this in the five personnel files that we reviewed. All checklists were completed and signed off by the line manager who was also the registered manager of the service.
- Training was provided by an external company that offered regulated qualifications.
- Additional training was carried out for staff to be able to provide emergency and urgent care. These were first responder emergency care (FREC), blue light response, electro-cardiogram (ECG) reading and emergency care modular training. Evidence of competence was provided in the forms of certification which was held in the staff personnel files.
- We saw evidence that the administration manager had completed several urgent care modules to understand more of the operational side of the business.
- All the personnel files we reviewed included documentation, such as UK driving licence details, contract of employment, eye test appointments and a training and development log. All were in date.
- Staff had undertaken additional mental health training to support secure patient transfers. Training included restraint and self-protection and we saw evidence that all staff had completed this..
- The service was not required to provide major incident support for the local area.

Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

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- No formal processes were in place to facilitate multidisciplinary working, however, records demonstrated that staff worked closely with the referrer to complete a dynamic risk assessment for the patient before transfer.
- Staff told us that they talked with the approved mental health practitioner, psychiatrist, nursing staff or police officers whenever possible to make sure they knew about the patient.
- Staff at the registered premises could accurately track where staff were on their transfer via a real time satellite navigation system. This meant that for any given journey, staff at the base could identify where the vehicle was and could give an estimated time of arrival to the customer as required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- We spoke with two members of staff who understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Whilst it was possible that the service could transport patients that were under a Deprivation of Liberty Safeguard, the patient notes we reviewed did not include any Deprivation of Liberty Safeguards. We reviewed the mental health policy, and this did not outline guidance in relation to the Deprivation of Liberty Safeguards which meant staff did not have access to this area of expertise.
- Staff we spoke with told us of the importance of obtaining consent prior to providing patient care. However, we did not see evidence of this during our inspection as we did not attend any patient transport journeys.
- We saw that the journey request/quote forms had a section for patients who had a do not attempt cardiopulmonary resuscitation (DNACPR) in place. Patients who had a DNACPR in place had to have a valid DNACPR form with them during the patient transport journey.

Are patient transport services caring?

Not sufficient evidence to rate 

We could not rate caring as we did not observe any patient, relative or carer interaction due to no patient transport journeys being held on the day of inspection.

Compassionate care

- **Staff we spoke with told us that they would treat patients with compassion and kindness, respect their privacy and dignity, and take account of their individual needs.**
- We did not observe any direct patient interactions as there were no patient transport journeys booked for the day of our inspection.
- There was no patient feedback that we could review in the service. However, we did note that two external providers had given positive feedback about the service.
- Staff told us that they would request the handover of a patient to be completed in a private environment so that confidentiality and the privacy and dignity of the patient remained paramount.

Emotional support

- **Staff we spoke with told us that they provided emotional support to patients, families and carers to minimise their distress.** They understood patients personal, cultural and religious needs.
- Staff recognised that patients' relatives or carers would want to travel with the patient at times. Wherever possible, the team would endeavour to accommodate this request.
- Staff gave us examples of when patients or relatives had required reassurance during their journey, informing us that they had done their best to alleviate any anxieties or concerns that the patient or relative had.
- Staff undertaking transfers of patients with mental health needs told us that they felt it was important to understand that patients were "poorly".

Understanding and involvement of patients and those close to them

Patient transport services (PTS)

- **Staff we spoke with told us that they would support and involve patients, families and carers to understand their condition and make decisions about their care and treatment.**
- We did not observe any direct patient interactions as there were no patient transport journeys booked for the day of our inspection.

Are patient transport services responsive to people's needs?

Good



We rated it as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- Management in the service worked regularly with third party organisations within the patient transport service sector.
- The service offered a patient transport service to accommodate the needs of those patients who required secure transportation.
- The service had contracts in place with providers to ensure that consistent service delivery was maintained for the needs of the local people.
- Feedback had been received from providers on the length of the booking forms. Management adjusted the forms accordingly to make it easier for both the provider and the service. This allowed the providers to complete the forms quicker, which in turn reduced the response time for the transport requested.
- The service did not currently transfer children. Management told us they had no current plans to transport children as they were just starting out in the business and wanted to concentrate on the transportation of patients with mental health needs. If a patient needed to travel with a child, the service would look at whether they could facilitate the transfer safely.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**
- Patients were able to take a small number of personal belongings with them when they travelled. These would be transferred securely with the driver.
- If the service had to transport bariatric patients or patients that needed a stretcher due to not being able to sit down, an appropriate ambulance would be hired from an external provider. Extra time would be factored into the estimated time of arrival. Management told us that a job would not be accepted unless they could confirm that everything would be in place.
- We saw that on one patient transport journey, the patient did not speak English. A family member who was fluent in the language was to accompany them on the transfer. However, on attendance the family member did not want to accompany the patient. The crew used a translation app on their mobile phone to communicate during the journey.
- Staff we spoke with told us patients could be transferred who were living with dementia. All staff received dementia awareness training on induction and this would be refreshed annually. This training was provided by an external company via an e-learning programme.
- Communication including emotional training was carried out with each staff member. This taught staff good listening skills and how to empathise with patients. This was part of the consent training on induction to the service and would be refreshed annually.
- The largest ethnic minority group within the service population was 'White British/Asian', 'Asian British, Black and Black British. If the patient spoke a language other than English, a translation app was used on the staff member's mobile phone. Management told us that if required, an interpreter could be booked at an additional cost for the quote of the patient transport journey.
- For patients that had additional needs, such as visual or auditory impairments, the service would recommend that an escort was required. However, staff we spoke with told us that they would endeavour to obtain any communication aids needed prior to the patient transport journey to ensure that the patient could communicate any symptoms or alleviate any concerns they may have during the journey.

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- Staff could provide patients with blankets or covers if required to keep them warm and protect their dignity.
- Patient care needs, or requirements were recorded on the journey request/quote form on booking the transport. This note was reviewed prior to the transport to ensure that there was enough staff in attendance to complete the transport safely.

Access and flow

- **People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**
- Bookings could be made on the day of transfer or in advance. These were taken at the registered premises from an NHS trust or by a third party.
- Management told us that as the business grew they would put in a system for prioritising bookings. At the present time due to the business being new they could accommodate all the bookings as they were being taken.
- The service had recently been accepted onto the NHS Framework for patient transport services.
- The service was available 24 hours a day, seven days a week, 365 days per year, dependent on availability of staff.
- All ambulances were tracked by a satellite navigation system that allowed staff at the base to see where the ambulances and crew were.
- All journeys had been completed in the agreed response times and waiting times had not been an issue during the period October 2018 to July 2019.

Learning from complaints and concerns

- **People could give feedback and raise concerns about care received. The service would treat concerns and complaints seriously, investigate them and share lessons learned with all staff, including those in partner organisations.**
- Complaints could be received verbally, by telephone, in writing or by social media. In addition to this, feedback forms were stored on all ambulances for patients to complete.
- The service had received no complaints in the period October 2018 to July 2019.

- The service had a complaints policy and procedure which outlined the company process in dealing with complaints. However, the service was not registered with an independent complaints facilitator at the time of inspection.
- The service aimed to respond to any complaint in writing within five working days of receipt.

Are patient transport services well-led?

Requires improvement 

We rated it as **requires improvement**.

Leadership of service

- **Leaders had the skills and abilities to run the service. They understood and managed priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**
- Management proactively assessed the risk of taking on additional work and the impact it could have on the operational performance. They were aware that they were a new service and were taking each step slowly so that the service they provided was effective.
- The registered manager of the service had clinical experience within the sector and the support manager had a mental health background. Both worked well together well and supported each other and staff to carry out their duties and responsibilities well.
- Although the service had a structured induction checklist for staff; an appraisal system was not in place for monitoring staff performance. This structured system is required to enable management to effectively support staff to develop their skills and take on more senior roles.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The vision of the service was to be the leading ambulance service in the area that they operated in,

Patient transport services (PTS)

and in the country. In addition, the service aspired to continue to have close relationships with providers. The service set expectations to maintain high standards and deliver on promises. Management told us that they felt that they were in a good position as they could grow and take on jobs at their own pace.

- The service website stated that they were clinically-led, patient focused and provided quality care and that their services were widely used to complement the NHS and other private healthcare facilities.
- The service website advertised emergency medical cover and event medical cover throughout the UK. Although the service at the present time did not provide these services it was the vision of the company that these services would be provided in the future as the business and staff pool grew.
- Management told us that they were keen to be a good learning organisation where staff would want to work and remain with the service.

Culture within the service

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- The ethos of the service was patient care and safety. Management told us that if a member of staff was not acting in line with the service values they would be reminded of their code of conduct and further training given if required. However, a disciplinary process may have to be carried out if needed.
- Due to the service being small, staff we spoke with told us that it was easy to raise issues at staff meetings.
- There was limited evidence or feedback that the service promoted equality and diversity in daily work.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- **Leaders had governance processes in place in the service, however in some areas they were not effective. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

- The providers governance framework ensured that mental health act procedures were followed and staff were compliant with these processes.
- We saw that the service had policies and procedures in place that staff had access to. However, although the policies had the year they were implemented on them, they did not have the actual date they were ratified, in addition all the policies were not version controlled. This was raised at the time of inspection and management told us that they would update, and version control all the policies and procedures following our inspection.
- Not all the policies we reviewed referenced the most up to date guidance or best practice, for example, the safeguarding children, young people and vulnerable adults' policy and the mental health policy regarding Deprivation of Liberty Safeguarding. This meant that the service could not be assured they were providing the most up to date service to their patients.
- There was a risk management and procedure policy in place. However, the service did not hold a risk register or any other document to record risks at the time of our inspection. We spoke with the registered manager who told us their main risk to the service now was the lack of business as the business was just starting out; due to this risk they had joined an external company that provided access to a network of patient transport activity. Other known risks, for example, risk of staff injury or risk of absconsion were not documented and meant the service could not have full recognition of all the risks to their service. Following the inspection, the service had initiated a risk register that was red, amber and green (RAG) rated with risk scores.
- Items of equipment had not been serviced or calibrated. Although this was rectified promptly, management must ensure that they have oversight that equipment is properly maintained and serviced at all times for the purpose for which they are being used.
- We reviewed an inspection report that had been carried out by a third party in June 2019. No significant concerns were reported, however recommendation to upskill staff to first response emergency care (FREC) level four from FREC level 3 to provide better clinical support. Management told us that this would be carried out following our inspection.
- The service had monthly team meetings. We reviewed the team meeting minutes for April, June and August

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2019. All had a structured agenda in place. Examples of items discussed were, activity at the present time, training, updates and alerts and the new booking/quote forms.

- We reviewed the directors meeting minutes for June and August 2019. These had structured agendas in place. Items discussed were transport journeys, timelines and responsibilities, employees/bank staff, finance and training.
- Management told us that they were not benchmarking their service to any other provider now. However, they would be monitoring key performance indicators in the future.
- We saw evidence of valid fully comprehensive fleet motor insurance; employers liability insurance, public liability insurance and medical malpractice insurance.
- The service had a business continuity plan in place which demonstrated actions for unplanned disruption to the normal working process, including roles and responsibilities of staff in carrying out any actions needed.

Public and staff engagement

- **Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- Staff we spoke with told us that feedback forms were carried in the ambulances for patients to complete during or following completion of the journey. However, no forms had been completed for the period October 2018 to July 2019. In addition to this, emails were sent to patients as well as letters with stamped addressed envelopes for their return.
- No written feedback had yet been received within the service. Staff told us that patients and relatives had verbally thanked them for their service, but these conversations were not documented.

Innovation, improvement and sustainability

- **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.**
- Management told us that they were invested in staff development. This was evident in the numerous e-learning modules that staff had completed.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The service must ensure that all equipment is service and calibrated. Regulation 17(1).
- The service must ensure that risk management is in place and that policies and procedures are personal to the service. In addition, all policies and procedures should be clear on up-to-date evidence based practice. Regulation 17 (2)

Action the hospital **SHOULD** take to improve

- The provider should implement an audit programme so that effective systems are in place to monitor the quality and safety of the services provided.
- The service should carry out regular staff appraisals.

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	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1) 17 (2) (a) (b) (d) (e) (f)