Personal Security Service Limited

Personal Security Services Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, 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. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- 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 ran services well using reliable information systems and 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.

However:

- Staff were unable to identify all types of abuse.
- Staff were unclear on the responsibility to report near misses and low harm incidents.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	Our rating of this service improved. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Personal Security Services Limited

The service was managed from the Personal Security Services Limited location in Rochester, Kent. This service was registered under the registered provider Personal Security Service Limited. The service also had an ambulance base in Southgate, London which was under the registration of the location in Rochester. The service was managed from the Rochester location.

This service provided secure transport for patients with mental health conditions including patients detained under the Mental Health Act. The service collected patients from their own homes, hospitals, and custodial settings. They transported patients to hospitals or other facilities to receive treatment for their mental health conditions. In the past 12 months the service had transported 3,388 patients.

The location was registered for the following regulated activity:

- Transport services, triage and medical advice provided remotely.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibilities for meeting the requirements set out in the Health and Social Care Act 2008.

This location was registered on the 22 March 2021 and this was the first inspection of this location. The service was previously registered at their base in Southgate, London. The service has continued to be run by the same leaders and staff. The Southgate location was inspected in 2019 and we will compare the ratings in this report against their 2019 report for their Southgate location.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, and a CQC inspector. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

During the inspection, we visited both ambulance bases in Rochester. Kent and Southgate, London. We spoke to seven staff and five managers. We looked at five records of patient care, four vehicles, 10 staff records, two incident reports, and five complaints.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that staff are able to identify all types of abuse including those less common in their service.
- The service should ensure that they look for learning in near miss incidents and no harm incidents to ensure they do not miss opportunities to reduce risks.
- The service should consider if their vehicles need to carry oxygen.
- The service should consider how to obtain more detailed patient feedback.
- The service should consider how to involve their staff and patients in developing their service's vision.
- The service should consider how to improve their oversight of staff supervision.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Patient transport services safe?

Good

Our rating of safe improved. We rated it as good because:

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Staff completed 39 mandatory training modules with an overall compliance level of 98%. One module was not meeting the service's target of 85% compliance which was safeguarding level 3 children and adults. At the time of our inspection, compliance to this module was 75%. Managers explained this was difficult to arrange during the pandemic as it was delivered face to face but they were arranging more sessions now that restrictions had eased.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included; first aid, basic life support, mental health awareness and safe use of restraint. Staff enjoyed doing their training and found it helpful in their roles.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Mandatory training included training on mental health awareness and dementia awareness. Staff we spoke with had a good understanding of how to care for patients living with these conditions.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were required to be up to date with all their mandatory training to be allocated to shifts. Managers would alert staff when they were due their training in the next three months and supported them to book onto sessions. Managers also removed staff from the duty rotas if they did not complete their training before it expired.

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. Staff knew how to identify the most common types of abuse however; they could not identify all types of abuse.

Good

Patient transport services

Staff received training specific for their role on how to recognise and report abuse. Staff received three modules of safeguarding training; safeguarding adults online with compliance of 100%, safeguarding children online with compliance of 100%, and safeguarding adults and children level three face to face training with compliance of 75%. Staff received 'prevent' training with a compliance rate of 91%. Prevent training aims to ensure the safeguarding of children, adults and communities from threats of terrorism.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. When a patient arrived at a location, they had not been to previously the other patients would be excited to introduce themselves. However, staff told us their patient can feel overwhelmed or harassed by this experience. Staff told us when they felt their patient needed space, they asked other patients to give their patient some time and space to settle in.

Staff knew how to identify some of the types of abuse they would be most likely to come across in their roles. However, they could not identify all types of abuse. Staff we spoke to had not seen any instances of abuse in the past 12 months. When provided with examples they were able to identify physical, emotional, sexual, and institutional abuse. However, they were unable to recognise examples provided of financial abuse.

All staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had an up to date policy that had clear guidance on who to contact and how to report concerns. This information was also displayed in both bases we visited. Staff told us they would report concerns to the registered manager who was also the safeguarding lead. The registered manager was trained to level four safeguarding vulnerable adults and level four safeguarding children. The registered manager knew about their responsibility to report safeguarding to the local authority and to notify CQC. Their policy included the requirement for all concerns of abuse to be notified to CQC. The registered manager had a quick reference guide of all the notifications they were required to make to CQC.

The service completed recruitment checks to protect patients from people bared from working with vulnerable people. We checked 10 staff records which all had a disclosure and barring service check using the online tool. This was rechecked every three years and the 10 records we checked were up to date.

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 the premises visibly clean.

Vehicles were visibly clean and had suitable furnishings which were clean and well-maintained. We looked at four vehicles which were all visibly clean and seats were intact and covered in a wipeable material to promote effective cleaning.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw vehicle checklists were completed at the start of each shift which included checking if the vehicle was clean. We visited two of the services bases and both were visibly clean and tidy.

Staff followed infection control principles including the use of personal protective equipment. We saw personal protective equipment (PPE) such as gloves, aprons and masks were available on all vehicles for staff to use. Staff understood when to wear PPE. All staff had completed training on putting on and taking off PPE for COVID-19. Staff cleaned vehicles between patients. Staff told us they cleaned the inside of the vehicle as soon as the patient was handed over, and we saw cleaning equipment on board to allow staff to do this.

Good

Patient transport services

Staff received information about patients with infectious diseases from their referral forms. This included the type of infection. Staff knew what PPE to wear and how to clean vehicles after patients with these diseases were transported.

The service generally performed well for cleanliness. Vehicles were deep cleaned every four weeks. We looked at four vehicles and all were deep cleaned in the last four weeks. Managers monitored compliance with deep cleaning with a monthly audit which showed compliance of 100% for July and August 2021.

Hazardous chemicals used for cleaning were stored safely. There was a cupboard containing cleaning chemicals in the base. We saw this was kept in locked metal cupboards.

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 service had designed the environment to keep people safe. The service had two bases with one being used by management. The other base was used by staff to restock vehicles and had areas for staff to take breaks and complete training. The service took Covid-19 precautions. The bases had signs to remind staff to keep socially distanced when possible. They had removed some chairs to reduce the number of people sitting in each space. There was tape and signs to indicate where it was safe to sit without being too close to other people in the office. There were toilets which had signs to remind staff the correct way to wash their hands.

The design of the vehicles followed national guidance. The service had carried out ligature risk assessments on all their vehicles. The four vehicles we looked at had no ligature points in the patient areas. All vehicles had valid MOT, tax, insurance, and roadside assistance cover. Records showed all vehicles had regular maintenance and the four vehicles we looked at were in good condition. Managers monitored vehicle maintenance through 24 spot checks each month with compliance seen on all vehicles.

Staff carried out daily safety checks of specialist equipment. Staff completed vehicle checklists at the start of each shift. This included checking the; automated external defibrillator, oxygen cylinder, vehicle lights, and engine oil. These checks also included checking the ambulance had all equipment listed on their vehicle stocklist. Staff restocked vehicles at their bases in Southgate and Rochester.

The service had suitable facilities to meet the needs of patients' families. Staff and managers told us they encouraged a family member to travel with the patient if they wished to. Staff would assess if this was appropriate for the patient as well as the family member. We saw records showing family members had travelled with patients. Vehicles we looked at had enough seats to allow the patient, crew and relatives to travel together.

The service had enough suitable equipment to help them to safely care for patients. Staff reported they always had the equipment they needed to care for their patients. We saw child seats were available from the Southgate base.

Staff disposed of clinical waste safely. Waste was segregated into clinical and non-clinical waste. We saw clinical waste was disposed of in a secure bin at their Southgate base. The service had a contract for waste collections once a week from this base. Staff told us they also would dispose of clinical waste when at hospitals with the agreement of staff at the hospital.

Assessing and responding to patient risk

Good

Patient transport services

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.

Staff were trained in first aid and basic life support. Staff identified deteriorating patients and escalated them appropriately. Staff told us they would assess the patient's condition and if they needed emergency care, they would call 999 to receive support from an emergency ambulance service. For minor deterioration, staff would take patients to the nearest accident and emergency department.

Staff completed risk assessments for each patient on booking and again in person when collecting patients, using a standardised tool. Staff completed training on the risk assessment of patients which had a compliance rate of 98%. These risk assessments included physical aggression, verbal aggression, self-harm, infectious diseases, sensor impairments, nutrition, and safeguarding. We looked at five records and all were fully completed. Staff told us they received enough information to make a safe assessment of the patient's care.

The service had clear and up to date guidance for staff to complete risk assessments. The service had an up to date policy on risk assessment which included guidance on the completion of the risk assessment with examples of risks to consider. Staff had access to this policy in the vehicles from their tablet computers.

Staff knew about and dealt with any specific risk issues. Staff received information about risks related to restraint and restrictive interventions for patients. The services referral forms required referrers to provide reasoning if they were requesting the patient was transported in the secure area or other restrictive interventions were to be used. Staff told us they limited the use of restraint and reviewed all patients including when referrals requested the use of handcuffs or the secure area. All staff had received training in physical restraint and conflict resolution. All staff had also received dedicated training in the use of mechanical restraint such as handcuffs and soft cuffs.

The service transported children safely. The service's referral form identified the child's age and whether they required a car seat. Staff knew about this however staff we spoke to had not transported any children under 12 years of age. Children over 12 years of age do not require a child seat.

Staff completed risk assessments for patients thought to be at risk of self-harm or suicide. Staff assessed the risk of self-harm and suicide for all patients. Patients assessed as at high risk had additional staff allocated to support them in transport. The service had completed a ligature risk assessment for all vehicles. The four vehicles we looked at had no ligature points in the patient areas of the vehicles.

Staff shared key information to keep patients safe when handing over their care to others. Staff completed a checklist to ensure all aspects of care were handed over when collecting patients and on arrival to the patient's destination. These included the current physical and mental state of the patient, risk assessment and the legal status of the patient relating to the Mental Health Act.

Staffing

The service had enough staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix, and all staff received a full induction.

Good

Patient transport services

The service had enough staff to keep patients safe. The service's risk assessment policy outlined the minimum number of staff required for each level of risk identified for patients. There were six levels of risk with the lowest requiring only a driver and the highest requiring a driver and three staff. The service employed registered mental health nurses to support patients when either requested by the referrer or identified through the service's risk assessment. Staff received regular breaks while on shift in line with the working time regulations.

Managers accurately calculated and reviewed the number of staff for each shift in accordance with the needs of patients. The service had a schedule that included having at least two substantive staff with a vehicle to respond quickly to patients 24 hours a day seven days a week. Managers scheduled additional staff to work at times they predicted an increase in demand for their service. The service kept a list of additional staff ready to respond to peaks in demand. Controllers received bookings and assessed the need for additional staff against the service's risk assessment policy and called additional staff when needed.

The service had low vacancy rates. We looked at records showing the service had a vacancy rate of 5.9% in July and August 2021. We saw all staff that left had exit interviews to understand their reasons for leaving.

The service had low turnover rates. We looked at records showing 78.6% of staff worked for the service longer than 12 months. Managers told us they were expanding their capacity to fulfil the increase in demand for their service.

The service had low sickness rates. We saw records showing collectively their staff were off sick for six days over the past four months.

The service had used bank staff on zero-hour contracts to fill shifts when needed. These staff received the same induction and training as substantive staff. Bank staff not up to date with their training were removed from the call list until this was updated.

Managers made sure all staff had a full induction and understood the service. Staff completed an induction that included; an introduction to their role, two weeks shadowing, and accident reporting training.

Records

Staff kept detailed records of patients' care. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. We looked at five patient records, all contained the correct information and were legible, dated and signed by the person who had completed them.

Records were stored securely. Records were stored securely in a locked cupboard in the office. Patient records were stored in a secure area in the cab of ambulances until returned at the end of their shift to the office. Booking referrals were recorded on an electronic system and stored on a secure network.

Record completion was monitored by managers. We saw they tracked the completion of records on their monthly compliance report. The services review of records showed improvements in the full completion of their risk assessments although noted there was still more work to do to achieve full compliance with this. The five records we looked at had fully completed risk assessments.

Medicines

Good

Patient transport services

The service used systems and processes to safely administer, record and store medicines.

Staff followed systems and processes when safely administering, recording and storing medicines. The service did not store any medicines however they did store the medical gas, oxygen. The service did not transport patients that required continuous oxygen. All staff had received training on the use of oxygen and vehicles had pulse oximeters. Pulse oximeters are devices used to monitor a patient's oxygen saturations and pulse rate. Oxygen was only used by staff during basic life support. However, the service's policy for life support had no mention of staff using oxygen. Oxygen therapy is not normally used in basic life support.

Staff stored and managed medicines in line with the provider's policy. Oxygen cylinders were stored securely in the ambulances. The service did not store any extra cylinders as the use of their oxygen was limited. The service had a service level agreement with a provider to replace oxygen cylinders when empty or when they expired. Staff told us they had never run out of oxygen. Staff checked the oxygen level at the start of each shift.

The service transported medicines safely. The service transported patient's own medicines if required and these were stored in the cab with the driver during transport. The cab was separated from the patient area with a bulkhead.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. However, staff were unclear on the need to report near misses and low harm incidents.

Staff identified and reported incidents with moderate patient harm or that were likely to reoccur. Staff we spoke to had reported incidents and were clear that they were required to report these types of incidents. All staff had received training on incident reporting on induction.

Staff did not report near misses or low and no harm incidents. Staff were unclear on the responsibility to report near misses and low harm incidents. Staff told us they had not reported any of these types of incidents in the past 12 months. This meant there was a risk staff were not identifying these types of incidents leading to missed opportunities for learning.

Staff were clear on the incident reporting process. Staff told us they reported incidents to the arrival destination, to their manager by phone and completed an incident report attached to the job sheet.

The service had no never events in the past 12 months.

The service had one serious incident in the past 12 months at this location. The service had reported four other incidents. The serious incident was related to transporting two patients together in the same vehicle. This had been investigated and the route cause was related to poor understanding of the services policies. The service reinforced the education around this for the staff involved and share this learning with all staff. All staff we spoke to knew about this incident and that this was against the services policy. They also reminded staff they could always call a manager for support.

Good

Patient transport services

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff told us when things had gone wrong, they explained what had happened and apologised to patients.

Staff met to discuss the feedback and look at improvements to patient care. Staff told us they discussed incidents and learning at their team meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was a standing agenda item on team meetings. We saw learning was shared at the last meeting. All staff we spoke to were able to tell us about learning that was shared.

There was evidence that changes were made as a result of feedback. Staff told us they had reported an incident where a patient absconded when they arrived at their destination. We saw this was investigated and the service had identified learning. This learning was focused around staff being empowered to challenge the number of staff provided by the receiving service. All staff we spoke to were clear that if they felt more staff were needed, they would not bring the patient out of the vehicle until this was resolved.

Managers investigated incidents thoroughly. The manager that investigated incidents had experience and training in root cause analysis. We looked at two root cause analysis reports which were completed with a suitable level of detail to identify learning to improve patient care. The service involved managers and staff from other services related to the incidents in their investigation.

Managers debriefed and supported staff after incidents. Staff told us they were well supported after reporting incidents. Staff were clear that openness and honesty was valued by their managers. Staff had no fear of reprisals as a result of reporting incidents. The service offered counselling to staff affected by stressful incidents.

Are Patient transport services effective?

Good

Our rating of effective improved. We rated it as good because:

Evidence-based care

The service provided care based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had up to date policies including; risk assessment, safeguarding, and restraint policy. These were all dated and included version control, owner of the policy and the date on which it was due for review. The service had a consultant to review their policies and recommend additional best practice evidence to use in updating their policies. The service's safeguarding policy had been based on national guidance including; the intercollegiate document, the Care Act, and Social Care Institute for Excellence; safeguarding adults during the COVID-19 crisis.

Staff working remotely had access to protocols and policies. Staff had access to policies via their tablets while out of the office. Staff told us they found this helpful and would read through policies when they did not have a patient to transport and referred to them when needed. Not all vehicles had tablets, however, these had printed copies of the policies staff needed while out of the office.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. We spoke to seven staff and they all had a detailed knowledge of the Mental Health Act and described clearly how they followed the Code of Practice. Staff knew to carefully check the paperwork was completed correctly before transporting patients.

At handovers, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff understood that meeting the psychological and emotional needs of patients and families was vital to their role. We saw in handover records that emotional and psychological needs was discussed to ensure these needs were understood by the crews and handed over to the staff at the patient's destination.

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 made sure patients had enough to eat and drink, including those with religious, cultural or other needs. All vehicles had stocks of bottled water for patients and crews would arrange with hospitals for food to be prepared for longer journeys. Some patients did not travel from a hospital so staff would stop at a fast food restaurant of the patient's choice on route. Staff told us they would offer patients food at mealtimes and if they appeared hungry. Staff told us they would accommodate the dietary needs of the patient when offering them food.

Response times

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 received bookings for transporting patients from their contractor and individual bookings from other providers. The service had targets for collecting patient's dependant on the type of booking although they aimed to collect patients as soon as practicable. Staff recorded the times they arrived to pick up patients and when they reached their destination. The service aimed to collect patients from their contract holder within 90 minutes of being booked and within three hours of bookings from other sources. The service aimed to collect pre-booked patients within 15 minutes of their booked departure time.

The service responded to bookings swiftly. Managers monitored response times. We looked at records that showed in April 2021 they transported 165 patients and only had one that was late. In May 2021, they transported 209 patients and only five were late.

Delays were communicated in a timely way. If a journey was unexpectedly delayed on route, staff communicated this to the controller. The controller then communicated the delay to hospital staff. If the crew were uncontactable and were delayed, then managers tracked the location of the vehicle and provided an updated estimated time of arrival. Stakeholders told us the service was quick to inform them of any delays and worked to reduce the affect patients experienced.

Good

Patient transport services

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers checked driving licences to ensure staff had the correct level of licence to drive their ambulances. We saw all drivers had these checks recorded including checking for endorsements on the online tool. Endorsements on licences are given points values by the Driving and Vehicle Licensing Agency. Members of staff with six or more points were required every two months to have their driving standards supervised and their license checked for additional points. We saw records showing this monitoring was being completed. New staff had a supervision of their driving standard on induction. Driving supervision included checks of; moving off, use of mirrors, concentration, and safe use of speed.

Managers gave all new staff a full induction tailored to their role before they started work. All staff were required to complete all their mandatory training including two weeks shadowing before starting to work as part of a crew. The induction included discussion of progression opportunities and planning development around the aspirations of staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers monitored compliance with yearly appraisals which was reported to the registered manager monthly. This showed all staff had an up to date appraisal. Appraisals were recorded in staff records. We spoke to seven staff who all reported having a constructive appraisal in the last 12 months.

The service employed staff focused on training including a restraint trainer and a registered mental health nurse. Staff reported they valued the support and training provided by these trainers.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff reported being encouraged to attend team meetings and that if they were unable to attend then managers would provide a summary individually for them. Staff told us after staff meetings the minutes were shared with them. We looked at the last team meeting minutes on the 23 March 2021 which were detailed and clearly showed what was discussed.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers monitored staff skills and knowledge. Managers carried out random supervisions of staff to ensure compliance and understanding of the service's policies. The registered manager monitored that these were completed on their monthly compliance report, in the past three months 51.7% of patient facing staff had a supervision completed. Staff received additional training when managers identified additional learning needs. Managers had identified they needed to have a great oversight of when and who needed supervision completed.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff reported being supported to develop their skills which included two staff attending a level five human resources training module at college.

Managers made sure staff received any specialist training for their role. Staff received training in mental health awareness, dementia awareness, the Mental Capacity Act, deprivation of liberty safeguards, behaviours that challenge, use of handcuffs/belts/soft cuffs, conflict management and physical restraint, communication skills, patient care and consent, and COVID-19. These all met the services target of 85% with the lowest module being COVID-19 training at 93% compliance.

Managers identified poor staff performance promptly and supported staff to improve. Managers reported using appraisals and supervision to detect poor performance and put in additional support to improve staff performance. We saw a support plan that was structured around improving driving performance, which included the support and monitoring being conducted.

Multidisciplinary 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.

Staff worked with other healthcare professionals including clinical staff and social workers to make sure patients' needs were met. Staff communicated effectively with staff when they collected patients to ensure journeys were undertaken to meet the needs of the patients and in line with legislation when patients were detained under the Mental Health Act. Staff provided a handover to staff at the receiving destination and made sure staff were ready to meet the patient when they arrived.

Staff worked with other agencies to meet the patient's needs. Staff assessed their patient's risks based on their assessment of patients along with information provided by nurses, doctors, and social workers at the location they collected them from. This included understanding the patients' needs and preferences such as the type of food they like. Staff arranged with local places of safety if patients needed to use the toilet while on route to their destination.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used restraint and restrictive interventions in a measured and appropriate way.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff we spoke to all had a clear understanding of the principals of the Mental Capacity Act.

Staff gained consent from patients for their care in line with legislation and guidance. Staff told us they would talk to patients and explain to them why they want to transport them to ensure they knew what was happening and to gain informed consent. Staff told us how they would support patients to make decisions.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff understood when patients lacked capacity they needed to make decisions for them in their best interest.

Staff clearly recorded what section of the Mental Health Act patients were detained under in the patients' records. We saw this recorded in all patient records apart from those recorded as informal. All records clearly recorded the reason the patient needed to travel.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw documents showing the compliance rate for this training was 98%.

Good

Patient transport services

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff told us if they were unsure then they would contact a manager for support. Staff told us there was always a manager on call that would answer their questions.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had access to policies from their tablet computers or paper copies stored in the vehicles.

The service monitored the use of restraint and reduced the need for restrictive interventions. The service had a restraint reduction strategy. They recorded the number of restraints, use of handcuffs and use of the secure area. They had reduced the use of the secure area in 2020 they used this for 24.8% of patients and in 2021 they used the secure area for 18.9% of patients. They had a low use and had reduced the use of handcuffs from 1.6% of patients in 2020 to 0.8% of patients in 2021. They had a low rate of restraint use of 0.8% of patients in 2021 however, this had increased from 2020 when only 0.4% of patients were restrained. Leaders were committed to continued reductions of restraint and restrictive interventions. Staff understood they should always use the least restrictive option and only use restraint in the best interest of the patient.

Restraint was clearly recorded. All patient restraints were recorded on a separated reporting tool that included the length of time, the type of restraint and the reason it was required.

Are Patient transport services caring?

Good

We had not rated this key question before as at the last inspection we did not have sufficient evidence. We rated it as good because:

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff told us that they took the time to speak with patients to build a rapport with them. This put the patients at ease and reduced the need for use of restrictive interventions. Staff told us when caring for patients living with dementia, they would provide continuous reassurance during the journey because they sometimes forgot where they were and why they were travelling.

Staff treated patients well and with kindness. A member of staff told us they brought carrier bags to give to patients as they would often have nothing to carry their belongings in other than their hands. They said they felt this was not dignified so wanted to provide something for the patients to put their clothes and washing in.

Staff followed policy to keep patient care confidential. Ambulances had magnetic signs saying ‘ambulance’ which staff removed before attending a patient’s address to avoid any stigma or embarrassment for the patient.

Good

Patient transport services

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff told us each patient was different with different needs, so they talked to their patients to get to know them and what they needed.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us they were happy to accommodate individual requests including patients that had a need to have all male or all female crew support them due to personal, cultural or religious reasons.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff described how they made efforts to build a rapport and relationship with patients and those important to them. Staff we spoke to were passionate about providing a high quality, respectful and supportive patient transport service.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Staff told us their patients would often be distressed and anxious. They said they would talk to them about what to expect on the journey and how they could help this be less stressful. Staff would minimise the amount of time patient spent moving between their home's and the vehicles. This was to reduce being overlooked by neighbours and protect their patient's privacy. Stakeholders told us the service's staff were always polite and treated their patients with dignity.

Staff understood the emotional and social impact that a person's care or condition had on their wellbeing and on those close to them. Staff demonstrated empathy when having difficult conversations. Staff we spoke to were aware patients may be unfamiliar with what to expect when they arrived at their destination. Staff were familiar with most of the places they took patients to so gave them a brief description which they said often comforted their patients to know what to expect. Stakeholders told us the service's staff had a good understanding for their patients needs and found ways to support them.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their care and make decisions about this care.

Staff made sure patients and those close to them understood their care. Staff told us when collecting patients from their own homes the other healthcare services tended to focus on the patient and this left their relatives not understanding what was being provided for the patient. Staff would take time to calmly explain their role and where they were taking the patient. They told us the reassurance that they would be supporting their relative during their transport comforted them.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. All staff had received training in communication skills Staff explained how they would adjust the level of detail and the way they talked to suit the person they were talking to.

Good

Patient transport services

Family and friends were able to travel with the patient. Staff told us they would often transport a relative with a patient as this helped the emotional support of both the patient and the relative. Staff carried out an assessment to ensure this was suitable for the patient as the patient would not always want a relative to travel with them.

Patients and their families could give feedback on the service and their care and staff supported them to do this. The service gathered feedback from their patients even though this was challenging due to the nature of their conditions. Staff asked for feedback from every patient which they recorded on their job sheets.

Patients gave positive feedback about the service. We saw many examples of patients saying, 'thank you'. We also saw patient feedback of 'you are my best crew thank you' and 'you have been very kind thank you so much'. The four ambulances we looked at had laminated posters with an email address inviting patients to provide feedback. Staff had business cards with this email address on that they handed out to patients. Patient feedback in July 2021 was 55% positive with 45% no providing feedback and in August 2021 there was 58% positive feedback with 41% providing no feedback and 1% providing negative feedback. Managers were looking at ways to get more patient feedback and improve the detail of this feedback.

Staff supported patients to make informed decisions about their care. Staff told us they would support patients to make decisions about their care. They explained this included the use of picture cards and giving patients extra time to consider their responses as due to the mental health conditions they may need additional support. Staff told us to support patients living with dementia they sometimes needed to repeat the information to allow patients to be able to make decisions again during the journey as they may have forgotten what they had already agreed to.

Are Patient transport services responsive?

Good

Our rating of responsive stayed the same. We rated it as good because:

Service planning and delivery to meet the needs of the 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.

Managers planned and organised services, so they met the changing needs of the local population. The service had opened a new base in Kent to meet the increased demand they had seen in the Kent and Medway area. Leaders had purchased additional vehicles to increase their capacity in line with an increase in demand for their services. They had also recruited more staff to meet this demand.

The service had three categories of vehicle. The high secure vehicle had a seating area and a secure area which was used when indicated by the services risk assessment. Staff told us they preferred not to use the secure area unless necessary for the patient's safety. The low secure vehicle were smaller vehicles used for informal patients and were more like a taxi in design. The mobility vehicles were designed for patients with reduced mobility.

The service transported one patient per vehicle. All staff we spoke to were aware they were only to transport one patient at a time.

Good

Patient transport services

Facilities and premises were appropriate for the services being delivered. The service had two bases both with toilets, well organised storage areas and space to store the vehicles. These bases also had facilities to hold staff meetings and complete paperwork.

The service covered the whole nation to accommodate the needs of patients that needed to transfer to and from anywhere in England, Scotland, and Wales. The service collected patients from mental health units, police stations, custodial settings, and people's own homes. The service had one permanent contract with an NHS trust and completed individual journeys for other local and national providers.

Managers monitored and took action to minimise delays to patients. The service had enough vehicles and staff to meet their targets for response times. Managers dispatched another vehicle when the assigned vehicle broke down to reduce the delay experienced by patients.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. We saw the referral form requested information on additional care needs and prompted referrers to think about the patient's needs related to; mental health, physical health, learning disabilities, and dementia. Patient records showed consideration of how to meet specific needs of each patient. This included being able to adjust the lighting in the vehicle for patients with sensitivity to light. Staff told us about tailoring music selection to the patient's preferences including silence. Staff we spoke to told us they were mindful of the patient as a whole person and that no patient would be discriminated against.

The service met special requests from patients. Special requests were recorded on the referral form and this was sent to crews when they went to collect the patients. The service took account of patient's gender preferences. Refers recorded this on the referral form and the controllers told us they then assigned a crew that met the needs of the patient.

Staff were provided with training to help them meet the individual needs of their patients. Staff compliance with this training was; 98% for dementia awareness, 98% for mental health awareness, 100% for communication skills, and 100% for diversity and equality.

Vehicles were designed to meet the needs of patients living with dementia. Flooring in the vehicles were one neutral tone. Patients living with dementia can perceive changes in colouring on floors as holes in the floor. Staff used the lights on the side of vehicles to illuminate the area where patients would need to step in and out of the vehicle.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff showed us picture cards they used to communicate with patients. All vehicles had these picture cards. Staff used their tablet computer for patients with a hearing impairment that preferred to use written communication.

Good

Patient transport services

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed. Staff were issued with a tablet computer with a translator application. This application provided written translation and verbal interpretation with 109 languages including English. The service had staff able to speak many different languages and where possible assigned crews that spoke the patients first language. Stakeholders told us the service's staff had supported patients and helped deescalate stressful situations.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The service asked referrers to include cultural needs including food and drink preferences. We saw these were recorded on patient records.

Staff had access to communication aids to help patients become partners in their care. Staff told us they communicated with their patients to find out how to best meet their needs. They told us this helped patients remain calm and relaxed during their transport.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed and received care within agreed timeframes. The service ran 24 hours a day, seven days a week. The service had targets for collecting patients from time of referral and managers monitored their compliance with these targets.

The service monitored the number of patients transported each month and analysed this to look for trends. This showed they had increased the number of patients being transported over the last year with this trend continuing this year. In June 2021 the service transported 244 patients, in July they transported 248 patients and in August 2021 they transported 261 patients.

Patients had access to the service when they needed it. Bookings were received through their call centre and by completing their electronic booking form. Controllers in the call centre reviewed the referrals and assigned staff and a vehicle to collect the patient. Referrals contained information of the individual needs of the patient including number of staff required, equipment needed, and type of vehicle requested. The controller would provide an estimated time of arrival for the referrer and communicated any delays.

Managers worked to keep the number of cancelled transfers to a minimum. Managers had additional crews they dispatched when the initial crew were unable to attend.

The service moved patients only when there was a clear medical reason or in their best interest. Staff checked the reason for transporting patients and confirmed this was in the patient's best interest and in line with the Mental Health Act section relevant to the patient.

Staff supported patients when they were referred or transferred between services. Staff told us they always explained the reason for transport to their patients.

Learning from complaints and concerns

Good

Patient transport services

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Staff told us they explained to patients how to make a complaint. We looked at five patient records which all clearly recorded that staff had explained the complaints process to patients.

The service clearly displayed information about how to raise a concern in patient areas. The four vehicles we looked at all had posters displaying how to raise a complaint.

Staff understood the policy on complaints and knew how to handle them. Staff told us they would always try to resolve an issue raised by patients, relatives or referrers however if this was not possible, they would provide them with details on how to make a complaint.

Managers investigated complaints and identified themes. The service had received 11 complaints in the past 12 months. We looked at four complaints all of which had a completed investigation which included interviews with staff and record reviews. Complaints were monitored on the managers monthly compliance reports and were a standing agenda item at team meetings.

Staff knew how to acknowledge complaints and complainants received feedback from managers after the investigation into their complaint. The four complaints we looked at had all had a swift acknowledgement and then a final resolution with an explanation of actions taken to reduce the risk of this happening again.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers discussed complaints with staff involved and then shared learning with the wider team at team meetings. One of the complaints we looked at related to a staff member speaking to loudly in a residential area possibly allowing neighbours to know the reason the patient was being transported. The root cause was looked at and learning identified to prevent reoccurrence. This was shared at the next team meeting. All staff we spoke to were aware to be careful with the volume of their voice when there were people nearby that were not involved with the care of the patient.

Staff could give examples of how they used feedback to improve daily practice. Two of the complaints we looked at were related to delays in collecting patients. One of the learning points from these was to keep the controllers updated on any delays and all staff we spoke to were aware they needed to do this. The controller then kept people at the collection location up to date with any delays.

Are Patient transport services well-led?

Good

Our rating of well-led improved. We rated it as good because:

Leadership

Good

Patient transport services

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills and abilities to run the service. The service had a registered manager with 18 years of experience working in the service. The registered manager was the safeguarding lead and had completed level four training. The registered manager and the human resources manager were completing a level five qualification in human resources management. The service had two operational managers and an audit lead. The lead on audits was a registered mental health nurse.

Leaders understood and managed the priorities of issues the service faced. The leadership team had a monthly compliance report which highlighted issues. This included monitoring the use of restraint and restrictive interventions. Leaders had a focus on reducing the use of restrictive interventions and we saw they noted this was continuing to reduce. We saw records showing a decline in the use of restrictive interventions from the same time last year.

Leaders were visible and approachable in the service for patients and staff. Staff we spoke to told us all the managers were approachable and were always available. Leaders staffed an on-call rota so that 24 hours a day, seven days a week there was always a manager to support staff. Staff reported calling managers for advice, and they would always answer.

Leaders supported staff to develop their skills and take on more senior roles. Staff were supported to develop skills outside their current roles to encourage their development. This included supporting a member of staff that was interested in becoming a controller to work shadowing a controller to get experience in this role. A driver wanted to move into a role outside of the service that involved working in high-rise construction, so managers arranged and funded them to complete training in working at heights.

Vision and Strategy

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 service had a vision for what they wanted to achieve. The service's vision was 'to be the leading patient transport service providing tailored conveyance that is safe and calm' which was displayed in both bases we visited. The service had three values which were; safety, compassion and dignity. Staff knew about and understood the service's vision and values.

Leaders had developed these values and vision. They had not involved staff or patients in the development of their vision or values.

Leaders had a strategy to turn this vision into action. They worked with stakeholders to develop this plan including ensuring the sustainability of their service. They were increasing their capacity to meet the increase in demand from the wider health economy.

Culture

Good

Patient transport services

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt respected, supported and valued. Staff we spoke to told us they were well supported and respected by their managers.

Staff were focused on the needs of patients receiving care. Staff told us they felt proud to work for the service and that everyone worked together to help their patients.

The service promoted equality and diversity in daily work and provided opportunities for career development. All staff had completed training in equality and diversity. Managers and staff reported being supported to develop in their careers. All policies we looked at had a completed equality impact assessment.

The service had an open culture where patients, their families and staff could raise concerns without fear. All staff we spoke to told us they were encouraged to raise concerns and felt there was a positive response from managers to look for improvement. The service had an up to date duty of candour policy that encouraged staff to speak openly and honestly. Patients and families were encouraged to provide feedback.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Leaders operated effective governance processes. The service held a board meeting every six months. The managers held management meetings every two months. They aimed to hold staff meetings every three months however, they had only held two in the last nine months. Leaders told us since COVID-19 they found arranging team meetings more difficult which had resulted in them missing some meetings. The minutes for their board, management and team meetings were detailed and showed clear discussion around the standard agenda items.

The clinical services manager completed monthly audits including; complaints, incidents and restraint. These were then summarised for managers on the monthly compliance report. Learning identified was discussed at team meetings.

We saw in the July 2021 board meeting minutes a discussion around equipment checks being completed including checking the expiry dates on items in vehicles. The board discussed the issues which was related to staff not checking if items had expired and failure to complete weekly checks. The registered manager questioned the other managers about how they have ensured this does not continue. They had improved their management oversight of these checks. On inspection, we found equipment was in date and checks were completed.

The service worked with partners to monitor their effectiveness and gain assurance. A consultant performed an external assurance report every three months. This was reviewed by the registered manager and the board. We saw feedback was discussed and actions agreed to ensure improvements were made.

Staff understood their roles and accountabilities. We saw in the September 2021 staff meeting that staff were reminded of some of their responsibilities including the use of the five principles of the Mental Capacity Act. Staff we spoke to understood the five principles of the Mental Capacity Act and their responsibilities to uphold these.

Good

Patient transport services

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Leaders and staff used systems to manage performance effectively. The service reviewed their performance with stakeholders including their main contract provider. They held meetings with two members of this NHS mental health trust every three months to look at their key performance indicators. This included the number of patients transferred, the use of the secure area, the number of incidents of restraint, and the number of complaints received.

Leaders identified and escalated risks and issues and identified actions to reduce their impact. The service had two up to date risk registers one for operational risks and one for service user risks. Each risk entry was reviewed and had actions recorded to reduce the risk. These risks were assessed for likelihood and severity which produced a risk score with most risks recorded as 'low' or 'medium'. The service user risk register had one risk rated as 'high'.

Leaders had plans to cope with unexpected events. The service had plans for major incidents. The service had an adverse weather events major incident policy and staff were made aware of these policies in their induction. Staff and managers knew their roles in these plans.

Staff contributed to decision making to help avoid financial pressures compromising the quality of care. We saw in staff meeting minutes staff were involved in discussions about finances and quality. We saw in the September 2021 meeting minutes, staff discussed the best way to consistently fill demand for staffing at nights and weekends. The discuss considered the impact on patients, staff and the financial cost of each solution.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data was consistently submitted to external organisations as required.

The service collected reliable data and analysed it. The service collected information on the use of restraint and restrictive interventions. This showed a low use of these practices which matched what we saw in patient records. Staff we spoke to told us they used restraint and restrictive practices rarely which matched the collected data. We saw managers discussed the reduction of restraint and restrictive processes in management meetings and their board meetings.

Staff could find the data they needed in easily accessible formats, to understand performance, make decisions and improvements. The service collected data for their key performance indicators in one spreadsheet. We looked at this spreadsheet which showed the source of the information and clearly displayed the trends overtime with comparisons to performance last year. We saw in meeting minutes that managers discussed their performance including their response times to collect patients. The service produced a monthly compliance report which gave a quick overview of 18 performance indicators. These indicators included; the use of restrictive interventions, deep cleaning compliance, and staff supervisions completed.

Good

Patient transport services

The service was certified to be compliant with the International Organization for Standardization standards; 9001, 14001, and 18001. Standard 9001 relates to reduction of risk and improving performance. Standard 14001 relates to the environmental management systems and reduction of waste. Standard 18001 relates to health and safety at work and creating a safer working environment.

The service used secure and integrated information systems. Paper and digital records were used by the service. Paper records were stored securely in locked cupboards. Digital records were stored on secured computers which staff accessed with individual usernames and passwords.

Data was consistently submitted to external organisations as required. The service responded quickly to requests from CQC for information. Stakeholders told us the service is always quick to respond to their requests for information and have developed systems to repeatedly submit information they need of a regular basis.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leaders and staff engaged with patients. The service had an up to date policy for patient experience and engagement. This policy included the services commitment to securing high levels of feedback about the service being provided and to learn from this. We saw patient feedback was discussed at team, management and the service's board meetings. This included discussion around how to get more feedback.

Leaders engaged with their staff. The service held team meetings with staff. Leaders carried out supervision of staff and had regular contact with them. Staff reported always being able to contact their managers. Leaders sent emails to staff individually about good work they had done to show their appreciation. The service carried out a yearly staff survey to find out how staff were feeling with a 62% response rate for the 2020 survey. The service had an independent analysis of the result of the staff survey which reported back to managers. This report included that generally staff felt supported, were able to raise concerns, received appraisals and supervision. However, there was no reporting on the percentage of staff this related to.

During the service's external audit, which carried out every three months, staff interviews and feedback was collected and reported to the service's leaders. The service had a staff support line which provided a confidential way to seek practical information and emotional support. Practical information included; managing money, landlord disputes, and careers advice. Emotional support included support with; stress, bereavement, and anxiety.

The service worked with partner organisations to help improve services for patients. The service worked with the contract holders to learn from them and improve their service. The service had plans to join a wider group of ambulance services to compare and share learning.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and supported staff to identify opportunities for learning and improvement.

Good

Patient transport services

All staff were committed to continually learning and improving services. All staff we spoke to were keen to learn from incidents and complaints. They knew about previous learning and were clear that this was the focus of their leaders when reporting concerns.

Leaders encouraged innovation and supported staff to identify opportunities for learning and improvement. The leaders had supported a manager to develop their own software to log patient information and communicate this to their drivers. Leaders understood this change could affect patient care so were testing this thoroughly before replacing their paper records system. We saw this was in a testing phase during our inspection.

The service was committed to continuous improvement. The service had recently purchased two new vehicles and were considering the benefits of having a regular replacement schedule. The service had external independent support to monitor, audit and recommend improvements to quality.

The service had responded to our feedback at the end of their inspection. We fedback about staff not being able to identify all types of abuse and staff not having a clear understanding of their role in reporting low level incidents. Leaders had immediately taken action to reinforce staff understanding of these aspects of their roles. Following our inspection, we received evidence that leaders immediately sent an email to staff with information and arranged a team meeting to support additional learning around these points.