Streamline (Kent) Limited

Hospital Car Services

Quality Report

Unit 8 Headcorn Business Park
Barradale Farm
Maidstone Road
Headcorn
Ashford
Kent
TN27 9PJ
Tel: 01622 750000
Website:

Date of inspection visit: 6 December 2017
Date of publication: 20/03/2018

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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Hospital Car Services is operated by Streamline (Kent) Limited. It provides a patient transport service.

The service uses wheelchair-adapted vehicles and saloon cars purchased and used solely for the purposes of providing patient transport services. All vehicles have livery branding. The service carries out pre-planned, non-urgent patient transport journeys only, such as transport to outpatient appointments. Non-clinical patient transport drivers with relevant training and competencies to carry out patient transport undertake all journeys. An NHS ambulance service commissions all the provider's patient transport journeys.

We inspected this service using our comprehensive inspection methodology. We carried out this announced inspection on 6 December 2017.

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.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Staff prided themselves on giving compassionate care to patients. Patient feedback we reviewed demonstrated a high level of patient satisfaction.
- The culture encouraged learning from incidents and complaints to drive continuous improvements. We saw examples of learning the service shared with staff, such as following incidents of inappropriate parking. Staff felt well supported by the management team and felt confident to raise concerns.
- The management team demonstrated an understanding of risks related to the service. Managers held and kept records of monthly governance meetings. This demonstrated ongoing oversight of quality and governance issues such as policies, risk management and human resources.
- All staff had undertaken mandatory training in key areas to provide them with the knowledge and skills they needed to do their jobs safely.
- We saw evidence the service had appropriate processes to keep vehicles roadworthy and meet legal requirements relating to vehicles. This included evidence of road tax, motor insurance and regular servicing and maintenance.
- The service had appropriate processes to ensure business continuity in a variety of business continuity incidents, such as loss of power or vehicle incidents.

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

- At the time of our visit, the provider transported small numbers of children under the age of 18. At this time, staff had completed level one safeguarding children training. This was not in line with the national intercollegiate guidance, which recommends all staff that have contact with children as part of their role undergo level two

training. We raised this issue with the provider, who took action to arrange level two safeguarding children training for all drivers. The provider subsequently sent evidence they had booked face-to-face safeguarding children level two training sessions on 20 and 21 January 2018 for all drivers to ensure they met the national intercollegiate guidance.

- The service checked the presence of fire extinguishers on all vehicles daily and as part of their six-weekly "quality and compliance spot checks". Although the fire extinguisher on the vehicle we inspected was in date, the provider did not have a system to obtain ongoing assurances all fire extinguishers were in date. Following our feedback, the provider planned to introduce this to their "quality and compliance spot check" audit tool.
- Although staff received an induction and drivers and managers were able to describe the process, there were no written induction records.This meant the provider might not have had assurances new staff received a consistent induction in all relevant areas.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve.

Amanda Stanford

Deputy Chief Inspector of Hospitals (South), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		We found the following areas of good practice: • The provider had appropriate systems for infection prevention and control (IPC). The provider had recently introduced audit tools to provide ongoing assurances around cleanliness and driver compliance with IPC policies. • Staff prided themselves on giving compassionate care to patients. Patient feedback we reviewed demonstrated a high level of patient satisfaction. • The culture encouraged learning from incidents and complaints to drive continuous improvements. Staff felt well-supported by the management team and felt confident to raise concerns. • The management team demonstrated an understanding of risks related to the service. Managers held and kept records of monthly governance meetings. This demonstrated ongoing oversight of quality and governance issues such as policies, risk management and human resources. • All staff had undertaken mandatory training in key areas to provide them with the knowledge and skills they needed to do their jobs safely. • We saw evidence the service had appropriate processes to keep vehicles roadworthy and meet legal requirements relating to vehicles. This included evidence of road tax, motor insurance and regular servicing and maintenance. • The service had appropriate processes to ensure business continuity in a variety of business continuity incidents. However, we also found the following issues that the service provider needs to improve: • At the time of our visit, the provider transported small numbers of children under the age of 18. At this time, staff had completed level one safeguarding children training. This was not in line with national intercollegiate guidance, which recommends all staff that have contact with

Summary of findings

children as part of their role undergo level two training. We raised this issue with the provider, who subsequently took action to arrange level two safeguarding children training for all drivers. The provider subsequently sent evidence they had booked face-to-face safeguarding children level two training sessions for all drivers on 20 and 21 January 2018 to ensure they met the national intercollegiate guidance.

- The provider checked the presence of fire extinguishers on all vehicles as part of their "quality and compliance spot checks". Although the fire extinguisher we checked was in date, the provider did not have a system to obtain ongoing assurances all fire extinguishers were in date. Following our feedback, the provider planned to introduce this to their "quality and compliance spot check" audit tool.
- Although staff received an induction and drivers and managers were able to describe the process, there were no written induction records. This meant the provider might not have had assurances new staff received a consistent induction in all relevant areas.

Hospital Car Services

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Hospital Car Services

Hospital Car Services is operated by Streamline (Kent) Limited. The service first registered with the Care Quality Commission in January 2017. It is an independent ambulance service in Headcorn, near Ashford, Kent. The service primarily serves the communities of Sussex and provides non-urgent patient transport services only, such as transport to outpatient appointments.

We inspected Hospital Car Services on 6 December 2017. This was the service's first inspection since registration with CQC.

The service has had a registered manager in post since January 2017. The registered manager had changed since the service first registered, and a new manager registered with the CQC in May 2017.

Thirty-eight patient transport drivers worked at the service, which also had a bank of four additional staff that it could use. The drivers were non-clinical staff that all had training to provide patient transport services. This included relevant mandatory training in areas including safeguarding, infection prevention and control, and basic life support.

The provider had a fleet of 38 vehicles that it used to carry out the regulated activity. This consisted of 20 wheelchair-adapted vehicles and 18 saloon cars purchased and used solely for the purposes of providing patient transport services. All vehicles had livery branding with the Hospital Car Services logo. An NHS ambulance service commissioned all the provider's patient transport journeys.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two CQC inspectors, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Catherine Campbell, Head of Hospitals Inspection.

How we carried out this inspection

During the inspection, we visited the registered location. We spoke with six members of staff, including patient transport drivers and the management team. During our inspection, we reviewed 21 completed patient satisfaction questionnaires.

Detailed findings

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited the registered location. We spoke with six members of staff, including patient transport drivers and the management team. During our inspection, we reviewed 21 completed patient satisfaction questionnaires.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January to November 2017)

- There were approximately 60,000 patient transport journeys undertaken. Almost all journeys involved the transport of adult patients aged 18 and over. The NHS ambulance trust that subcontracted work to the provider held all patient data. Therefore, we were unable to obtain the exact numbers of children and young people the service had transported. However, all drivers we spoke with told us they had transported only one or two children or young people under the age of 18 during the past year. These were all older children and young people aged 16 and 17.

Track record on safety (January to November 2017)

• The service reported no never events during the reporting period.

• The service reported five clinical incidents.

• The service reported no serious injuries.

• The service reported four formal complaints.

An NHS ambulance trust based in another region subcontracted work to Hospital Car Services. All patient transport work the service carried out came from the subcontracting NHS ambulance trust. However, there was no formal long-term contract for this arrangement.

Patient transport services (PTS)

Summary of findings

The only core service provided was patient transport services. The service carried out approximately 228 patient journeys each day, five and a half days a week. In the eleven-month reporting period, January to November 2017, the service carried out approximately 60,000 patient journeys.

We found the following areas of good practice:

- The provider had appropriate systems for infection prevention and control (IPC). The provider had recently introduced audit tools to provide ongoing assurances around cleanliness and driver compliance with IPC policies.
- Staff prided themselves on giving compassionate care to patients. Patient feedback we reviewed demonstrated a high level of patient satisfaction.
- The culture encouraged learning from incidents and complaints to drive continuous improvements. Staff felt well-supported by the management team and felt confident to raise concerns.
- The management team demonstrated an understanding of risks related to the service. Managers held and kept records of monthly governance meetings. This demonstrated ongoing oversight of quality and governance issues such as policies, risk management and human resources.
- All staff had undertaken mandatory training in key areas to provide them with the knowledge and skills they needed to do their jobs safely.
- We saw evidence the service had appropriate processes to keep vehicles roadworthy and meet legal requirements relating to vehicles. This included evidence of road tax, motor insurance and regular servicing and maintenance.
- The service had appropriate processes to ensure business continuity in a variety of business continuity incidents.

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

- At the time of our visit, the provider transported small numbers of children under the age of 18. At this time, staff had completed level one safeguarding children training. This was not in line with national intercollegiate guidance, which recommends all staff that have contact with children as part of their role undergo level two training. We raised this issue with the provider, who subsequently took action to arrange level two safeguarding children training for all drivers. The provider subsequently sent evidence they had booked face-to-face safeguarding children level two training sessions for all drivers on 20 and 21 January 2018 to ensure they met the national intercollegiate guidance.
- The provider checked the presence of fire extinguishers on all vehicles as part of their "quality and compliance spot checks". Although the fire extinguisher we checked was in date, the provider did not have a system to obtain ongoing assurances all fire extinguishers were in date. Following our feedback, the provider planned to introduce this to their "quality and compliance spot check" audit tool.
- Although staff received an induction and drivers and managers were able to describe the process, there were no written induction records. This meant the provider might not have had assurances new staff received a consistent induction in all relevant areas.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service reported no never events in the 12 month period before our inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare services. Each never event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a never event.
- The service reported five incidents since it registered with CQC in January 2017. Drivers reported incidents to the general manager by providing a written account of the incident through email. The general manager then forwarded the driver's account of the incident to the NHS ambulance service that subcontracted work to Hospital Car Services (HCS). The NHS ambulance service investigated the incident and informed the general manager of the outcome of the investigation. The general manager shared feedback from the incident with staff.
- The service managed incidents well. Drivers told us they always received feedback on incidents from the general manager, for example, following a vehicle accident. Drivers said the general manager shared feedback with all drivers through email if there were relevant learning points for all staff. We saw evidence of learning the service shared with drivers through email following an incident involving potentially unsafe parking practices at a hospital. This allowed the service to learn from incidents and improve safety.
- The duty of candour, Regulation 20 of the Health and Social Care Act 2008, relates to openness and transparency. This duty requires services of health and social care services to notify patients (or other relevant person) of 'certain notifiable safety incidents' and provide reasonable support to that person. While there were no incidents during the reporting period that triggered duty of candour, the registered manager and general manager both demonstrated awareness and understanding of their regulatory duty of candour.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff attended mandatory training provided by an external trainer. Provider data demonstrated 100% of staff had completed mandatory training in the following areas within the last 12 months: Passenger safety; basic life support; first aid; basic health and safety and risk assessments; infection control; deprivation of liberty safeguards; and safeguarding. The provider confirmed in writing that the basic life support training included paediatric, as well as adult, basic life support. We also saw copies of certificates providing evidence staff had completed their mandatory training.

Safeguarding

- The service reported four safeguarding concerns between January and November 2017. Staff reported safeguarding concerns by providing an email account of the concern to the general manager. Staff could also telephone the contact centre at the NHS ambulance trust that subcontracted work to HCS to report concerns. Staff at the contact centre subsequently completed the NHS ambulance trust's internal safeguarding report form following information directly from the driver or from HCS's general manager. The safeguarding lead at the NHS ambulance trust subsequently investigated the concerns and alerted the local safeguarding authority where applicable.
- Staff understood how to protect patients from abuse and the service worked well with the commissioning NHS ambulance trust to do so. All staff we spoke with knew how to report safeguarding concerns. We reviewed a safeguarding concern raised by a driver shortly before our inspection. We saw that the driver had identified and raised concerns about an adult at risk, and the general manager had reported the concern to the NHS ambulance trust for investigation. The general manager also described another example where a driver had appropriately identified and reported safeguarding concerns about an adult at risk. This demonstrated staff were able to identify and report any safeguarding concerns involving adults at risk.
- Provider data and staff training certificates demonstrated that all staff had completed safeguarding

adults at risk and safeguarding children level one training. There is no national guidance stipulating the level of safeguarding adults at risk training required for different staff groups.

- However, the intercollegiate guidance document "Safeguarding Children and Young People: roles and competences for health care staff" (2014) states, "All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers" require safeguarding children level two training. As the service occasionally transported children and young people under the age of 18, this meant drivers might not have had a sufficient level of training to allow them to recognise child safeguarding concerns at the time of our visit.
- We raised this issue with the provider, who subsequently took action to arrange level two safeguarding children training for all drivers. The provider sent evidence demonstrating they had booked face-to-face safeguarding children level two training sessions for all drivers on 20 and 21 January 2018 to ensure they met the national intercollegiate guidance.

Cleanliness, infection control and hygiene

- The service required drivers to carry out daily and weekly vehicle cleaning tasks to maintain vehicle cleanliness. We saw the provider's "Infection prevention and control (IPC) policy", which was within its review date and provided comprehensive guidance to staff on vehicle cleanliness, personal-protective equipment (PPE) and infection prevention and control. The service's "quality governance, patient safety and risk committee" meeting minutes (dated 23 October 2017) demonstrated that the service had agreed to give staff an extra half-hours' pay to cover time spent cleaning their vehicle following a shift.
- Staff we spoke with were able to describe their daily and weekly cleaning responsibilities relating to vehicles and equipment in line with the IPC policy. Provider data showed 100% of staff completed IPC training as part of their mandatory training. Staff had recently completed "infection control audit questionnaires". We reviewed completed questionnaires, and saw staff answers demonstrated knowledge of, and compliance with, the provider's IPC policy, national guidance and best practice. This meant the provider had assurances around staff knowledge of IPC.
- Vehicles also had a deep clean every three months through an external cleaning company, or sooner in the event of any significant contamination with blood or bodily fluids in line with the provider's IPC policy. We saw evidence of deep cleaning within the last three months for all vehicles, which provided assurances around vehicle cleanliness.
- We inspected one vehicle that staff had cleaned ready to transport patients. We saw all areas of the vehicle were visibly clean and tidy. We saw decontamination wipes available for staff to clean the vehicle. We also saw aprons and gloves available for staff, as well as alcohol hand sanitiser to allow staff to clean their hands. Drivers did not have a uniform, although the service required staff to wear clean, presentable and non-branded clothing for each shift. As we were unable to observe any patient journeys, we were unable to observe staff clean their hands or use personal protective equipment (PPE).
- The service had recently introduced a new "quality and compliance spot check" audit tool. We also saw copies of completed audits with a similar tool, which the provider previously used to gain assurances in this area. We saw the new audit tool, which included assessments of IPC compliance, for example, hand sanitiser, PPE, vehicle cleanliness and driver appearance. We saw a copy of a completed audit for one vehicle carried out by a senior driver in November 2017. The service was auditing all vehicles within December 2017, and a senior driver we spoke with confirmed they had carried some of the audits out. Going forward, the service planned to audit every vehicle on a six-weekly basis to obtain ongoing assurances of cleanliness and IPC compliance.

Environment and equipment

- We reviewed documents relating to six of the provider's 38 vehicles. We saw evidence of servicing within the last six months for all six vehicles, as well as evidence of regular maintenance when required. This provided assurances the service maintained its vehicles to keep them roadworthy.

Patient transport services (PTS)

- We saw evidence of motor insurance and road tax for all vehicles. This demonstrated the provider was meeting their legal requirements in this area.
- Most of the service's vehicles were less than three years old and therefore did not require an MOT. One of documents we reviewed was for a wheelchair bus, which was older than three years. For this vehicle, we saw evidence of an up-to-date MOT in line with legal requirements.
- Staff kept vehicles at their home addresses overnight. This was to allow staff to go straight out to their first job from home after first checking their vehicle each morning. Staff took responsibility for holding vehicle keys securely at all times a vehicle was in their charge. The provider held spare sets of vehicle keys in a secure place at the registered location.
- Staff recorded vehicle checks of oil, water, lights and tyres on their weekly timesheets. We reviewed completed timesheets, which provided assurances staff were carrying out these checks. However, staff did not always record the dates of checks they performed during the course of each week. This meant the provider could not have had assurances staff carried out the required checks every time they started a shift.
- Following our feedback at the end of the inspection, the service re-designed the staff timesheets and shared a copy with us. We saw that the new version had spaces to record oil, water, lights and tyre checks next to each day of the week. This would allow the provider to gain assurances staff performed all vehicle critical checks at the start of each shift.
- Drivers carried basic equipment on board all vehicles. This included a basic first aid kit, PPE, cleaning equipment and bottled water. We saw an equipment checklist prompting staff to check the following items at the start of each shift: Fire extinguisher, first aid kit, non-latex gloves, antiseptic hand gel, antibacterial wipes, sick bags, paper towels, bottled water and an umbrella. The checklist also reminded staff to check their personal digital assistant (PDA) used to access patients records and charge lead, and their fuel card.
- Although the equipment checklist prompted staff to check equipment at the start of each shift, there was no requirement for staff to sign and date each daily check. The service audited all items on the equipment checklist as part of the six-weekly quality and compliance spot checks. However, the lack of documentation of daily checks meant the provider did not have daily assurances all staff completed every check before all shifts.
- We checked the first aid kit on the vehicle we inspected and saw that all single-use items were sealed (where appropriate) and within their use-by dates. Checks of single-use equipment as part of the quality and compliance spot checks helped the provider obtain assurances single-use items were safe and fit for purpose.
- Drivers carried a wheelchair on their vehicle. Staff told us they rarely needed to use the wheelchairs, as most patients that needed a wheelchair used their own. The wheelchairs had not yet been serviced, as they were less than one year old. However, the provider gave us an example of a wheelchair that had been replaced due to a fault. Following our feedback, the provider planned to introduce annual servicing of all wheelchairs by an engineer. This would give the provider ongoing assurances all wheelchairs were safe and fit for purpose.
- Drivers carried a fire extinguisher on board all vehicles. We saw that the "quality and compliance spot check" included confirmation of the presence of a fire extinguisher on the vehicle. Drivers were also required to check a fire extinguisher was on board at the start of every shift. However, the spot checks did not include a check of the expiry dates or the pressure gauges on fire extinguishers. This meant the service might not have had assurances all fire extinguishers were within their use-by dates. Following our feedback at the end of the inspection, the provider told us they planned to add checks of fire extinguisher use-by dates and pressure gauges to their compliance and quality spot-checks.
- We saw clinical waste bags available on the vehicle we inspected for staff to dispose of any contaminated waste, for example, following the cleaning of any spilt bodily fluids. Staff disposed of any clinical waste bags on arrival at hospital after transporting the patient, where hospital staff sent them for incineration.

Medicines

- As the service did not have any registered clinical staff, drivers did not carry or administer any medicines. The NHS trust that subcontracted work to HCS advised

patients in advance that they would be responsible for handling their own medicines during transport. This included patients with small portable oxygen cylinders, who were required to ensure in advance that they had sufficient oxygen for the duration of their journey.

Records

- Drivers used personal digital assistants (PDAs) to complete electronic records of patient journeys. The PDA was a small, hand-held computer that allowed the transfer of information between drivers and the NHS ambulance trust that subcontracted work to HCS. Electronic records went from the PDA inside the vehicle to the NHS ambulance trust, and HCS did not retain any patient records. Therefore, we were unable to review any patient records during our inspection.

Assessing and responding to patient risk

- The provider told us staff would stop the vehicle and call 999 for an emergency ambulance should a patient become seriously unwell during a journey. There was no written policy detailing this practice, however the general manager explained that this information was given to staff as part of their induction process. All staff we spoke with all told us they would call 999 for an emergency ambulance if a patient deteriorated during a journey. This demonstrated drivers knew how to respond in an emergency in line with the information given in their induction. However, the lack of written induction records meant the provider may not have had assurances this was always covered as part of every induction.
- All staff had basic life support training for adults and children as part of their mandatory training programme and could provide basic life support while waiting for an ambulance to arrive should the need arise.
- A driver also told us about an incident where a patient felt unwell on the journey home from an outpatient appointment. The driver subsequently liaised with the patient's treatment centre and took the patient to a nearby emergency department for assessment and treatment with verbal consent from the patient. This demonstrated drivers took action to help patients access further care and treatment if they needed it.
- Staff told us they had not experienced any physically violent patients. We saw examples of two occasions when staff had raised concerns regarding patients' attitudes. In one case, a patient was rude and verbally aggressive with staff. We saw that the NHS ambulance trust that subcontracted work to HCS investigated and dealt with the concerns. This demonstrated staff felt confident to escalate inappropriate behaviour, and that any concerns raised were addressed.

Staffing

- We saw the service's staff rota, with staff allocated to specific shift patterns to meet the needs of patients. The service employed 38 permanent drivers. There was a bank of four additional drivers to provide holiday and sickness cover. The bank drivers had the same training and competencies to carry out the role as the permanent drivers. Rotas demonstrated a sufficient number of drivers to provide a safe service.
- Following feedback from staff, the service had reorganised shift patterns to allow patients attending regular appointments to have the same driver where possible. This allowed continuity of care.

Anticipated resource and capacity risks

- The service's bank of four additional drivers meant that there were additional staff available to work, for example in the event of staff sickness.
- In the event of a vehicle being off the road following an accident, the service would allocate one of its other vehicles to the relevant driver. A vehicle sustained some damage the day before our visit. Staff informed us that the service allocated another vehicle to the driver while the damaged vehicle underwent repair. This allowed services to continue as normal.
- The service required staff to risk assess situations such as adverse weather. If staff felt the weather conditions were too unsafe to transport a patient, they would report to the general manager. The general manager would subsequently liaise with the NHS ambulance trust that subcontracted work to HCS to find another means of transporting the patient, such as by NHS ambulance. At the time of our visit, there was no written policy for staff around adverse weather; however, the general manager told us staff received this information verbally during their induction.
- The service was in the process of drafting a winter resilience plan at the time of our visit. Following

feedback from the NHS ambulance service that subcontracted work to HCS, the general manager was adding further detail to the plan. Once complete, the service planned to share the winter resilience plan with all staff to provide them with written guidance.

Response to major incidents

- We reviewed the provider's business continuity policy (BCP). The BCP set out staff roles in the event of business continuity incidents, and details for key contacts such as power suppliers and insurers. We saw mitigation against risks, such as managers being able to access the service's systems and telephone lines from home in the event of a premises incident at the registered location.
- The registered location had a back-up generator to provide ongoing power in the event of power failure. During our inspection, we observed a power cut in the offices and saw that the generator resumed power within seconds.

Are patient transport services effective?

Evidence-based care and treatment

- The service had recently introduced a new "quality and compliance spot check" audit tool. Audits allowed the provider to assess staff compliance with policies. We also saw copies of audits with a similar tool the provider previously used to gain assurances around quality and compliance.
- The new tool assessed compliance with the provider's IPC policy, equipment checks, and security checks such as checking staff wore their identification badges. We saw one completed audit using the new quality and compliance spot check tool, which the provider had started to use to assess all vehicles on a six-weekly basis. This showed a high standard of compliance in all areas. We saw the auditor had also identified areas for improvement and fed these back to the driver for correction. This demonstrated the service used the audit to gain assurances around staff compliance with policies and to drive improvement.
- The NHS ambulance trust that subcontracted work to HCS assessed patient needs and booked transport accordingly. Drivers subsequently received booking information direct from the NHS ambulance trust through their personal digital assistant (PDA). Drivers reported the NHS ambulance trust made appropriate bookings, for example, by ensuring all patients living with dementia had an escort in line with their policy. Drivers could telephone the bookings office at the NHS ambulance trust if they had any concerns about the suitability of the arranged transport to meet the patient's needs.

Assessment and planning of care

- Staff told us the PDA contained all relevant patient information they needed. The PDA included special notes, which flagged any individual needs such as dementia. The PDA also contained other key information, such as patients with a preference for sitting in the front or back of a vehicle. This allowed drivers to plan and prepare accordingly.
- Drivers carried bottled water and cups for patients on all vehicles. This allowed patients to stay hydrated, for example, during hot weather.

Response times and patient outcomes

- An application on drivers' PDAs allowed the monitoring of pick-up, drop-off and journey times. The NHS ambulance trust that subcontracted work to HCS recorded and monitored this information. The NHS ambulance trust also monitored performance against key performance indicators (KPIs), such as journey times for renal patients. As the NHS ambulance trust collected and reported this data, and not Hospital Car Services, we were unable to include it in this report.
- The general manager and registered manager told us they received regular feedback from the NHS ambulance trust regarding performance against KPIs. The general manager described how the NHS ambulance trust had fed back when the service had not met a KPI. The general manager spoke with drivers and investigated. They found that a lack of mobile signal in the underground car park at a particular hospital delayed drivers reporting that they had completed a journey through their PDA until they had exited the car park and found a safe place to stop. Feedback from the NHS ambulance trust helped the service to make any changes to ensure they met the KPIs.

Competent staff

- We saw the provider's yearly appraisal form for drivers. This was comprehensive, and included clear criteria for assessment by driver and appraiser, as well as a review of training undertaken in the last year.
- At the time of our visit, the provider was beginning to carry out appraisals, with a target to ensure 100% of staff received an appraisal by mid-January 2018. This would ensure that all staff received an appraisal within one year of the service registering with CQC. We saw evidence that showed six drivers had received an annual appraisal within the reporting period. The registered manager and general manager explained they had planned appraisals for the remaining staff in early January 2018. This was because the service was generally quieter after Christmas and New Year. This would ensure the service met their target of 100% of drivers receiving an appraisal within one year.
- We reviewed four staff folders and saw that the service performed enhanced Disclosure and Barring Service (DBS) and reference checks before employing staff. We saw that the service checked and obtained copies of staff driving licences. We also saw that the service asked all new staff to complete an occupational health self-assessment questionnaire. These checks provided assurances all drivers had appropriate driving skills, character and health to transport patients safely.
- All new staff underwent mandatory training provided by an external trainer before starting work, as well as receiving an induction. The general manager told us the induction included a verbal briefing by their line manager, as well as shadowing an experienced driver before transporting patients alone. However, there was no induction checklist to provide a record of each staff member's induction or competencies. This meant the provider might not have had assurances new staff received a consistent induction in all relevant areas.

Coordination with other providers

- The service coordinated with the NHS ambulance trust that subcontracted work to HCS. They also coordinated with acute hospitals, dialysis services and residential care homes that they transported patients to and from.
- Staff told us examples of times when they had coordinated with other services to ensure patients received the care they needed. One such example was when a driver transported a patient to the nearest emergency department after they felt unwell on a journey home following outpatient treatment. The driver contacted the treatment unit on the patient's behalf, who advised them to transport the patient to the nearest emergency department for assessment.

Multi-disciplinary working

- Staff we spoke with described good working relationships with staff at hospitals and other services they coordinated with.

Access to information

- The PDA alerted drivers of special notes such as the presence of a do not attempt cardiopulmonary resuscitation (DNACPR) order. This then prompted drivers to check patients had a copy of the DNACPR order. Patients were required to bring a copy of their DNACPR order with them on all journeys in line with the NHS ambulance trust's policy.
- PDAs had a satellite navigation function, which was regularly updated. The PDA also had a telephone function. This allowed drivers to call the NHS ambulance trust contact centre to obtain any additional patient information they needed.
- The cleric application on the PDAallowed drivers to access policies and procedures. This meant drivers could access policies and standard operating procedures any time they needed to while on shift.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff received training in the Deprivation of Liberty Safeguards (DoLS). Provider data showed 100% of staff completed DoLS training within the past year. We saw the provider's "Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)" policy, which provided guidance to staff on the Mental Capacity Act (2005). We saw that this contained appropriate guidance on best interest decisions and the least restrictive principle.
- The provider told us they had never transported a patient with a DoLS order in place. However, the service transported small numbers of patients living with dementia, and the training and guidance staff received meant the provider had assurances staff had awareness

around patients that may lack capacity. All drivers we spoke with told us patients living with dementia travelled with a carer who was familiar to the patient and could support them during transport.

- The service had never transported any patients detailed under Section 136 of the Mental Health Act 1983 or used restraint.
- Staff we spoke with said they obtained verbal consent before transporting patients or helping them onto or off a vehicle.

Are patient transport services caring?

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We reviewed 21 completed patient experience questionnaires completed in January 2017. We found that 95.2% of the 21 patients said they felt drivers did "extremely well" at treating them with dignity and respect. The remaining 4.8% of these patients felt drivers did "well" at treating them with dignity and respect. This meant that all patients whose questionnaire responses we reviewed felt staff treated them with dignity and respect.
- We obtained many examples of compassionate care through our interviews with staff and from reviewing patient feedback. For example, the general manager described an occasion where a driver put their own money on a patient's gas meter to ensure the patient would stay warm after the patient did not have any cash available for this. Drivers spoke of the pride they took in their work in ensuring patients were comfortable. One patient said of their driver, "[He] always goes out of his way to ensure everything is okay. I feel safe in the knowledge he is picking me up and very comfortable in his presence".
- Patient questionnaires we reviewed showed 90.5% of patients were extremely likely to recommend the service to friends and family. The remaining 9.5% of patients said they were likely to recommend the service. This meant 100% of patients whose feedback we reviewed would recommend the service to friends and family.

Understanding and involvement of patients and those close to them

- The service tried to arrange staff shift patterns so that regular patients, such as renal patients travelling several times a week, had the same driver where possible. This allowed continuity of care for patients. One patient's relative commented, "My husband is very vulnerable. It has been lovely to have the same driver, who is caring and friendly".
- Vulnerable patients such as those living with dementia routinely travelled with a carer. This allowed someone familiar to support them on all journeys.
- We reviewed a compliments letter from a patient. The patient said of their two drivers, "They are both very caring and we have some interesting conversations, which makes the journey more enjoyable".
- The NHS ambulance trust that subcontracted work to HCS took patient bookings and was responsible for communicating eligibility for transport to patients.

Emotional support

- All staff we spoke with demonstrated awareness of the emotional impact of treatment patients may be undergoing. One patient commented, "Drivers understand this is a stressful time, and they treat us with sympathy and consideration".

Are patient transport services responsive to people's needs?
(for example, to feedback?)

Service planning and delivery to meet the needs of local people

- The service carried out approximately 228 patient journeys each day, or approximately 65, 200 journeys per year. All patient transport work was subcontracted from an NHS ambulance trust. Although the NHS ambulance trust subcontracted patient transport work to HCS, this arrangement took place outside of a formal contract. HCS was keen to secure a formal contract with the NHS ambulance trust to provide job security for staff and to secure the ongoing sustainability of the service.
- The service had ongoing contact and meetings with the subcontracting NHS ambulance trust and planned its

staff rotas to align with patient need. The subcontracting NHS ambulance trust was responsible for allocating journeys to specific drivers and vehicles. Managers at HCS reported that the subcontracting NHS ambulance trust sometimes incorrectly estimated expected journey times. Managers felt that this was because the NHS ambulance trust did not operate in the same area and therefore its staff maybe did not fully understand the geography and traffic conditions across the patch. HCS had provided feedback on this issue to the subcontracting NHS ambulance trust and they were working together to resolve it.

- The service provided patient transport in cars and wheelchair adapted vehicles only. For any patients that required stretcher transfer, the subcontracting NHS ambulance trust used other services that could provide an ambulance.
- Drivers we spoke with told us they knew the locations of public toilets across the patch they worked in. They said they stopped at these locations to allow patients to use the toilet should the need arise during a journey.
- We saw that drivers carried an umbrella on vehicles to cover patients during transfer to or from vehicles in wet weather.
- All staff we spoke with expressed frustration around not receiving details of their next days' jobs until late the night before. For example, some drivers started their shift at 5.30am but did not receive details of their patients for the day until 11.30pm the night before. This meant they had no time to review their patient list before starting their shift and obtain any further information they might need from the contact centre, which did not open until 6.30am. Staff and managers told us they had fed this information back to the subcontracting NHS ambulance service, which had not made any changes to practice as a result.

Meeting people's individual needs

- The service occasionally transported patients living with dementia. Staff told us all patients living with dementia routinely travelled with a carer to support them.
- The service sometimes transported wheelchair users, and all staff received training in moving and handling as part of their induction. One of the drivers we spoke with told us they supported colleagues in this area as they had extensive experience of wheelchair transport in previous roles. From the patient questionnaires we reviewed, four out of six wheelchair users felt that drivers carried out wheelchair transfer "extremely well". The remaining two wheelchair users were unsure as to how wheelchair transfers should be carried out, therefore they were unable to rate the performance of drivers in this area. This demonstrated that most wheelchair users that completed the questionnaire felt drivers transferred them appropriately.
- Drivers carried a wheelchair on every vehicle. Staff told us that although wheelchair users usually took their own wheelchair, they occasionally used the company wheelchairs to help any patient who needed wheelchair assistance from their home to the vehicle, or from the vehicle into a hospital department.
- The service transported very few patients who did not speak English. The NHS ambulance service that subcontracted work to HCS made transport bookings and advised patients of the day and time of their transport. The NHS ambulance trust had access to translation services available if necessary to support the booking process. Drivers told us the few patients they transported that spoke limited English spoke enough to understand and verbally consent to transport. All drivers also had access to an online multilingual translation service if needed through their personal digital assistants.
- The provider told us they had not transported any patients with learning disabilities or other complex needs.

Access and flow

- The subcontracting NHS ambulance trust managed all bookings and allocated resources for patient transport.
- Drivers' personal data assistants (PDA) allowed the collection of data to monitor pick-up and journey times for all journeys. This information securely flowed from the PDA directly to the subcontracting NHS ambulance trust. The subcontracting NHS ambulance trust took responsibility for monitoring performance in this area. The general manager and registered manager told us they received regular feedback about performance around journey times from the subcontracting NHS ambulance trust.

Patient transport services (PTS)

- Drivers told us they routinely called ahead to confirm patients' expected pick-up times. One patient who provided feedback commented, "The driver has been excellent- [they] 'phone in advance if arriving earlier or later than expected".
- The service asked patients for feedback about staff punctuality as part of patient experience questionnaires. We reviewed 21 questionnaires patients completed in the year before our visit. This showed 57.1% of respondents felt drivers were "extremely punctual". The remaining 42.9% said drivers were punctual. This meant all patients that responded to the questionnaire felt that staff collected them on time.

Learning from complaints and concerns

- We reviewed copies of all patient complaints the service had received since it registered with CQC in January 2017. The service had received four complaints in the reporting period January to November 2017.
- Patients sent any complaints about the service to the NHS ambulance trust that subcontracted work to HCS. We saw patient information leaflets giving details about how to give feedback or make a complaint on the vehicle we inspected. The NHS ambulance trust subsequently investigated all complaints and responded to complainants in line with their own complaints policy. As part of the complaints investigation process, we saw that any HCS staff involved in a complaint provided a written account of the events.
- The service treated concerns and complaints seriously and learned lessons from the results, which were shared with all staff. We saw that the NHS ambulance trust provided feedback on the outcome of complaint investigations to the general manager at HCS. The general manager subsequently shared learning from complaints with all drivers through email and could give relevant examples of this, such as reminding drivers to park in appropriate places. We also saw complaint learning shared with drivers such as reminding them to read the patient notes in advance to ensure they remembered to accommodate specific patient requests such as sitting in a particular seat in the vehicle. Drivers we spoke with confirmed that the general manager widely shared any learning from complaints with all staff. Widely sharing learning in this way can help services improve and help avoid a recurrence of similar complaints.

Are patient transport services well-led?

Leadership of service

- Drivers reported to the general manager, who subsequently reported to the registered manager. All drivers we spoke with told us they felt well supported by the general manager and registered manager, who formed the management team.
- As staff usually worked in a different county to the registered location, they mostly communicated with the managers by telephone or email. Drivers said they found the managers easily accessible by these routes.

Vision and strategy for this this core service

- The registered manager and general manager shared their vision for the service with us. The immediate strategy was to secure a formal long-term contract to continue providing patient transport services (PTS) across Sussex. At the time of our visit, there was no fixed-term contract in place, which meant the NHS ambulance trust could choose to vary or stop the level of work allocated to HCS at any time. Staff shared the vision for a formal contract to provide job security. The longer-term vision was to expand the service and provide PTS in other areas.
- The service did not have a written set of values. When we asked the management team what they thought the service's values were, they said, "patient care and satisfaction", "providing a good service" and "looking after patients". All drivers we spoke with clearly described how they worked to these values and provided compassionate care. One driver said, "I feel I can make a difference and improve people's quality of life". Another said they were "dedicated" to serving their patients. Patient satisfaction results we reviewed also demonstrated staff applied these values to their day-to-day work.

Governance, risk management and quality measurement

- The provider had a "quality governance, patient safety and risk committee". The registered manager and general manager sat on this committee, which met monthly. We reviewed copies of meeting minutes for the period July to October 2017. The minutes demonstrated the committee reviewed and quality and governance items such as policies, risk management and human resources.
- We saw a copy of the service's risk register. This demonstrated regular review by the management team, with new risks being added on an ongoing basis and risks being closed where appropriate. The highest scoring risk was the lack of a long-term contract with the subcontracting NHS ambulance trust. Both the general manager and registered manager were able to describe risks to the service such as the lack of contract and the potential impact of risks. They were able to describe mitigation taken to reduce risks to the service, for example, working to secure a formal contract. This demonstrated the management team had appropriate awareness of risks to the service and took appropriate action to mitigate known risks.
- The NHS ambulance trust that subcontracted work to HCS collected and maintained performance data. The NHS ambulance trust gave regular feedback to HCS's management team around performance against key performance indicators to help drive continuous improvement.

Culture within the service

- All staff we spoke with spoke positively about the culture. Staff told us they enjoyed working for the service and took pride in their work. All drivers said the managers were approachable and listened to them. The general manager also said he felt supported by the registered manager.
- All drivers we spoke with felt able to raise concerns, and said they had confidence in the management team to resolve any issues. Drivers reported good working relationships with colleagues and told us they would feel confident to challenge any colleagues whose practices were inconsistent with the standards the service expected. Some drivers were able to give examples of times they had done this. This demonstrated an open culture centred on providing a high level of service to patients.
- The general manager communicated any changes to drivers, such as learning from complaints, in writing through email. All drivers we spoke with told us they received regular emails from the general manager communicating any service updates.
- Although staff were positive about the local culture within HCS, some staff said that the lack of a long-term contract with the subcontracting NHS ambulance trust caused some uncertainties around job security. This sometimes affected staff morale.

Public and staff engagement

- The service invited patients to complete satisfaction questionnaires to give feedback about the care they received. We reviewed completed patient satisfaction questionnaires, which demonstrated a high level of patient satisfaction.
- The provider invited staff to complete an annual staff survey, and we saw the results for 2017. One area highlighted for improvement was that staff said they would like more face-to-face meetings. Some staff also reflected this in their discussions with us. However, at the time of our inspection, the service had not yet taken action to address this area for improvement.

Innovation, improvement and sustainability

- The management team described how they had changed staff rotas to allow regular patients that used the service several times a week to have the same driver(s) where possible. Drivers felt this was a positive improvement to increase the continuity of care for patients.
- The service was working to try to secure a formal contract with the subcontracting NHS ambulance trust. The management team hoped this would secure the ongoing sustainability of the service and provide greater job security to staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should consider revising their equipment checklists for vehicles to allow them to obtain documented assurances staff check all items at the start of every shift.
- The provider should introduce a system to check the use-by dates of fire extinguishers.
- The provider should introduce a system to provide written assurances of each staff members' induction.
- The provider should ensure they meet their target of all staff having an annual appraisal.
- The provider should provide written guidance to drivers on what to do in an emergency involving a deteriorating patient.
- The provider should consider setting up additional formal mechanisms of engaging with staff, such as staff meetings or focus groups.
- The provider should ensure that any items of reusable equipment such as wheelchairs receive an annual service before they reach the age of one year.
- The provider should consider sharing a written set of values with all staff.