WS Medical Limited

Bullhouse Mill Ambulance Station

Quality Report

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

Ratings

Overall rating for this ambulance location	Requires improvement
Emergency and urgent care services	
Patient transport services (PTS)	**Requires improvement**
Access to the service	
Emergency operations centre Resilience planning	
NHS 111 service	

Summary of findings

Letter from the Chief Inspector of Hospitals

Bullhouse Mill Ambulance Station is operated by W S Medical Limited. It is an independent ambulance service based near Sheffield. The service provides a patient transport service with the main contractor of their services being an NHS ambulance provider.

They are registered with the Care Quality Commission (CQC) to provide transport services, triage and medical advice provided remotely. In addition, they provide public and private event medical cover, first aid training and are a supplier of medical and first aid products. These activities are not regulated by CQC and were not inspected.

The service has had a registered manager since June 2018, when it was first registered with CQC.

We inspected this service using our comprehensive inspection methodology on 24 April 2019.

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

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

The service provided by this provider was a patient transport service.

The provider had not been inspected previously. Following the inspection, we rated the service as **Requires improvement** overall because:

- There were no systems in place to ensure the safeguarding lead was always available to provide advice and the was no system in place to identify who would cover for them when they were unavailable.
- There was no formal documentation of dynamic risk assessments made by staff in relation to patients, to monitor the booking of patient transports, and assess if the decisions taken following the assessment had been correct.
- Staff recorded patient information handwritten on paper note pads. This was not a secure process and could not guarantee the security of personal patient information.
- There was nothing in the non-emergency patient transport services (NEPTS) policy which outlined to staff what they should do if they considered the patient did not fit the eligibility criteria or the assessed the risk of transporting them to be too great or the task was above their capabilities.
- On one of the PTS ambulances there was no shoulder restraint belts, no spare battery for the pulse oximeter and both fire extinguishers had not been tested and could not be guaranteed to work properly in the event of a fire.
- Only 33% of staff had had an appraisal recorded within the last 12 months.
- None of the managers had had an appraisal within the last 12 months.
- The service was failing to achieve the handover time and access and flow performance targets.
- The feedback posters and patient feedback forms in the ambulances we inspected were not available in any other language but English.
- The information to provide feedback was not in a format that could be used by patients with visual or cognitive impairment.
- There was programme of audits across a range of areas, however, there were gaps at the weekly and monthly periods which did not provide assurance the audits were being done regularly and the information was being received by managers or shared with staff in a timely way.

Summary of findings

However, we found the following areas of good practice;

- There was a designated cleaning station in the corner of the garage with supplies of cleaning products and equipment.
- Staff were observed cleaning an ambulance stretcher with sterile wipes, disposing of the clinical waste in an appropriate bag and washing their hands after a patient transport.
- The staff files we reviewed contained a current disclosure and barring service (DBS) check, proof of identity, the right to work in the UK, training qualifications and a health check declaration.
- There was a translation guide for various non-English languages in the vehicles we inspected. The guide had several questions in the selected non-English language next to the translation in English. It also contained a British Sign Language (BSL) alphabet.
- Staff were observed treating a patient with compassion and kindness, respecting their privacy and dignity, and took account of their individual needs.
- There was a clearly defined management team with allocated responsibilities.
- Staff we spoke with told us they felt supported, respected and valued by their managers.
- The service had a process to identify organisational risks and how to manage them.

Following this inspection, we told the provider they should make two improvements, even though a regulation had not been breached, and they must make 13 improvements, we also issued the service with two Requirement Notices in relation to Regulation 13: Safeguarding service users from abuse and improper treatment, and Regulation 17: Good Governance, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North East), 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?
Emergency and urgent care services		
Patient transport services (PTS)	Requires improvement 	The service provided patient transport. The service had not previously been inspected. We rated effective and responsive as good, safe and well-led as requires improvement. Caring was inspected but not rated. Between April 2018 and March 2019 there were 237 patient transport journeys, 103 of which were classified as urgent.
Access to the service		
Emergency operations centre		
Resilience planning		
NHS 111 service		

Bullhouse Mill Ambulance Station

Detailed findings

Services we looked at
Patient transport services (PTS

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to Bullhouse Mill Ambulance Station	6
Our inspection team	6
Facts and data about Bullhouse Mill Ambulance Station	6
Our ratings for this service	7
Findings by main service	8
Action we have told the provider to take	32

Background to Bullhouse Mill Ambulance Station

Bullhouse Mill Ambulance Station is operated by W S Medical Limited. It is an independent ambulance service based in Pennistone near Sheffield. The service operates throughout the North of England and Wales. It is registered with the CQC to provide transport services, triage and medical advice provided remotely. In addition, the service provides event medical cover, medical education and training, and are a supplier of medical and first aid products.

The service has had a registered manager since June 2018.

Our inspection team

The team that inspected the service comprised two CQC inspectors, and a specialist advisor with experience in patient transport services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection (Yorkshire and Humberside, and North East).

Facts and data about Bullhouse Mill Ambulance Station

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

The service is based in an industrial unit on a commercial estate in Pennistone near Sheffield. There is external and garage parking for ambulances at the premises. The building where the service is based comprises of an office space, a meeting room, an integral garage and separate storage space. There is a room for staff training, meetings, and a separate area for vehicle and equipment maintenance.

The service has six ambulances and four ambulance cars, two of which have 4x4 all-wheel-drive capability.

The service transports patients throughout North West England and occasionally Wales on behalf of an NHS

Detailed findings

ambulance provider who is the main contractor of the service. It also provides the registered service to other parts of England when requested by the main contractor or other organisations on an as required basis.

The service was led by a managing director supported by a quality and compliance lead, a controller, clinical supervisor and four support staff. There were 33 ambulance staff and four bank staff employed by the company.

During the inspection, we visited Bullhouse Ambulance Station and accompanied an ambulance crew on one patient transfer. We spoke with eight staff including patient transport staff and managers. We spoke with one patient's relative. We reviewed one 'tell us about your care' comment card. During the inspection we reviewed five sets of patient records and inspected three ambulances.

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.

Activity

- Between April 2018 and March 2019 there were 237 patient transport journeys, 103 of which were classified as urgent.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries recorded.

No complaints.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	N/A	N/A	N/A	N/A	N/A	N/A
Patient transport services	Requires improvement	Good	N/A	Good	Requires improvement	Requires improvement
Access to the service	N/A	N/A	N/A	N/A	N/A	N/A
Emergency operations centre	N/A	N/A	N/A	N/A	N/A	N/A
Resilience planning	N/A	N/A	N/A	N/A	N/A	N/A
NHS 111 service	N/A	N/A	N/A	N/A	N/A	N/A
Overall	Requires improvement	Good	N/A	Good	Requires improvement	Requires improvement

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Emergency and urgent care services

Are emergency and urgent care services safe?

Are emergency and urgent care services responsive to people's needs?

Are emergency and urgent care services effective?

Are emergency and urgent care services well-led?

Are emergency and urgent care services caring?

Patient transport services (PTS)

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

Information about the service

Bullhouse Mill Ambulance Station is operated by W S Medical Limited. It is an independent ambulance service based near Sheffield. The service provides an independent ambulance service throughout the North of England and Wales. They are registered by CQC to provide transport services, triage and medical advice provided remotely. In addition, they provide event medical cover, medical education and training, and the provision of medical and first aid supplies; all of which are not regulated by CQC and were therefore not inspected.

The service has had a registered manager in post since June 2018.

We spoke with eight members of staff, one relative of a patient, and one patient.

Summary of findings

The service had not previously been inspected. We rated it as requires improvement overall because:

- There were no systems in place to provide advice when safeguarding lead who is employed on a zero hours contract is not available.
- There was no formal documentation of dynamic risk assessments made by staff in relation to patients, to monitor the booking of patient transports, and assess if the decisions taken following the assessment had been correct.
- Staff recorded patient information handwritten on paper note pads. This was not a secure process and could not guarantee the security of personal patient information.
- There was nothing in the non-emergency patient transport services (NEPTS) policy which outlined to staff what they should do if they considered the patient did not fit the eligibility criteria or the assessed the risk of transporting them to be too great or the task was above their capabilities.
- There was no guidance for staff in transporting patients own medicines.
- On one of the PTS ambulances there was no shoulder restraint belts, no spare battery for the pulse oximeter and both fire extinguishers had not been tested and could not be guaranteed to work properly in the event of a fire.

Patient transport services (PTS)

- Although consumable items were stored separately in plastic boxes in a locker in the garage area, there was not a stock record book for staff to sign out items, so managers could identify when extra stock was required. Regular stock audits were not undertaken.
- There was no evidence of a robust appraisal system and none of the managers appeared to have had an appraisal.
- The service was failing to achieve the handover time and access and flow performance targets.
- The feedback posters and patient feedback forms in the ambulances we inspected were not available in any other language but English.
- The information to provide feedback was not in a format that could be used by patients with visual or cognitive impairment.
- There was programme of audits across a range of areas, however, there were gaps at the weekly and monthly periods which did not provide assurance the audits were being done regularly and the information was being received by managers or shared with staff in a timely way.

However, we found the following areas of good practice;

- There was a designated cleaning station in the corner of the garage with supplies of cleaning products and equipment.
- Staff were observed cleaning an ambulance stretcher with sterile wipes, disposing of the clinical waste in an appropriate bag and washing their hands after a patient transport.
- The staff files we reviewed contained a current disclosure and barring service (DBS) check, proof of identity, the right to work in the UK, training qualifications and a health check declaration.
- There was a translation guide for various non-English languages in the vehicles we inspected. The guide had several questions in the selected non-English language next to the translation in English. It also contained a British Sign Language (BSL) alphabet.
- Staff were observed treating a patient with compassion and kindness, respecting their privacy and dignity, and took account of their individual needs.
- Staff took the time to explain to patients and relatives what was happening in relation to transports.
- There was a clearly defined management team with allocated responsibilities. Staff we spoke with told us they felt supported, respected and valued by their managers.
- The service had a process to identify organisational risks and how to manage them.

Patient transport services (PTS)

Are patient transport services safe?

Requires improvement

Our rating of safe was **requires improvement** because;

- There were no systems in place to provide safeguarding advice outside of nominated safeguarding lead who was employed on a zero hours contract.
- Although consumable items were stored separately in plastic boxes in a locker in the garage area, there was not a stock record book for staff to sign out items, so managers could identify when extra stock was required. Regular stock audits were not undertaken.
- There was no system in place to link the hand hygiene audit to the staff who had been observed which could inform additional training if required.
- On one of the PTS ambulances we inspected we found there were no shoulder restraint belts, no spare battery for the pulse oximeter and both fire extinguishers had not been tested and could not be guaranteed to work properly in the event of a fire.
- There was no formal documentation of dynamic risk assessments made by staff in relation to patients, to monitor the booking of patient transports, and to assess if the decisions taken following the assessment had been correct.
- Staff told us they would record patient information on a note pad not a patient record form, which was not a secure process and could not guarantee the security of personal patient information.
- There was no guidance to staff regarding how to transport patients own medicines.

However, we found the following areas of good practice;

- The offices, garage areas and vehicles we inspected were visibly clean.
- There was a designated cleaning station in the corner of the garage with supplies of cleaning products and equipment.
- Staff were observed cleaning an ambulance stretcher with sterile wipes, disposing of the clinical waste in an appropriate bag and washing their hands after a patient transport.
- The staff files we reviewed contained a current disclosure and barring service (DBS) check, proof of identity, the right to work in the UK, training qualifications and a health check declaration

Incidents

- Never events are incidents of serious patient harm that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- In the 12 months preceding the inspection the service had not recorded any clinical incidents or never events, however, there was ten incident reports relating to equipment on ambulances and one minor injury to a member of staff.
- We reviewed the service's incident reporting policy, dated January 2019. The policy provided staff with the information required to report an incident. The policy included how an incident would be investigated.
- Although the service had not recorded any clinical incidents in the 12 months prior to the inspection, staff we spoke with could describe what issues would be reported as an incident.
- We saw evidence staff were trained in incident reporting through online e-learning. The governance lead told us they were developing face to face training using scenarios.
- Staff and managers, we spoke with told us if an incident were recorded this would be discussed with the individual staff members involved and at team meetings.
- We saw evidence of an incident matrix included in a 'compliance report' for 2019 which showed ten incidents and one incident of harm had been recorded, investigated and closed.
- We saw evidence the service used paper-based incident forms. A supply of blank forms was kept in a folder in each ambulance for staff to use if needed.We found

there was a process in place to store and review these incident forms in a timely manner. The operational manager was responsible for reviewing them and deciding upon any subsequent action. Managers encouraged staff to submit an incident form if they had any concerns about any aspect of their work. Staff we spoke with confirmed this. Any post incident review learning for staff was shared through an internal e-mail system.

- During inspection the governance meeting minutes dated 26 March 2019 were reviewed. The agenda was general and generic with no specific reference to incident reviews.
- If things went wrong staff told us they would apologise and give patients honest information and suitable support. Staff and managers, we spoke with understood the principles behind the duty of candour.
- The provider had a duty of candour policy which was dated January 2019. The duty of candour places a legal responsibility on every healthcare professional to be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress and to apologise to the patient or, where appropriate, the patient's advocate, carer or family. The provider had no reports of having had to apply the duty of candour principles.
- There was an out of hours on call system in place seven days a week throughout the year between the hours of 8pm and 8am. One of the managers was on call for advice if staff were unsure whether to report an incident or not. They would also assist with the management of the incident.

Mandatory training

- The service provided mandatory training in key skills to staff.
- There was a statutory and mandatory training policy, dated January 2019, listing fourteen training courses, which included duty of candour, infection prevention and control, safeguarding.
- We saw evidence which showed the mandatory training of the 33 employed staff and four bank staff. There were 14 courses on the database which showed a 95% level of compliance by employed staff and a 100% level of compliance by bank staff.
- We saw evidence of plans to ensure staff who were still required to complete training would do so.
- Mandatory training was delivered by an approved external training company which included basic life support (BLS), the use of an automated electronic defibrillator (AED). Other training was delivered by e-learning. All the clinical staff had completed this BLS training course.

Safeguarding

- No safeguarding incidents had been recorded in the period between January 2018 and April 2019. Although the service had not made any safeguarding referrals in the 12 months prior to this inspection staff we spoke with knew what a safeguarding incident was.
- There were no robust systems in place for staff to get safeguarding advice as the safeguarding lead was a registered nurse employed on a zero hours contract. The safeguarding lead was not available at the time of inspection.
- Evidence was provided which showed the safeguarding lead was trained to level three in safeguarding children and adults and was booked onto a level four course. We saw evidence the registered manager, the governance manager, and the operational manager were booked on courses to train them to level four safeguarding, they were all currently trained to level two.
- There was a safeguarding policy, dated January 2019. We reviewed the policy and the information contained in it was current and up to date. However, the process to make a safeguarding referral was not in accordance with intercollegiate guidance.
- The safeguarding policy stated all referrals should be sent directly to the safeguarding lead and not the local authority. The safeguarding lead was not always available due to their zero hours contract.This meant there may have been a significant delay in the referral being received by the authority and could result in furth harm to the individual concerned.
- We saw evidence staff had received safeguarding training. Staff received their safeguarding training on-line through e-learning. For those staff who had not completed training we saw evidence to ensure staff who were still required to complete training would do so.

Patient transport services (PTS)

- We reviewed three sets of clinical governance meeting minutes which had safeguarding as a standing agenda item. In the March 2019 meeting there was a discussion of the need to ensure if safeguarding issues were reported the safeguarding lead was made aware.
- We found that blank safeguarding forms were carried in the ambulances we inspected in a document folder for staff to use if needed.

Cleanliness, infection control and hygiene

- The offices and garage areas were visibly clean.
- The service had an infection prevention and control policy that was up to date at the time of the inspection and provided staff with appropriate guidance.
- Staff used equipment and control measures to protect patients, themselves and others from infection. The ambulances we inspected carried hand-gel for staff to use. These were checked and found to be in date.
- The provider undertook a number of audits, we saw evidence of an infection prevention control audit had been carried out in January, February and March 2019, however, the audit reported as an overall finding and not broken down into specific areas.
- The garage area was cleaned by staff who were at work but not on shift. Team leaders identified which staff would do this through the shift rota and identifying where there was no pre-booked patient transports. During our inspection of the office, garage and storage areas, we reviewed cleaning forms for the period January 2019 to April 2019, which were complete. In addition, we saw evidence that the toilet and sluice were cleaned using specialist cleaning products every day. We reviewed records for January, February and March 2019 which demonstrated compliance.
- We saw evidence which showed staff did a daily vehicle inspection check including signing to say the vehicle had been cleaned. There was a section on the form to indicate when the vehicle had been cleaned following transportation of an infectious patient or if someone had vomited. The completed forms were placed in a lockable letter box which was emptied daily by the business administrator who checked them. If any issues were identified staff contacted the control room and passed on the information for managers to action.
- We saw evidence ambulance deep cleans were completed by staff and team leaders every six weeks. The cleaning records for eight vehicles were reviewed. There was evidence of regular cleaning as per the six-week regime. This was recorded on an electronic spreadsheet against vehicle registration numbers by the governance lead.
- We saw evidence that hand hygiene audits were completed by the governance lead. They told us they aimed to observe five staff per month. However, team leaders undertook the audits but did not record their findings. This meant there was no way of identifying if the staff observed in the formal audit who were not cleaning their hands correctly were the same individuals identified by team leaders.
- During inspection we reviewed the clinical waste policy dated 31January 2019. The policy clearly documented the process to segregating clinical and non-clinical waste. There was a designated cleaning station in the corner of the garage. There were colour coded mops with disposable heads with a supply of replacements and brushes in a locker next to the cleaning station. There were processes in place to ensure clinical waste was managed effectively using an external specialist company.
- Cleaning products were pre-mixed and delivered in the correct concentrations through dispensers which were clearly labelled as to what the cleaning product should be used for. The dispensers were located above a sink.
- We found spillage kits in two the ambulances we inspected. Spillage kits are used to safely clean and disinfect clinical waste spillages.
- We accompanied ambulance crew in the conveyance of a patient. Following the crew's return to the ambulance station we observed them cleaning the ambulance stretcher with sterile wipes, disposing of the clinical waste in an appropriate bag and washing their hands after the completion of these tasks.
- Training in the prevention and control of infection as part of mandatory training. We were provided with documentary evidence which showed 91% of staff have completed this training.

Environment and equipment

Patient transport services (PTS)

- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.
- On inspection of two ambulances we found that all oxygen cylinders were within date and ready for use, with at least one full cylinder on each ambulance. All the cylinders were secured appropriately.
- During inspection we saw there were automatic electronic defibrillators (AEDs) which were on charge in the station. There was evidence in a record book they had been regularly checked to ensure they were fully charged and serviced. Whilst we were present in the ambulance station we observed a member of staff checking the AEDs.
- We checked five pieces of electrical equipment. All had stickers on showing the date the item had undergone portable appliance testing and the date when the next check was due.
- We inspected ten consumable items at random. All were in date. The consumable items were stored separately in plastic boxes in a locker in the garage area. The items could easily and quickly be identified. However, there was no system in place for managers to identify when additional stock was required.
- The provider had six ambulances and four ambulance cars, two of which had 4x4 all-wheel drive capability. We inspected two ambulances and the equipment carried on them. One of the ambulances was a patient transport service (PTS) vehicle, whilst the other was an ambulance adapted to convey bariatric (heavier) patients. On the PTS ambulance we found there was a lap belt and foot strap in place, however, there were no shoulder restraints. We found two fire extinguishers in the ambulance, both had stickers indicating the dates for them to be tested, which was 2017 and 2018. This indicated they had not been tested and could not be guaranteed to work properly in the event of a fire.
- We found there was no spare battery for the pulse oximeter. All other pieces of medical equipment were in working order and ready for use.
- We saw evidence of vehicle compliance audits carried out in March and April 2019, however, there was no indication as to which vehicles or areas had been audited.
- During inspection we accompanied an ambulance crew on a patient transport. The crew did not use a five-point harness to secure the patient on a stretcher. This created a risk that the patient might fall from the stretcher. We informed the team leader and they instructed staff to ensure this harness was used for future journeys.
- There was a process in place to ensure ministry of transport test and vehicle excise license status was up to date for all ambulances.

Assessing and responding to patient risk

- The governance lead told us ambulance crews were notified of the patient's location and personal details by the control room of the sub-contracting NHS provider, however, there were no booking forms and all the information was received by a phone call. Any special notes in relation to patients, such as a do not attempt cardiopulmonary resuscitation (DNACPR), was also provided to staff over the phone.
- Staff told us they would use a note pad to document what they felt was important patient information. The governance lead told us they had concerns important information could be missed because of how the information was delivered.
- Although there was a policy that described the signs of a deteriorating patient, the service did not use patient report forms for patient journeys.This meant there was no documentation should a patient require care and treatment during a patient journey. If a patient deteriorated on route, the policy advised crews to pull over at a safe, convenient place, render emergency aid within their scope of practice, and call 999 for an emergency ambulance.
- Staff we spoke with told us they completed and updated risk assessments for each patient and removed or mitigated any identified risk. However, there was no documented evidence of the updated risk assessment, this meant they could not be reviewed or audited, and the information used to plan other patient transports

Patient transport services (PTS)

- All clinical staff were trained in basic life support and in the use of an AED. Ambulance technicians were trained in immediate life support (ILS) and were designated to convey patients whose condition required their greater skill level.
- The decision as to which staff with which qualifications were required for the patient transport was decided by the providers staff who received the booking in the control room. However, because patient booking forms were not used there was no audit process to identify if the correct resource had been allocated to transport the patient.

Staffing

- The service was led by a managing director supported by a quality and governance lead, a controller, clinical supervisor and four support staff. There were 33 ambulance staff and four bank staff employed by the company. In addition, there were two non-clinical staff.
- During inspection six staff files were reviewed. Each file had a content check list. All the files except one contained a current Disclosure and Barring Service (DBS) check, however we did see evidence the DBS application process was in progress. In the interim period the member of staff could only work under the supervision of another member of staff who had been DBS checked. In addition, we saw evidence the information from the staff files was stored on an electronic database. Review dates for staff courses and DBS checks were displayed so managers could organise courses or request a DBS check before they expired.
- Staff files contained proof of identity, the right to work in the UK, training qualifications, a health check declaration, a form outlining which documents the member of staff had received as part of their induction, a record of their job interview and an employment contract.
- The governance lead told us staff driving licences were checked on the Driver and Vehicle Licensing Authority (DVLA) webpage when staff applied for roles in the company. We saw evidence this was recorded on a computer database.

Records

- Staff and managers told us the ambulance crews were verbally notified by the NHS contractor's control room staff of the patient details and locations. However, there were no booking forms to record the information which was received through a phone call.
- The staff reported they used risk dynamic risk assessments in relation to patients, however, we found these risk assessments were not formally documented. There were no records of the changing needs of patients.In addition, there wasn't any system or process for managers to review these assessments against the booking forms and no opportunity to audit the decisions taken by staff following the assessment.
- The patient information supplied at the time of booking was added to the providers daily shift log.
- Staff told us they would write down on a note pad what they thought was important. The governance lead told us they had concerns important information could be missed because of how this information was recorded. However, we were not informed that there were plans to rectify the concerns they had identified.
- The non-emergency patient transport services (NEPTS) policy dated January 2019 outlined all WS Medical ambulance crews had to complete a daily shift log detailing the transfers they undertook during the duration of their shift. The daily shift log had to be completed in full and submitted at the end of the shift alongside any completed patient care records, booking forms and fuel receipts.
- We saw evidence there were gaps in the audit activity at weekly and monthly periods in relation to reviewing daily shift logs. There was therefore no assurance managers were receiving complete and timely information in relation to patient transports.

Medicines

- The medical gases were stored in accordance with Health and Safety at Work Act 1974 and NHS estates guidance for medical gas pipeline systems HTMO2 guidelines. Which meant oxygen and nitrous oxide and oxygen (Entonox®) were appropriately stored in cages fixed on the garage wall away from any collision risk. Full and empty gas cylinders were stored separately and were changed at the local depot of the medical gas supplier when required.

Patient transport services (PTS)

- The non-emergency transport services policy did not contain any information as to how the crew would transport medicines held or required by the patient.

Are patient transport services effective?

Good

Our rating of effective was **good** because;

- The service made sure staff were competent to undertake their role and staff we spoke with told spoke positively about the induction procedure which provided them with information and training to perform their role.
- Managers monitored response time to measure the effectiveness of the service.

However;

- There was nothing in the non-emergency patient transport services (NEPTS) policy which outlined what staff should do if the patient did not meet the eligibility criteria or the capability of the crew assigned to the transport.
- None of the managers had an appraisal in the 12 months prior to our inspection.
- Only 33% of staff had completed an annual appraisal.

Evidence-based care and treatment

- We reviewed the provider's non-emergency patient transport services (NEPTS) policy dated January 2019. The policy stated that it was the booking organisations' responsibility to determine if the patient met the criteria for transport by the service.
- The provider's definition of NEPTS were those patients with a medical need for transport to and from premises providing healthcare, and another healthcare facility or the patient's home address. This included, but was not limited to hospital discharges, hospital transfers, attendance at outpatient appointments.
- The NEPTS policy did not contain an escalation process that did would inform staff of the actions to take if the patient did not fit the eligibility criteria for patient transport or the dynamic risk assessment identified an increased risk of transporting them or the task was above the crew's capabilities.
- Staff were made aware of patients with mental health needs through the patient booking process.
- NEPTS policy outlined an escort would be permitted to travel with the patient if aged 16 years or under and the person had parental responsibility.

Nutrition and hydration

- The service assessed patients' food and drink requirements during the journeys they undertook. Bottled water was carried on the ambulances.
- A patient told us that the ambulance crew that cared for them advised them to drink plenty of water as they were dehydrated.

Response times

- The service monitored response times, so they could facilitate good outcomes for patients.
- We saw evidence managers monitored response time to measure the effectiveness of the service.
- The average time from collection of patients to arrival at the destination to handing over the patient was 17 minutes in February 2019 and 18 minutes in March 2019.
- The average time from handover to being clear for new work was 14 minutes in February 2019 and 15 minutes in March 2019.
- We saw evidence which showed response times were discussed at governance meetings to identify where improvements to the service could be made.
- The service was commissioned by a NHS ambulance services and acute hospital trusts in England and Wales. Their main commissioner being a local ambulance service NHS trust whom we contacted to receive feedback. They told us that the feedback from control staff was positive. WS Medical Limited staff were flexible and cooperative and that the service provided vehicles on time and in the right place.

Competent staff

- The service made sure staff were competent for their roles.

Patient transport services (PTS)

- The service had an induction policy dated March 2018.The policy outlined the aims of induction for staff, the induction process and an induction checklist. Staff told us that the induction process was positive and provided them with information and training to perform their role. In addition, we were told they were recruited through a competency based assessment which included identification of their training needs.
- Once employed new staff were supported by shadowing shifts and a clinical assessment done by a qualified member of staff. This was written up on a competency assessment form which was signed by the clinical supervisor this enabled the staff member to work independently.
- We reviewed evidence which showed that staff had completed 'First Response and Emergency Care' training courses, an urgent care service foundation course, and a skills for health course. These courses were either completed before employment with the service or after joining the service and complemented the mandatory training courses.
- We were also shown evidence that the management team had been enrolled on leadership and management courses.
- Information submitted by the service showed there had been 11 staff appraisals carried out in the previous 12 months. None of the managers appeared to have had an appraisal in the 12 months prior to the inspection.In addition, we found evidence of a limited number of on-to-one discussions

Multi-disciplinary working

- We reviewed feedback that had been received which demonstrated a good working relationship with other stakeholders.
- The service worked with external organisations and providers requesting the patient transport to make sure that, special notes, advanced care plans / directives, DNACPR orders and section 136 orders were highlighted during the booking process.
- There was nothing in the services NEPTS policy which outlined to staff which pathways were available to refer callers to direct them to other transport services if they did not fit the services eligibility criteria.

Health promotion

- Staff gave patients practical support and advice to lead healthier lives.
- Prior to the inspection we were contacted by a patient who informed us that the ambulance crew who cared for them had advised them to drink lots of water as they were dehydrated.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff knew how to support patients who lacked capacity to make their own decisions.
- Staff we spoke with told us they always asked patients' permission before moving or transferring them out of a wheelchair or stretcher.
- Staff we spoke with understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Staff were given training in consent as part of mandatory training. We were provided with documentary evidence that as of February 2019 all members of staff, including temporary bank staff, had undertaken mandatory training in consent.

Are patient transport services caring?

We inspected caring but did not rate due to low number of patient interactions observed during inspection.

- Staff were observed treating a patient with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff took the time to explain to patients and relatives what was happening in relation to transports.

Compassionate care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We observed the conveyance of an elderly patient living with dementia from their home to a hospice. We found that the ambulance crew communicated with the patient in a compassionate manner.

Patient transport services (PTS)

- Prior to the inspection we were contacted by a patient who informed us that the ambulance crew who cared for them had done; “A fantastic job”.

Emotional support

- Staff provided emotional support for patients.
- Staff we spoke with understood patients’ personal, cultural and religious needs.
- We found that the service’s ambulances carried a 1950’s scrapbook, in addition to distraction aids used to support patients who were living with dementia.

Understanding and involvement of patients and those close to them

- Staff supported and involved patients to understand their condition and make decisions about their care and treatment.
- We observed that staff understood the needs of patients and communicated with them and those close to them in an appropriate manner. The spouse of the patient told us they were pleased with the care that was provided and, ‘liked how they took the time to explain to us what was happening’.

Are patient transport services responsive to people’s needs?

Good

Our rating of responsive was **good** because,

- The ambulances we inspected carried a communications booklet that was designed to assist the staff communicate with people who were living with a learning disability.
- The ambulances had a translation guide for various non-English languages. The guide had several questions in the selected non-English language next to the translation in English. It also contained a British Sign Language (BSL) alphabet.

However:

- There was no evidence the feedback posters or patient feedback forms in the ambulances we inspected were available in any other language but English.
- The information to provide feedback was not in a format that could be used by patients with visual or cognitive impairment.
- At the time of the inspection the service was not meeting their access and flow targets.
- The service did not receive patient feedback from the main NHS Ambulance which commissioned the service.

Service delivery to meet the needs of local people

- The service worked with others in the wider health system to plan and provide care for the communities it served.
- The main contracted work was with a local ambulance service NHS trust. The service met the needs of local people transporting patients locally. However, there was no evidence of planned PTS capacity to cope with differing levels and nature of demand in different localities.
- The requests for PTS came through an external company booking platform which was used by NHS and independent health care providers to request patient transports. The booking company would circulate the PTS request to various companies who could provide the transport and who responded first would be allocated the transport.
- Although the service was contracted on behalf of an NHS ambulance provider there was no formal contract in place outlining the number of contracted patient transports to be undertaken. The request for PTS were “as required” and as such the transports were managed, as agreed within the commissioning agreements.

Meeting people’s individual needs

- We found that the ambulances carried a communications booklet that was designed to assist the staff communicate with people who were living with a learning disability. This included a guide to basic Makaton signs.
- There was a translation guide for various non-English languages. The guide had several questions in the selected non-English language next to the translation in English. This allowed the staff to ask questions of a

clinical nature and assist with any clinical assessment or to put the patient at their ease. It was guide that was used by NHS ambulance services. It also contained a British Sign Language (BSL) alphabet.

- There was no evidence the posters or patient feedback forms in the ambulances we inspected were available in any other language but English. Staff were not aware if the feedback forms were available in other languages.
- Information the service had to provide feedback was not in a format that could be used by patients with visual or cognitive impairment.

Access and flow

- The patient transport bookings were managed by the service requesting the transport.
- The service monitored access and flow times. The data report for March 2019 described the two targets as being, 90% of patient journeys to have a hand over time of less than 15 minutes, and that 95% of journeys had a hand over to proceeding to another job within 15 minutes. In February 2019 compliance with these targets stood at 63% and 77% compared to March 2019 of 75% and 85%.

Learning from complaints and concerns

- The service had a complaints' policy, dated January 2019, which outlined how complaints would be recorded, investigated and resolved.
- The service had not received any complaints in the 12 months prior to the inspection. However, staff we spoke could explain if they received any complaints how they would attempt to deal with them when first made, then escalate them to the management team if the matter could not be resolved.
- The service did not receive patient feedback from the NHS ambulance trust which commission the service.

Are patient transport services well-led?

Requires improvement

Our rating of well-led was **requires improvement** because;

- < >he service did not have a strategy for achieving priorities and delivering good quality sustainable care. There was no strategy aligned to local plans in the wider health and social care economy because the service was demand driven.
- There was programme of audits across a range of areas, however, there were gaps at the weekly and monthly periods which did not provide assurance the audits were being done regularly and the information was being received by managers or shared with staff in a timely way.
- There was inconsistent application of an appraisal system with only 33% of staff recorded as having received an annual appraisal. None of the managers had an annual appraisal recorded.
- Staff recorded patient information handwritten on paper note pads. This was not a secure process and could not guarantee the security of personal patient information.
- The feedback posters and patient feedback forms in the ambulances we inspected were not available in any other language but English.

However;

- There was a clearly defined management team with allocated responsibilities.
- Staff we spoke with told us they felt supported, respected and valued by their managers.
- The service had a governance lead, a governance framework and held regular clinical governance meetings.
- The service had a process to identify organisational risks and how to manage them.

Leadership of service

- There was a clearly defined management team at the service led by the registered manager. There was also a governance lead with experience of clinical and corporate governance, in addition to an operational manager who had previous experience working in an NHS ambulance service.
- The management team appeared to have the skills, knowledge and experience required to manage the organisation.

- Staff we spoke with told us they were satisfied with quality of the supervision, management and leadership they received and described the managers as approachable and supportive.
- We saw evidence which showed the management team had been enrolled on leadership and management courses to develop their skills.
- We found that meetings took place between managers, with information from these meetings being cascaded down to staff. We reviewed the minutes of two managers' meetings that took place between January 2019 and March 2019; and one staff meeting that occurred in February 2019. There was full discussion at these meetings with issues being cascaded to staff by the managers or up to the managers.
- The service maintained a database which outlined managerial responsibilities and associated tasks which provided clear direction and prevented duplication of work.

Vision and strategy for this service

- The service had a group mission statement that described their core values and group vision. This was displayed on posters around the station and on their public website.
- The core values were; being personable, always respectful, whilst focusing on customer care and team working. The vision was one of striving to achieve outstanding quality.
- Staff we spoke with could explain the vision and values and how to support them.
- However, the service did not have a strategy for achieving the priorities and delivering good quality sustainable care.
- There was no strategy aligned to local plans in the wider health and social care economy because the service was demand driven.
- The only progress measured against delivery consisted of the service's internal key performance indicators in relation patient transport times.

Culture within the service

- Staff we spoke with were very positive about the service which they described as being professional, friendly and caring with an open culture and good communication.
- Staff we spoke with told us they felt supported, respected and valued by their managers.
- The culture encouraged, openness and honesty at all levels within the organisation. There was an example where staff raised concerns regarding long journeys the registered manager.
- There was inconsistent application of an appraisal system with only 33% of staff recorded as having received an annual appraisal. None of the managers had an annual appraisal recorded.

Governance

- The service had a governance lead, a governance framework and held regular clinical governance meetings.
- We reviewed three clinical governance meetings minutes which met in October 2018, March 2019, and April 2019. Relevant issues including the items on the risk register, safeguarding, complaints and the development of the service were discussed at these meetings.
- The governance lead undertook regular audits of 19 relevant areas. These included the condition and cleanliness of the ambulances, clinical equipment and medicines. However, when we reviewed the database which contained the audits which were carried out across the service, we saw gaps at the weekly and monthly periods which did not provide assurance the audit information was being received regularly by managers or shared with staff.

Management of risk, issues and performance

- The service had a risk register that was regularly updated. At the time of the inspection there were 23 risks identified which were red amber green (RAG) rated and had control measures, mitigating actions and risk owners.
- The service had identified the top three organisational risks which were; safeguarding lead not trained to level

four, loss of staff due to poor development or career progression and restraint of patients with mental ill health. Each had appropriate control measures and mitigating actions.

- Although incidents were an agenda item there were no recent incidents which could be discussed at the clinical governance meetings in October 2018, and March and April 2019. However, performance and other issues of concern were discussed at these meetings.
- There was a business continuity plan which included a business impact analysis, a recovery action plan, and a back-up equipment register. There was a system of computer network storage in an external computer hard drive, that could be removed from the office in the event of a fire or evacuation and used in a computer at a different location to enable the service to continue.
- We saw evidence the business continuity plan had last been successfully tested in September 2018.

Information Management

- The provider had a control room that communicated with services requesting patient transports. This was done through an electronic database that allowed data to be produced on journey times and performance, as well as data to support the management and development of staff.
- Patient information was forwarded to staff on duty carrying out patient transports by telephone. Staff told us the information formed part of the daily running sheets.
- Staff and managers, we spoke with told us patient information which they considered to be important was not included on the daily running sheets but written on paper note pads. This was not a secure process and could not guarantee the security of personal patient information.
- The service was assured of the accuracy of their internal key performance indicator data because the computer logging system of the requests for the service.

Public and staff engagement

- There was evidence of engagement with staff through the staff meetings, posters and leaflets. The posters and leaflets were comprised of 'Float your boat' and a 'Wish list' where staff were given the opportunity to put forward suggestions.
- Within each vehicle we inspected there was a poster which provided guidance to patients on the feedback process, however, the poster had a link to a on line survey web link and a bar code which could be scanned, however, this system of feedback would only be available to someone who was knowledgably about computers.
- There was no evidence the posters or patient feedback forms in the ambulances we inspected were available in any other language but English.
- We were told by managers operational staff are encouraged to use various methods of communication to advise patients on how to provide feedback on the service provided. Each vehicle contained feedback cards that could be handed to patients to allow them to submit feedback anonymously.
- There was no evidence patient feedback was discussed to influence how the service transported or improved care for patients.

Innovation, improvement and sustainability

- We saw evidence the improvement and sustainability challenges of the service were included in the providers risk register, and discussed at the governance, managerial and staff meetings.

Access to the service

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Access to the service

Is access to the service safe?

Is access to the service effective?

Is access to the service caring?

Is access to the service responsive to people's needs?

Is access to the service well-led?

Emergency operations centre

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Emergency operations centre

Is emergency operations centre safe?

Is emergency operations centre responsive to people's needs?

Is emergency operations centre effective?

Is emergency operations centre well-led?

Is emergency operations centre caring?

Resilience planning

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Resilience planning

Is resilience planning services safe?

Is resilience planning services effective?

Is resilience planning services caring?

Is resilience planning services responsive to people's needs?

Is resilience planning services well-led?

NHS 111 service

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

NHS 111 service

Is NHS 111 services safe?

Is NHS 111 services effective?

Is NHS 111 services caring?

Is resilience planning services responsive to people's needs?

Is NHS 111 services well-led?

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

Action the provider MUST take to meet the regulations:

- The service must have a system in place to ensure when the safeguarding lead was available to provide advice and when not available who would cover for them.
- The service must ensure all staff are up to date with their safeguarding training.
- The service must review the safeguarding referral process to ensure it is in line with best practice.
- The service must ensure the reviewed referral process is reflected in the safeguarding policy and staff are made aware of it.
- The service must have a system in place to ensure staff working on behalf of a sub-contracting service know what their safeguarding policy is.
- The service must have a secure system for staff to record patient information.
- The service must conduct audits in accordance with their audit schedule and the information is received by managers or shared with staff in a timely way.
- The service must have formal documentation in relation to dynamic risk assessments made by staff in relation to patients.
- The service must have feedback posters and patient feedback forms in the ambulance's available languages other than English.
- The service must have service user information in a format could be used and understood by patients with visual or cognitive impairment.
- The service must review the non-emergency patient transport services (NEPTS) policy so that it includes information for staff if they considered the patient did not fit the eligibility criteria or the assessed the risk of transporting them to be to great or the task was above their capabilities
- The service must have systems in place to ensure they achieve the handover time and access and flow performance targets.
- The service must develop a staff appraisal system

Action the hospital SHOULD take to improve

- The service should have a system in place to ensure all equipment carried on their vehicles is in working order and any used items are replaced.
- The service should review patient feedback to influence and improve the transportation and care of patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13: Safeguarding service users from abuse and improper treatment.** · The service did not have a system in place to ensure when the safeguarding lead was available to provide advice and when not, available who would cover for them when they were unavailable. · The service did not ensure all staff were up to date with their safeguarding training. · The service was providing staff with incorrect advice regarding making a safeguarding referral which could have led to delays which could result in further harm to the individual concerned. · The service did not have a system in place to ensure staff working on behalf of a sub-contracting service knew what their safeguarding policy was.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17: Good governance** · The service did not have a secure system for staff to record patient information, staff were hand writing patient information on note pads. · The service did not conduct audits in accordance with their audit schedule.

This section is primarily information for the provider

Requirement notices

- There was no system or process for managers to review the dynamic risk assessments made by staff in relation to patients and assess if the decisions taken following the assessment had been correct.
- The feedback posters and patient feedback forms in the ambulances we inspected were not available in any other language but English.
- The information to provide feedback was not in a format that could be used by patients with visual or cognitive impairment.
- There was no evidence patient feedback was discussed to influence how the service transported or improved care for patients.
- The service did not have systems in place to ensure they achieve the handover time and access and flow performance targets.
- The services the non-emergency patient transport services (NEPTS) policy did not include what staff should do if they considered a patient did not fit the eligibility criteria or the assessed the risk of transporting them to be too great or the task was above their capabilities.
- The service did not have a comprehensive programme of staff appraisal, for both the management team and operational staff.