

E-Zec Medical Transport Services Ltd

E-Zec Hereford

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

E-Zec Medical Transport Services Hereford is operated by E-Zec Medical Transport Services Limited. The service provides patient transport service to patients who are registered with a GP in Herefordshire and surrounding area including parts of Wales who meet the eligibility criteria agreed with the commissioners.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 March 2018 and an unannounced visit on the 15 March 2018.

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:

- There was an effective system and policy in place to report and respond appropriately to incidents. Learning was shared.
- There were effective systems and processes in place to protect people from the spread of infection and to safeguard patients from the risk of abuse.
- Patients' individual care records were written and managed appropriately, in line with good practice. Appropriate protocols were in place to assess and respond to patient risk. Staff had access to relevant information when needed.
- Patient records had detailed risk assessments and were legible. Identifiable information was stored securely.
- The service planned for any anticipated risk and these were outlined in the business continuity policy. Staff understood their roles in a major incident.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- Care was provided in a dignified way. Feedback received from patients was very positive. Staff kept patients and families well informed about their journey.
- The service effectively planned and delivered services based on patient needs and took into account the different needs of patients they transferred.
- Effective procedures were in place to respond and learn from complaints.
- The service had an open culture, fully focused on safe and high quality patient care.
- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.

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

Summary of findings

- Staff stored both full and nominally empty oxygen cylinders together in a secured cage. There was a risk that staff could pick up an empty cylinder in error, which could pose potential risk to a patient requiring oxygen therapy. We raised this with senior staff at the time of our inspection who said they would address the concern. This had not improved by the time of our unannounced inspection, which took place nine days following the announced inspection.

Following this inspection, we told the provider that it must take an action to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected the patient transport service. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region)

On behalf of the Chief Inspector of Hospitals.

E-Zec Hereford

Detailed findings

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Patient transport services (PTS)

Detailed findings

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Background to E-Zec Hereford

E-Zec Medical Transport Services Hereford is operated by E-Zec Medical Transport Services Limited. The service opened in 2016. It is an independent ambulance service in Hereford, Herefordshire. E-Zec Hereford is contracted to provide transport services for NHS patients in Herefordshire and surrounding area, including parts of Wales. E-Zec provides non-urgent, planned transport for patients with a medical need who need to be transported to and from NHS services. The service is primarily for patients registered with a GP in Herefordshire and surrounding area who meet eligibility criteria agreed with the commissioners.

The E-Zec Hereford fleet consists of 19 vehicles, including cars, vehicles for transporting people in stretchers, and vehicles with wheelchair access. The service employs 53 staff, which includes a mix of office and road based teams.

The location has had a registered manager in post since 2016. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. We carried out an announced inspection on 6 March 2018 and an unannounced inspection on 15 March 2018. This was the first inspection of this service since its registration.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in ambulance services. Kim Handel, Inspection Manager, oversaw the inspection team.

How we carried out this inspection

The service is registered to provide the following regulated activities:

- Transport services, triage, and medical advice provided remotely.
- Treatment of disease, disorder, or injury.
- Before visiting E-Zec Hereford, we reviewed information we held about the location and asked

other organisations to share information and experiences of the service. This was an announced inspection carried out as part of our routine schedule of inspections.

The service employed 53 staff ranging from patient transport drivers, clinical leads, care assistants and administration staff. They did not employ any paramedics. There were no vacancies at the time of

Detailed findings

the inspection. During the inspection, we visited E-Zec Hereford location. We spoke with nine members of staff, including the registered manager and a head of governance and compliance. We spoke with one patient and one relative. During our inspection, we reviewed eight sets of patient records.

We reviewed policies and procedures the service had in place. We checked to see if complaints were acted on and responded to. We looked at documentation including relevant monitoring tools for training, staffing, recruitment and resilience planning. We also analysed data provided by the service both before and after the inspection.

Activity:

- In the reporting period from August 2017 to January 2018, there were 13910 patient journeys undertaken. Most journeys were commissioned by a local NHS trust, private hospital, or GP service.

Track record on safety:

- There had been five reported incidents with no harm.
- There had been five reported complaints.
- There had been no reported serious injuries
- There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

E-Zec Medical Services Limited (Ltd) Hereford are registered to provide transport services remotely. E-Zec Hereford is part of E-Zec Medical Transport Services Limited, a nationwide provider of independent, non-emergency patient transport services. E-Zec Medical Transport Services Ltd work with hospital trusts, community health care trusts across Herefordshire. They provide non-urgent patient transport services between people's homes and healthcare establishments. E-Zec Hereford provides service to a nearby acute NHS trust and health centres. The journey types and categories of patient transported included outpatient appointments, hospital discharges, hospital transfers and oncology, palliative care, bariatric and transport from an acute hospital of patients who had received specialist treatment. They transferred mostly adult patients, on occasion children, and young people over the age of 18 months with a parent or carer. We carried out an announced comprehensive inspection visit on 6 March 2018 and an unannounced inspection on 15 March 2018.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

We found the following areas of good practice:

Safe:

- The service had processes and systems in place to keep patients and staff safe from avoidable harm. This included a process for reporting incidents. Learning was shared.
- There were reliable systems, processes, and practices in place to protect adults, children and young people from avoidable harm.
- There were effective systems and processes in place to protect people from the spread of infection.
- There were systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment kept patients safe from avoidable harm.
- Patient records were written and managed in line with good practice.
- There were appropriate systems and processes in place to assess and respond to patients who were at risk.
- Staff had appropriate training and qualifications to complete their role effectively. This included safeguarding children level two training. Staffing levels and skill mix were planned and reviewed appropriately.

Patient transport services (PTS)

Effective:

- Policies and guidance were largely based on national guidance and recommendations.
- The service had systems in place to ensure staff competence prior to completing any roles. Newly recruited staff completed a service induction programme and worked alongside other staff.
- There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice.
- Systems were in place for staff to seek patient's consent, and assess capacity to agree to treatment when required.
- Staff had access to relevant information when needed.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- The service monitored compliance against its own key performance indicators (KPIs) to continue to drive improvements in patient outcomes.

Caring:

- Patients were treated with compassion, in a respectful and dignified way.
- Relatives and patients were included in all decisions, with their requirements identified before the journey.
- Staff used clean blankets to maintain patients' privacy and dignity.
- Each vehicle had a supply of extra linen to support patient dignity when transporting patients.
- Feedback comments from patients using the service were positive.
- All staff we spoke with demonstrated a consideration for the emotional wellbeing of patients and their relatives.

Responsive:

- The service effectively planned and delivered services based on patient needs.
- The service was able to facilitate the transfer of patients with additional needs, such as patients living with dementia or a learning disability.
- Effective procedures were in place to respond and learn from complaints.
- Patients had access to timely patient transport services.

Well led:

- The registered manager had the appropriate skills and experience to manage the business, and was supported by senior staff to provide a safe service.
- The service had an open and learning culture, fully focused on safe and high quality patient care.
- The service had a risk register, which detailed actual, potential risks and mitigating actions.
- Staff and public engagement was positive and designed to seek feedback to continue to improve the service.

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

Safe:

- Medical gases were not securely stored to protect patients from avoidable harm. For example, both full and empty oxygen cylinders were stored together in a secured cage. There was a risk that staff could pick up an empty cylinder, which could pose potential risk to a patient.
- The main door leading to the building was unlocked during our unannounced visit. This meant the building was not secure and unauthorised people could gain access.

Effective:

- The service had a lone working policy, which had not been fully implemented.

Well led:

Patient transport services (PTS)

- The service provided minutes of two clinical governance meetings and we were not assured that information was regularly cascaded to staff throughout the service.

Are patient transport services safe?

Incidents

- There was a robust system and policy in place to report and respond appropriately to incidents. The incident reporting system was paper based. Once completed, staff logged incidents electronically. Incident forms contained details of the incident facts and the immediate action taken. The base manager reviewed each form and took the appropriate action to investigate the incident. Following the investigation, there was a record of any learning and actions taken. These were shared to staff via bulletins, team meetings and staff representatives.
- Incidents were discussed in governance meetings. We saw evidence of this in the meeting minutes.
- Staff understood their responsibilities to raise concerns and record safety incidents and near misses. There had been five incidents reported from August 2017 to February 2018. We reviewed the five incidents reported, which included a patient being violent during a journey and a patient who became unresponsive during a journey. We saw that staff were included in the investigations when needed. No serious incidents or incidents that resulted in harm to a patient had been reported.
- The compliance manager was trained to investigate incidents and was responsible for following the organisation's procedure when an incident was raised.
- The service had a system for managing safety alerts and these were reviewed, acted upon and closed appropriately.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The provider had a policy in place, which described their responsibilities under the duty of candour

Patient transport services (PTS)

legislation. Staff had an awareness of the requirements of duty of candour. We did not see any incidents reported that had required application of duty of candour.

Mandatory training

- The service had systems in place to monitor staff's compliance with mandatory training.
- A training policy with review date December 2018, detailed statutory training required. Mandatory training included adult and children safeguarding, Mental Capacity Act 2005, basic life support, conflict resolution, infection control, handling information, communication, privacy and dignity, consent, dementia and learning disabilities.
- A programme of mandatory training was in place for all staff. This included face-to-face training and e learning, which was accessed via the staff portal. Staff were provided with access to the portal which could be used on computers in the ambulance station.
- Staff maintained a database that ensured compliance with mandatory training. The registered manager told us that they took this seriously. This meant that they would not let a member of staff work for the service that was not up-to-date on their mandatory training.
- The data on compliance with mandatory training as of March 2018 showed 100% compliance for all staff, against the organisation's target of 95%.
- The service maintained a record of staff induction training and we saw staff had had an induction recorded.
- We saw evidence that all driving licenses were checked to ensure staff were licensed to drive the correct class of vehicle and did not have any driving convictions that would affect the organisation. Driving licenses were checked via the Driver and Vehicle Licensing Agency (DVLA). Drivers were requested to send an authorisation code, which allowed managers to view their driving license in detail including any recent convictions. We asked to see evidence of the checks carried out for staff working for E-Zec and were provided with a spreadsheet. There were 53 members of staff on the spread sheet who had been checked and were suitable to drive the organisations vehicles.

Safeguarding

- There were reliable systems, processes and practices in place to protect adults, children and young people from avoidable harm.
- The service had an appointed safeguarding lead for vulnerable adults and children. They had been trained to level four. All staff received level two safeguarding training and the level of training was specific to their role. National guidance from the Intercollegiate Document for Healthcare Staff (2014) recommends that all ambulance staff including communication staff should be trained to level two. This applies to all clinical and non-clinical staff that have contact with children/ young people and parents/carers. The training records we reviewed supported this.
- Staff were knowledgeable about what constituted adult or child abuse and knew how to report any concerns.
- All staff spoken with, were aware of what to report and how to make a safeguarding referral when required. Staff we spoke with were knowledgeable about the processes for recognising and referring a safeguarding concern.
- The E-Zec safeguarding policy (review date 2019) was accessible online and outlined what safeguarding was, its importance, identified adults and children at risk and provided definitions of types of abuse. The policy provided a flow chart to advise staff of immediate actions to take to raise a safeguarding alert.
- There was also a standard operating procedure for the transport of patients under the age of 18. A further policy identified that should a patient be under 16 years old an escort must be in place. Patients under the age of 18 would not be transported in an ambulance with other patients.
- Disclosure and barring service (DBS) checks were carried out for all staff. The service had a policy and checklist to complete for ensuring staff had up to date DBS. For volunteer drivers, the service conducted the DBS checks in the same way as for E-Zec Hereford employees. We saw evidence in all the staff files we reviewed.
- Female Genital Mutilation (FGM) was included in level two safeguarding training, which all clinical staff attended. Staff were aware that they have a mandatory reporting duty to report any cases of FGM.

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- The company had recently introduced Prevent duty e-learning training as a mandatory training. Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 by which staff in health care settings must have training to identify ways to prevent people from being drawn into terrorism. Evidence provided showed that this was still in progress and no staff had attended the e-learning module.

Cleanliness, infection control and hygiene

- The service had systems in place to ensure the cleanliness of equipment to maintain patients' safety and protect them from healthcare associated infections. This included pre and post-use cleaning regimes.
- We saw that the service had an up-to-date infection prevention and control policy, which detailed routine practice and control measures for all staff. This included guidance on management and care of uniform, personal protective equipment (PPE), the World Health Organisation five moments of hand hygiene, and cleaning regimes.
- We observed a patient journey and staff demonstrated good infection prevention and control practices following the journey. For example, they cleaned the vehicle following a patient transfer with disinfectant wipes. We saw evidence of staff using hand gels and PPE following patient contact. PPE was readily available in all vehicles we looked at. Appropriate hand washing facilities and hand cleansing gels were in place to be used by staff.
- We saw that staff had received infection control training as part of induction and annual mandatory training.
- Spillage kits were available in all vehicles we looked at. Staff we spoke with knew the process of decontamination following transportation of patients with suspected communicable diseases.
- As the service completed only pre-planned transfers, staff could be informed of any communicable infection risks prior to completing the transfer. Additional precautions such as goggles and masks were available if necessary.
- The resource base we visited was visibly clean and tidy. We inspected five vehicles and found they were visibly clean and tidy. Clean linen was available for patients.
- The resource base we visited had cleaning products and disposable mop heads available to support staff with this task. Staff had access to cleaning sprays, cloths, wipes and disposable gloves. These could all be replenished at the bases when required.
- There was a system of using colour coded mops with different cleaning products to avoid cross-contamination.
- Safety information and instructions for use of the cleaning products were on display to ensure staff safety when using the products.
- The service provided appropriate waste disposal systems, which included domestic waste and clinical waste. The appropriate containers were observed to be in place during inspection.
- Systems were in place to manage clinical waste, and took account of national guidance. This ensured the risk of cross infection was minimised. Staff stored clinical waste bins inside the facility. These were collected twice weekly.
- There was a cleaning schedule for the vehicles, which identified an expectation for all vehicles to be cleaned in between patients and at the end of the day or beginning of each shift and "made ready". The crew would complete the initial vehicle cleans following a patient transfer.
- Deep cleaning took place monthly and was delivered by an external provider. We reviewed the vehicles deep clean reports produced in February 2018 and saw this had included vehicle-swabbing results. The organisation maintained a spreadsheet, which showed each vehicle had been deep cleaned in February 2018.
- Staff washed their uniforms at home. We looked at E-Zec infection prevention and control policy, which detailed staff washing uniforms at 60 degree centigrade to remove microorganisms (any small living thing like bacteria, protozoa, or fungi that cannot be seen with the naked eye).
- Staff completed quality control inspection forms following patient journeys. These included checking if staff had completed the daily check sheets and staff appearance and clean uniform. However, we saw no evidence to show how this was being monitored.

Patient transport services (PTS)

- There was signage to alert staff to storage of Control of Substances Hazardous to Health (COSHH) substances and a folder detailing individual storage requirements and risk.

Environment and equipment

- The service had systems in place to ensure the safety and maintenance of equipment.
- The service had a robust system in place to ensure all vehicles were maintained and serviced appropriately and in a timely manner. For example, the registered manager maintained a central log that included details: of each vehicle, make, model, registration, last service mileage, details of the next service due mileage and current mileage. The update of the actual mileage attuned the mileage to the next service. The central log also included details on the MOT and tax due dates. Staff reviewed and updated this document on a weekly basis. Evidence seen at the time of our inspection showed that all vehicles had been serviced and maintained. This was in line with manufacturer's recommendation and national guidelines.
- We saw that all vehicles were registered with valid Ministry of Transport (MoT) certification, with appropriate insurance in place. The keys were kept securely within the property.
- Staff worked closely with the local service and repair centres to ensure they secured any need for service, MoT or repair in a timely manner.
- Staff kept vehicle keys in a key safe with a digital lock, inside the office. The resource centre we visited had keypads on external doors to restrict unauthorised access. However, we found the main door leading to the building was unlocked during our unannounced visit. This meant the building was not secure and unauthorised people could gain access. We raised this with senior staff who immediately sent out a message to remind staff about the importance of keeping the doors secure at all times. High-risk areas were secure and personal digital assistants were password protected at this time.
- We reviewed records of equipment and maintenance schedules including vehicles and medical devices. Evidence provided showed all 19 vehicles had been service tested according to manufacturer's recommendations. We inspected five vehicles and the first aid kits and fire extinguishers were all in date. Equipment such as oxygen cylinders, wheelchairs and stretchers had all been service tested appropriately. The registered manager kept a central log of all equipment and monitored this regularly to ensure all equipment was calibrated.
- A system was in place for the management of faulty equipment. If a piece of equipment was identified as being faulty, it was removed from use and documented on a record sheet. Arrangements were made to fix the fault so it could be returned as swiftly as possible. The service had back up equipment to use while items being fixed.
- Staff knew the process to follow if their vehicle broke down or was involved in an accident, and addressed the immediate needs of any patients first and then liaised with the registered manager for a replacement vehicle.
- Although the service did not routinely transfer children, staff had access to paediatric straps and child booster seats for children aged 18 months to five years. On occasions where children were transported, they were accompanied by a parent or carer.
- Vehicles with bariatric (large) equipment were available and control room staff requested bariatric vehicles at the time a booking was made to ensure suitable equipment was available for the safe moving and transportation of the patient.
- The registered manager told us the company had a 'can do' attitude and was able to access equipment and supplies that were required to effectively provide a service. We saw that the service had spare equipment at the depot including stretchers.

Medicines

- The registered manager took responsibility for the safe provision and management of medications. There was a system in place to manage medicines. The service only stored and administered oxygen when prescribed and patients carried their own medicines.
- Small oxygen cylinders were available on the ambulances to enable the transfer of oxygen dependent patients to and from the ambulance.

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- A medical gases provider provided oxygen in cylinders. Staff recorded and logged the use of medical gases.
- Staff stored oxygen cylinders in a well-ventilated area. This was in line with the British Compressed Gases Association guidance on the storage of gas cylinders in the workplace (2012) states that storage areas should be well defined and located in the open air where there is good natural ventilation.
- There was a risk assessment for the storage of oxygen cylinders. We saw that spare cylinders were stored securely and locked in a cage. However, we noted that empty cylinders were stored alongside full ones in the same store. The Department of Health Technical Memorandum (HTM) 02-01 guidance on medical gas pipeline systems states that stores should only be used for full cylinders, and all empty cylinders should be returned immediately to the main cylinder store. Full (including part-used) and empty cylinders should be stored separately and the areas properly identified with signage. Signage to show the condition of gas cylinders was not clearly identifiable. There was a risk that staff could pick up an empty cylinder in error when required for a patient journey, which could pose a potential risk to a patient requiring oxygen therapy. We raised this with senior staff at the time of our inspection who said they would order a new cage to mitigate the risk. We carried out an unannounced visit on the 15 March 2018 and found no improvement had been made with regards to storage of oxygen cylinders. The day after our unannounced visit, the registered manager sent us a copy of an invoice, which appeared to show that a cage to segregate used and unused cylinders had been ordered on 9 March 2018, due for delivery on 23 March. Evidence of this order could not be produced during our visit. In addition, there had been no attempt to segregate the cylinders by the time of our unannounced visit, which took place nine days after our announced inspection.
- Staff said small sized cylinders were secured on the patients' stretchers using a bracket during transfer.
- Staff records we looked at showed all staff engaged in the storage, handling and administration of oxygen had received suitable training.
- Staff confirmed that they did not carry, or take responsibility for, patients' own medicines.

Records

- Patients' record forms were written legibly and managed in line with best practice. We found patients' records to be accurate, complete, legible, up-to-date and stored securely.
- The service did not use any paper records for patient journeys. All patient records were stored electronically on computer-aided despatch and booking systems.
- E-Zec used a nationally recognised system of information technology that provided software for patient transport services. The system provided support to the call centre during call taking, dispatch and incident tracking. Each crewmember had a PIN number to access the system, which provided them with information and detail relating to each patient journey.
- Control staff sent patient and journey details to ambulance crews via handheld mobile data terminals. Information sent included patients names, contact telephone number, collection and destination addresses, and any special notes about the patient's mobility needs or medical conditions.
- Specific information relating to the patient was passed to the staff through hand held electronic devices. If patients carried paper records with them, they were stored with the patient's property. Staff recorded details of care and treatment provided to patients transported throughout the day on their electronic hand held device. If a patient required an intervention during the journey, it was passed on verbally to staff receiving the patient.
- Information on whether a patient had a do not attempt cardiopulmonary resuscitation order in place or end of life care planning notes were recorded on the patient notes section of the electronic record. Staff could access this information via their personal digital assistant (PDA). If their PDA was not working, staff could call the control room to obtain the information.
- Volunteers received paper-booking forms, which included relevant details for patients. There were systems in place to ensure that documents were returned to the base office at the end of the day.

Assessing and responding to patient risk

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- There were appropriate systems and processes in place to assess and respond to patients who were at risk. This included both a reoccurring risk that required the service to put a risk assessment in place or a sudden change to a patient's health that staff needed to escalate promptly.
- Staff completed risk assessments for all planned activities. This included a risk assessment of the patient's conditions, their location, and access to the building. Staff also reviewed risks for staff attending to ensure that staffing numbers and abilities were appropriate to the needs. We saw that the risk assessments were completed prior to the date of activity.
- The provider's incident report log included an incident involving a patient becoming unwell during their journey. Staff took appropriate actions and sought immediate medical assistance.
- The E-Zec environmental/premises risk assessment included violence and aggression towards staff. Control measures included advice that staff must go to a safe place and report all details to their line manager, control, or supervisor immediately.
- Staff received training in conflict resolution, and were encouraged to risk assess patients who may be aggressive or violent during their journey. Where necessary, drivers on single-crewed vehicles could request a double-crewed ambulance to transport a patient if they did not feel safe on their own.
- Staff had access to training to support patients with mental health needs should those patients being transferred have deterioration in their mental well-being. However, the service did not transfer patients detained under the Mental Health Act or any patient who had a history of violence or aggression.
- All staff on the ambulances had been trained in basic first aid, which gave them initial skills to notice if a patient was deteriorating, and when to call emergency help.
- Staff told us if a patient became unwell during a journey, they stopped their vehicle when safe to do so and then assessed the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support.

- Control room staff allocated a double crew to patients who required a stretcher lift. Control room staff and frontline crew worked together to co-ordinate the safe movement of patients.

Staffing

- Staffing levels and skill mix were planned and reviewed to ensure that patients received safe care and treatment at all times.
- The service was managed by a registered manager and employed a mix of staff including patient transport staff to administrative staff. The staff mix consisted of volunteers and permanent employees.
- Staff told us there was a robust recruitment procedure, which included face-to-face interviews and checks were made to ensure the applicant was suitable to work with vulnerable adults and children. These checks included references from previous employers and a disclosure and barring service check. Some staff files were held on-site whilst some personnel files including training records were held at the service's head office.
- The service employed 53 staff, which included both office based staff and road based teams.
- There were no formal scheduled breaks during a shift; however, staff said this was not an issue. Staff had enough 'down time' in between each patient journey.

Anticipated resource and capacity risks

- The service had a business continuity policy dated July 2017 and staff planned for any anticipated risk, which were outlined in the business continuity policy.
- There were processes in place on how to manage short-term sickness or emergency annual leave. This was outlined in the business continuity policy.
- The service monitored transport journey times, staff numbers, and used trend analysis to plan for staffing levels. For example, the staffing level could be flexed to respond to seasonal fluctuations.

Response to major incidents

- The business continuity policy covered the priority functions of the service and gave guidance on managing adverse incidents, including system failures, gas and water failures. The policy detailed actions to be taken by individual team members in the event of an incident,

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the reporting and communications expected and the escalation process. Senior staff were aware of this policy and had immediate access to the necessary contract phone numbers for emergency services.

- The service had a major incident plan dated August 2016. Staff we spoke with were aware of their role in the event of a major incident or business interruption due to adverse events.
- The service had a fire safety risk assessment for the premises and a policy that gave guidance for staff in terms of managing fire safety on vehicles. The fire alarm system was checked weekly.
- Poor weather conditions were reflected as a risk within the organisational risk register. In severe weather conditions, control staff and managers would contact departments in the hospitals to inform them only emergency appointments could be carried out. Staff we spoke with told us some patient journeys had been cancelled during the recent severe weather conditions.

Are patient transport services effective?

Evidence-based care and treatment

- There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice. Policies were based on evidence-based guidance standards, best practice, and legislation. These included the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute for Health and Care Excellence (NICE) guidance.
- We reviewed all policies in place for the service, including those for recruitment, infection prevention and control, medicines management, driving standards and safeguarding policy. The policies had a date when first produced, a version number, and a date for next review. All policies had been reviewed within the outlined date.
- Local policies were available electronically in the station. Staff we spoke with said they knew there were policies and procedures and were able to access them electronically. Staff knew the policies were available via the provider's intranet known as 'The Hub'.

- The service had a number of detailed and relevant standard operating procedures (SOPs), including clinical supervision, resuscitation decision in end of life care and major incident plan. These were all evidence based.
- Staff had access to all policies and SOPs. There was a system in place to give assurance to the senior management team to show that staff had read them.
- Senior staff were aware of current evidence based guidance, standards and best practice was used to develop how their service, care and treatment was delivered.
- In accordance with the provider's policies, call-handling staff had different flowcharts to assess patients' eligibility for transport, depending on whether the call was being made by the patient, their representative, or a healthcare professional. Different flowcharts were used depending on whether the transport was required on the same day or was an advance booking.

Assessment and planning of care

- Control room staff followed a script, which ensured relevant questions about a patient's mobility or additional needs were asked at the time of booking.
- The control centre provided initial information to staff, via a hand held electronic device, regarding the planned transport journey and the specific needs and risks for individual patients.
- Staff we spoke with told us the booking system provided them with sufficient information to plan for their patients accordingly. The control room staff were responsible for ensuring crew members had up to date information. We saw examples of bookings on the booking system and were satisfied they provided adequate information for staff to make appropriate arrangements.
- Staff went out in one or two person crews. Should a one-person crew attend a journey that was not safe to undertake alone, the job would be re-allocated. A lone working policy was available to all staff. However, this was new (February 2018) and had not been fully implemented.
- Staff carried bottles of water in vehicles in case of delays during the journey to ensure patients could stay hydrated.

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- Specific nutrition and hydration needs were communicated via the booking system.

Response times and patient outcomes

- From August 2017 to January 2018, the service completed 13910 patient transfer journeys. This included 17 journeys for children and young people under 18 (0.2% of activity). They reported an increase in activity by 426 journeys compared to the previous year.
- The service used a recognised electronic software system to follow ambulance routes and track journeys. This enabled the control centre to see on scene and turnaround times, if the ambulance was switched on or off or was idling. This provided information to the organisation of patient time spent in the vehicle and any delays. Each hand held device was vehicle specific to prevent any confusion and identified which member of staff was driving.
- The electronic system was used to support staff. For example, if 'drop off' had not been clicked a call would be made to the crew from the control centre to check if there was a problem.
- Information from the electronic devices was used to measure performance. We saw how this was used to improve the service.

Competent staff

- Staff had the skills, knowledge, and experience to deliver effective care and treatment. The service had systems in place to manage the effective staff recruitment process. The service employed patient transport drivers, clinical leads, care assistants and administration staff. They did not employ any paramedics.
- There was an induction process in place for all employed staff and volunteers. The training delivered was combination of class room based training and e-learning. The induction programme included an introduction to company policies and procedures, fire awareness, conflict resolution, first aid, infection control and record keeping.

- We saw evidence that all staff had received an induction and that the induction and staff recruitment policy had been reviewed. There was an appraisal and supervision process in place. We saw a detailed policy, identifying staffs' learning, and development needs.
- The service did not monitor appraisal rates. Senior staff told us that staff received an annual appraisal and met with their managers regularly to discuss any extra support they may need. Eight out of the nine staff we spoke with told us they had had an appraisal; however, there was no monitoring of how many staff had undergone an appraisal.
- We saw staff employment contracts, Disclosure and Barring Service (DBS) checks, references, and employment histories were all in place. The recruitment and selection process had been carried out to consider the applicants competency for the role. This was in line with the recruitment policy.
- Following receipt of pre-employment checks, including a Disclosure and Barring Service (DBS) report, driving licence and references; new staff undertook induction training that included mandatory modules, first aid and oxygen administration. This was followed by a flexible period of shadowing experienced staff for two or three weeks, before being deemed competent.
- The compliance manager completed driving license checks prior to commencement of employment, and checked annually to confirm staff's ability to drive the ambulances.
- Learning was shared through monthly team meetings and through the services intranet. This was useful for staff who had been on annual leave. The e-learning system was accessible to all staff and they had protected training time during their shifts. Staff told us there were no issues with keeping up to date and completing their required training.
- All new staff were required to complete an induction training programme at the start of their employment.

Coordination with other providers

- There were clear lines of responsibility and accountability for the service. Patient transfers were delivered in a coordinated way with all other services involved.

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- The service had a contract in place with the local NHS trust. Senior staff reported effective relationships with the local acute NHS trust.
- A monthly meeting took place between senior staff from E-Zec Limited, colleagues from the acute NHS trust and the commissioning group. This enabled a face-to-face discussion to take place regarding the service and any developments or changes required.
- Information about the running of the service and communication with other providers was provided to staff through email and bulletins placed on notice boards.

Multi-disciplinary working

- Effective and positive multi-disciplinary working was evident. All necessary staff, including those in different teams and services, were involved in assessing, planning, and delivering people's care and treatment. The team told us they had effective communication with other services and teams of individuals they worked with.
- The service took part in 'Best Practice Meetings'. The E-Zec Hereford management team, the clinical commissioning group, and representatives from a number of local hospitals attended these meetings. The purpose of these meetings was to discuss the key issues and challenges faced by all involved and to collectively address any arising concerns.

Access to information

- Staff had access to relevant information when needed.
- Staff had access to DNACPR and treatment escalation plans. When patient information was gathered by the control room any advanced patient directives were included to ensure crews were aware of any decision made about resuscitation. The hand held electronic device included notification to staff of a resuscitation decision. Staff had to identify they had read the plan before the electronic system would continue.
- A standard operating procedure was in place for do not attempt resuscitation decisions (review date 2020) and a policy was available to staff for advanced decisions to refuse treatment. This ensured that staff were informed of the action they were required to take to ensure patient's wishes were respected.

- Staff accessed the information needed for specific patient journeys via the booking system and reported that this worked well. Staff were reliant on the control room staff inputting all the relevant information.
- General information for staff was accessed through the staff portal, which all staff had log in details for. The staff portal stored a range of information including policies and training information booklets.
- Any known safeguarding vulnerable adult concerns were notified to the ambulance crew prior to patient transfer journeys.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Staff demonstrated an effective understanding of the policy.
- The service had a consent policy dated January 2018. The policy gave guidance on the consent process for adults, children, and highlighted the guidelines in the safeguarding policy relating to treating patients less than 18 years old.
- Staff had received training in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) as part of induction and mandatory training days. A Mental Capacity Act (2005) policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions.
- The service had implemented a do not attempt cardiopulmonary resuscitation policy (DNACPR). This policy gave clear guidance for staff on managing bookings and also for ambulance crew to check original DNACPR documentation when receiving a patient.

Are patient transport services caring?

Compassionate care

- Staff maintained patients' privacy and dignity, by using clean blankets to cover them and ensuring they closed

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the vehicle door before moving or repositioning patients. We saw that each vehicle had a supply of extra linen to support patient dignity when transporting patients.

- We observed that when relatives or carers accompanied patients, ambulance crew would ensure that passengers were comfortable and safe prior to commencing the journey.
- The service carried out a patient experience survey and staff contacted five patients every week by telephone to ask survey questions. We reviewed 15 patient survey forms from December 2017 to February 2018 and found that all the patients were satisfied with their experience with crewmembers during the ambulance journey. They said that they had been treated with dignity and respect and were likely to recommend the service to friends and family if they needed the service.
- We observed a patient transfer journey and found that staff had caring and professional attitude and were respectful to the patient and their relative during the journey.
- We spoke with a patient and their relative who used the service. They said that staff were kind, compassionate, caring and that they felt safe in their care.

Understanding and involvement of patients and those close to them

- We spoke with a patient and their relative who said staff included them in their care and transport. The patient felt listened to and staff ensured they understood before completing any tasks.
- Staff communicated well and explained procedures and plans to patients and their relatives.
- Staff were able to demonstrate an understanding of patients' needs, giving examples of when care and journey details had been changed to provide a safe and comfortable journey. This included advice on journey times and waiting for appointments to finish, taking patients directly home.
- Staff in the ambulance office kept patients and their families informed as part of the eligibility process.
- We observed staff communicating appropriately with patients to ensure that they fully understood the information that was being given.

- We listened to a call from a patient and observed call handlers asked relevant questions to obtain information on the patient's mobility, the type of vehicle required, what equipment was needed, additional needs such as hearing or sight impairment and if the patient needed an escort, for example if they were living with dementia or had learning disabilities.

Emotional support

- We spoke with ambulance staff in the service about what they would do when transporting a patient in receipt of end of life care. All staff we spoke with demonstrated a consideration for the emotional wellbeing of patients and their relatives.

Supporting people to manage their own health

- Staff told us they felt it was important to empower those who used the service and support them with independence. Staff told us they did this by encouraging patients wherever possible to use their own mobility aids when they entered or left the vehicle.
- Staff asked each patient whether they required assistance with walking, sitting and standing at the beginning and end of each journey.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The service provided non-emergency planned transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or requiring treatment such as chemotherapy.
- Service delivery was based on contracts held with an NHS health service provider, pre-bookings with private hospitals and other services. The service employed staff with different qualifications to meet the needs of people in their locality and wider community who required patient transport services.

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- A seven-day service was provided from early morning until 10pm and was flexible to extend the times if there was a need outside of these hours. Staff said they had no issues with working extended hours if required.
- The service provided patient transport over the weekend and had three crews on a Saturday and two on Sunday. However, the majority of the workload was undertaken from Monday to Friday.
- All work agreed by the control office was standard patient transfers. No higher dependency work was undertaken.
- Staff contacted the hospital pharmacy department to ensure that patient medicines supplied for discharge were available at the time of discharge and therefore reduce delays and cancellations. This was in order to improve the service provided to patients transferred from the nearby hospital after discharge.
- The ambulance crew provided patients and their relatives with timely support, completing last minute bookings when requested.
- As the service primarily assisted patients with transfers between sites, staff ensured patient safety and monitored patients' medical conditions between pick up and destination only.
- In addition to access to interpreters, patient transport crews had access to a simple pictorial communication guide, which gave a range of symbols and signs used to communicate with people who may be cognitively impaired, lack speech or English as a second language.
- Eligibility to use the service was discussed by the control room staff. Information received by the control room was forwarded to staff via the hand held electronic device. Any additional needs were communicated in the same way. Any needs including interpreters for language and sign language would be organised by the control room.
- Eight out of the nine staff we spoke with told us they have had an appraisal; however, there was no monitoring of how many staff had undergone an appraisal.

Access and flow

Meeting people's individual needs

- Fleet vehicles were designed to meet the needs of patients who required bariatric equipment. For example, vehicles had bariatric stretchers, which could be widened out when required.
- Staff told us they were experienced at dealing with patients with a learning disability and people living with dementia. Staff had received specific training to enable them to provide a service for people with mental health conditions, learning disabilities or for people living with dementia.
- We listened to six calls and observed call handlers asked relevant questions to obtain information on the patient's mobility, the type of vehicle required, what equipment was needed, additional needs such as hearing or sight impairment and if the patient needed an escort, for example if they were living with dementia or had learning disabilities.
- Patients had access to timely patient transport services. The E-Zec Hereford patient transport team provided timely access to patient transfers. Patient journeys were either booked in advance or on an ad-hoc basis. However, the majority of work was pre-planned through the local NHS trust or GP services.
- Patients' eligibility for the service was assessed at the point of booking through the internal booking system. The eligibility criteria was based on a range of circumstances including the medical need for transport, patient's physical needs, specialist equipment required, whether an escort was needed and any other patient needs.
- The service monitored compliance against its own key performance indicators (KPIs) to continue to drive improvements in patient outcomes.
- There were KPIs set by commissioners for the PTS based on national guidance. KPIs are a set of quantifiable measures used to measure or compare performance in terms of meeting agreed levels of service provision.
- The KPI data presented to us showed the service's performance in achieving their targets was consistent. For example, the provider consistently exceeded the target (90%) for patients to arrive at ultimate destination within 30 minutes from August 2017 to January 2018. In the same period, the provider consistently exceeded the target (90%) for patients living 10 miles away from the

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hospital should not spend more than 90 minutes on the vehicle on either an outward or return journey. Similarly, the provider consistently exceeded the target of (90%), for outward patients to be collected 90 minutes after being booked ready to travel (between 90% and 94%) from August 2017 to January 2018.

- The control room maintained regular contact with the staff in the vehicles, updating them on any changes to their work schedule and taking on additional work throughout their shift.
- Staff told us if they were running late they would call the control room who informed the hospital.

Learning from complaints and concerns

- The service had a complaints policy in place, which stated that complaints would be acknowledged within 36 hours of receipt. This gave clear guidance to staff on how to record a complaint and how it would be investigated. The governance manager was responsible for managing and investigating complaints. Timescales for a final written response were 25 days for all complaints.
- The service had received five complaints from August to December 2017. We saw a detailed investigation and response to the complainant was provided within the required timescales.
- We were advised that any outcome from complaints was fed back to the staff involved for learning. Learning from complaints was shared via bulletins and via the staff representatives.
- Staff told us if someone had a concern or a complaint, they would try and deal with the matter there and then. Failing that, they would escalate the issue to the complaints manager.

Are patient transport services well-led?

Leadership of service

- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. A registered manager led the service. The manager had been in post since 2016, and was

responsible for the daily running of the service, provision of suitable staff and equipment. The manager was fully aware of the Care Quality Commission registration requirements.

- The organisation provided us with an organisational structure prior to our inspection. The senior leadership team consisted of a managing director, commercial and operations director, and a human resources director. The senior management team were mostly based in the head office in Redhill. They had direct and regular contact with the local senior management team.
- A named head of governance and compliance worked alongside the registered manager to maintain competence throughout the service. The head of governance monitored details of competences throughout the organisation.
- The senior leaders and managers reflected the vision and values of the organisation. They all encouraged openness and transparency. We saw this in responses to complaints as well as engagement with others sharing key performance indicator data. They had a clear aim to provide and promote good quality care.
- All staff spoke positively about the leadership of the service. They told us that leaders, at location level, were visible and approachable. They felt leaders had the appropriate skills and knowledge for their role and managed their aspect of the service well.
- None of the staff we spoke with raised concerns about not being able to access or speak with their immediate line manager. Staff felt confident to raise concerns to a more senior manager when appropriate.

Vision and strategy for this core service

- The service had developed its vision and values around the company's mission statement, which was "To provide the very best care for each patient on every occasion". The service aimed to deliver services by ensuring patient care was at the centre of everything they did, by being accountable and honest and by treating everyone with respect and promoting good working relationships.
- The service had a documented business sustainability strategy. This outlined the key objectives, which included ensuring current contracted services were

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managed effectively and safely and within financial measures and contractual targets. In addition to ensure new business growth was managed correctly and ensure it did not affect current operation.

- Ambulance staff and managers displayed the company's values when speaking about their work, strategy and motivations.
- The provider had a statement of purpose, which gave details of how they aimed to provide a service whereby patients were conveyed in a timely manner, thereby reaching their appointments in good time and returning home thereafter, without undue delay and in accordance with key performance indicators and quality standards laid down in each contractual agreement.

Governance, risk management and quality measurement

- Governance meetings were held at a provider level at least every six months and all managers were expected to attend along with a member of the board.
- The service provided us with two sets of clinical governance meeting minutes, which took place in July and October 2017. We did not see any evidence that meetings occurred on a regular basis and we were not assured that information was routinely cascaded to staff throughout the service. We therefore could not be assured that clinical governance arrangements supported the delivery of high quality patient care.
- There was an organisational risk register. We saw that the risk register recorded risks associated with traffic delays, poor weather conditions, and vehicle shortages due to breakdown along with any mitigating actions and outcomes. The risk register followed a traditional risk-rating format, was clear and concise, and reflected the risks in the service at the time of our inspection.
- Key performance indicators were monitored regarding the service's performance. This was updated each month. The registered manager told us they were held to account for any areas of poor performance. However, they had maintained a consistent performance generally since 2016.

- Policies and standard operating procedures were all in date and were accessible in on the company's electronic system called the hub. Electronic copies of the policies had a space for employees to sign to confirm they had read them.
- The service had an annual performance review process, which stated the purpose of performance review, the process, and performance ratings.

Culture within the service

- The registered manager actively sought to ensure staff well-being. For example, counselling services had been arranged for staff when required for support.
- The registered manager had an open office approach with the team and often provided support where required.
- Staff we spoke with felt respected and valued. Staff told us that it was a great organisation to work for and they felt well supported.
- The culture of the company was positive and team-based. It was apparent that staff respected the manager and wanted to provide a caring transport service. All staff told us they felt well supported in their roles.
- Supervisors and senior staff were competent to manage staff performance. Action was taken if staff did not comply with mandatory training or failed to conduct themselves to the expected standard.

Public and staff engagement

- Staff were able to raise issues through a 'representative' approach. There were two representatives, one for the office staff and one for the drivers. Staff were able to raise issues face-to-face or alternatively they could put them anonymously into a dedicated communication box. This box was kept locked and checked weekly. We saw logs that captured any issues raised via the representatives. The registered manager would share the issues log with the organisations board on a monthly basis. One of the issues raised was related to staff pay. The registered manager told us that an increase in pay had recently been negotiated.
- Staff told us that they felt listened to and the manager was approachable.

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- Staff felt safe to raise concerns and leaders understood the value of staff raising concerns. Staff felt engaged with their employer in planning and delivery of their service.
- All patient experience feedback revealed patients would recommend the service to others.

Innovation, improvement and sustainability

- Staff had introduced the patient experience survey, which enable a supervisor to contact five patients per week to discuss about their experience using the service. This was aimed at improving the quality of service provided to patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The service must ensure all medical gases are stored according to recommended guidelines.

Action the hospital **SHOULD** take to improve

- The service should implement a clinical governance framework to ensure continuous improvement.
- The service should ensure that the premises are kept secure at all times.
- The service should ensure the lone working policy is fully implemented.
- Appraisals should be carried out for all staff at least annually and compliance against this measured.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (1)(2)(e) How the regulation was not being met: Staff did not segregate full and empty oxygen cylinders in accordance with national guidelines.