Ambu-Kare (Uk) Limited

Ambu Kare UK - Westwood Farm

Quality Report

Unit 1 Westwood Farm
Westwood
Peterborough
Cambridgeshire
PE3 9UW
Tel:01733286914
Website:www.ambukare.co.uk

Date of inspection visit: 24 September 2018
Date of publication: 01/11/2018

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

Ratings

Overall rating for this ambulance location	Good
Patient transport services (PTS)	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Ambu-Kare UK - Westwood Farm is operated by Ambu-Kare (UK) Limited. The service provides a patient transport service to a local NHS trust and occasional private transfers.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 24 September 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.

The main service provided by this service was non-emergency patient transport services (PTS)

We found the following areas of good practice:

- The service maintained up to date policies and procedures, this was an improvement from our last inspection.
- The service had implemented a risk register, and reviewed this regularly, this was an improvement from our last inspection.
- Staff had received the necessary pre-employment and Disclosure and Barring Service (DBS) checks.
- Staff we spoke with during our inspection knew how to recognise and refer safeguarding concerns and had access to up to date policies for safeguarding adults and children.
- Vehicles we inspected were clean and well maintained and there were processes in place to ensure the cleanliness of the vehicles and equipment.
- Patient feedback was positive, staff we spoke with showed caring attitudes in relation to meeting the needs of service users and were passionate about their role in the service.

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

- The service had no formal process or flow chart for staff to follow if a patient's condition should deteriorate during a journey.
- Oxygen bottles were not secured within the ambulance station and there was no formal policy for its use or storage within the service. We spoke to the provider on the 26 September 2018 who confirmed that from 1 October 2018 they will no longer provide transfers where patients require oxygen and arranged for safe disposal of the existing oxygen stock.
- We found six consumable items out of date, a broken lid on a contaminated waste bin and no hand sanitizer on the vehicles we inspected. The provider acted to remedy these at the time of our inspection.

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

Professor Ted Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)	Good 	The main service provided was none emergency patient transport. We rated the service as good for being safe, effective, caring, responsive and well-led because there were systems in place to ensure staff received relevant training, vehicles were clean and there were generally appropriate policies and processes in place to support the delivery of safe patient care. Patient feedback was positive and staff described an open and caring culture and felt valued in their role. We also found areas for improvement in terms of oxygen storage and lack of formalised guidance for escalation of patients who may deteriorate during a journey.

Ambu Kare UK - Westwood Farm

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Ambu Kare UK - Westwood Farm

Ambu-Kare - Westwood Farm is operated by Ambu-Kare (UK) Limited and has been providing services since 1984. It is an independent ambulance service based in Peterborough, Cambridgeshire. The service primarily serves the communities of the Peterborough, Cambridgeshire and the surrounding counties, providing non-emergency patient transport services to the public and private sector. This includes picking up and dropping off service users from their own homes or care home to the local NHS trust.

The service has had the current registered manager, who performs the operational manager role, in post since 2007.

The service was last inspected on 8 June 2017 but not rated and a further unannounced inspection was carried out on 26 June 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection. carer.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 24 September 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.

Detailed findings

Facts and data about Ambu Kare UK - Westwood Farm

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- During the inspection, we visited the operational base at Unit 1 Westwood Farm, Westwood, Peterborough, Cambridgeshire. We spoke with the operational manager and one ambulance staff on site and conducted one telephone interview.

We also spoke to the patient transport liaison staff at the local NHS trust. During our inspection, we inspected two patient transport ambulances and one wheelchair suitable car. We reviewed five patient records in relation to transfers provided by the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

The service was last inspected on the 8 June 2017 and received requirement notices for breaches under Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 good governance and Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2018 safe care and treatment. The provider had an action plan in place to address the issues raised by inspectors, and had completed all actions except one in relation to audit, which was ongoing.

Activity from June 2017 to August 2018.

In the reporting period, June 2017 to August 2018, the service undertook 2,012 patient transport journeys. The provider declined 10 transfers and 80 transfers were cancelled.

Three patient transport drivers, along with the operational manager worked at the service and at the time of our inspection, the service had a vacancy for a deputy manager. The service did not employ any bank or agency staff.

Track record on safety

- No Never events
- No Complaints
- Thirty-five incidents
- Fifteen compliments

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

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

Information about the service

The provider employed three ambulance drivers on a full-time basis. The service was led by the operational manager, who was also the registered manager.

The provider supplied a non-emergency patient transport service (PTS) to a local NHS trust, and offered private client transfers where appropriate. The service operated two types of non-emergency patient transport service (NEPTS) vehicles, including two ambulances and one car from a dedicated ambulance station.

The provider did not hold controlled drugs (CDs) or other medication at its location for use on patient transport services.

Summary of findings

We found the following areas of good practice:

- Staff we spoke with during our inspection knew how to recognise and refer safeguarding concerns and had access to up to date policies for safeguarding adults and children.
- Staff had received the necessary preemployment and Disclosure and Barring Service (DBS) checks.
- Staff complied with mandatory training requirements and additional training to fulfil their roles and responsibilities.
- Vehicles we inspected were clean and well maintained and there were processes in place to ensure the cleanliness of the vehicles and equipment.
- Patient feedback was positive, staff we spoke with showed caring attitudes in relation to meeting the needs of service users and were passionate about their role in the service.
- The service maintained up to date policies and procedures, this was an improvement from our last inspection.
- The service had implemented a risk register, and reviewed this regularly, this was an improvement from our last inspection.

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

Patient transport services (PTS)

- The service had no written policy or flow chart for staff to follow if a patient's condition should deteriorate during a journey.
- Oxygen bottles were not secured within the ambulance station and there was no formal policy for its use or storage within the service.We spoke to the provider on the 26 September 2018 who confirmed that from 1 October 2018 they will no longer provide transfers where patients require oxygen and arranged for safe disposal of the existing oxygen stock.
- We found three consumable items out of date, a broken lid on a contaminated waste bin and no hand sanitizer on the vehicles we inspected. The provider acted to remedy these at the time of our inspection.

Are patient transport services safe?

Good

Incidents

- The provider had an up to date incident policy, all staff had signed a central record to say they had read and understood the policy. There were clear processes in place to ensure that incidents were reported internally and externally where appropriate. This was an improvement on the previous inspection.
- The service recorded 35 incidents between he operational manager discussed incidents with staff in team meetings and on a one to one basis. We reviewed five incidents and noted these had been investigated and action taken to minimise events in the future. For example, we reviewed one incident in relation to damage to a vehicle and another in relation to a late cancellation of a transfer affecting the patient's destination.
- The operational manager explained they would contact the local NHS trust if the incident related to one of their patients and involve them in any investigation. The incidents mainly related to the day to day running of vehicles or cancelled appointments.
- We spoke to one member of staff who told us they knew that the provider had an incident policy, but they had not had to report any. They felt confident raising any incidents to the operational manager, and received feedback from other incidents that had occurred, for example accidents with ambulances.
- Since our last inspection, the operational manager had completed an online training course in root cause analysis and understood the reason for recording and reporting incidents as well as sharing lessons learned with the staff team. This was an improvement on the previous inspection, however the operational manager was yet to classify incidents in relation to their severity and impact and was in the process of developing a system to capture this.
- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are

available at a national level, and should have been implemented by all healthcare providers' From June 2017 to August 2018, the provider reported no incidents that were classified as never events for urgent and emergency care.

- Whilst the provider had no formal policy for the duty of candour, the operational manager fully understood their role in being open, honest and transparent when dealing with complaints. The duty of candour is a regulatory duty that relates to openness and transparency and requires the 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

Mandatory training

- Mandatory and statutory training was provided annually and staff achieved 100% compliance. Training included, but was not limited to; manual handling, infection control, first aid at work, mental health act and deprivation of liberty and restraint.
- We reviewed the staff files for the operational manager and the three members of staff employed by the service. The operational manager ensured the details were up to date and contained records in relation to training attendance.
- The provider used a blend of on line and face to face training usually provided on a weekend, to avoid interrupting the service.
- Ambulance staff received no formal driving assessment during their employment, as a standard driving licence enabled ambulance staff to drive the ambulance vehicles, which were less than 3.5 tonnes. The registered manger kept a driving license check for each member of staff and would review these annually, records of this were kept in the staff files.

Safeguarding

- The provider had up to date policies for safeguarding adults and children, all staff had signed to say they had read copies of the policies and updates.
- Safeguarding children and adults training level two was included as part of mandatory training and all staff including the operational manager had received safeguarding training level two for adults and children from an accredited trainer within the last 12 months and yearly prior to that.
- The operational manager had completed the level three designated safeguarding officers course, the certificate showed a renewal date of 24 September 2020 and staff always had access to level three safeguarding guidance relevant to their roles and responsibilities. The provider had a contract with an external training agency to provide safeguarding training and guidance on any changes in relation to policy and practice in relation to safeguarding.
- Information about how to raise a safeguarding concern was available on the office and coffee room notice board as well as on a flow chart held on clip boards in each ambulance.
- Staff confirmed they would usually contact the operational manager first if they had a safeguarding concern but if they were not available staff would make a safeguarding referral themselves and knew who to contact.
- The operational manager was clear on their role as a referrer and how to contact the local authority. They explained they would also liaise with the local NHS trust if there was a safeguarding concern and any other agency if needed, for example the police.
- Staff explained what constituted a safeguarding concern and gave examples of how they identified concerns, including an assessing a patient's home environment and looking for possible warning signs of neglect.

Cleanliness, infection control and hygiene

- The provider had an up to date policy for infection, prevention and control (IPC) due for review in November 2020. All staff had signed to say they had read and understood their role in relation to IPC within the service.
- During our inspection we inspected two patient transport ambulances and one wheelchair car. The vehicles were, in the main, visibly clean and tidy although on one vehicle there was dust on some of the

surfaces. The operational manager explained this was due to the dust accumulating when the doors were open, and that the vehicle had not yet been cleaned by staff for use on that day.

- The ambulances contained, disposable gloves, biohazard spill kits and decontamination wipes. In addition, staff carried personal hand sanitizer although there was none available for service users or stored on the vehicles. We discussed this with the operational manager, who said they did not store hand sanitizer on the vehicles, and staff were encouraged to use the decontamination wipes where appropriate and carry their own hand sanitizer.
- The provider told us it was staff responsibility to clean vehicles after each patient had been transported and at the end of each shift and we observed staff carrying out checks on one ambulance vehicle before its use.
- Staff cleaned and washed down vehicles daily, and deep cleaned them weekly (and/or after bodily fluids spilled or transporting a service user with a known infection) using a steam cleaner.
- The operational manager maintained a deep cleaning log for each vehicle. Records we reviewed dating back to 1 April 2018 showed staff consistently signed and dated all deep cleaning activities and these were audited by the operational manager.
- We reviewed the daily vehicle cleaning logs and the recent audit carried out by the operational manager showed that staff cleaned vehicles daily.
- The provider supplied staff with two sets of uniform, but expected staff to purchase their own safety shoes. Staff washed their own uniforms at home and if a uniform became dirty during a shift they had lockers and a toilet on site if they needed to get changed and we observed staff uniforms were clean and tidy during our inspection.
- We observed ambulance staff were bare below the elbow and wore appropriate uniform.
- Staff placed dirty linen from ambulances in transparent waste bags and exchanged linen daily for clean linen at the local NHS trust. The provider had no service level agreement (SLA) in place for this process, however the operational manager had agreed this with the transport coordinator at the local NHS trust.
- We observed staff following good practice in hand washing within the ambulance station. The provider had a sink within the ambulance station where staff washed general items and a sink within the staff toilet, along with hand sanitizer readily available from dispensers within the ambulance station. The provider used an external area where ambulance staff washed down vehicles.
- Staff segregated waste appropriately, including recycling. One of the bins used for storing clinical waste had a broken lid, we brought this to the attention of the operational manager who replaced it for another bin during our inspection.Staff disposed of any clinical waste at the local NHS trust, there was no SLA for this, but again this was agreed custom and practice with the local NHS trust.
- The staff did not use waste bins on the ambulances, instead they stored waste in sealed bags, in a compartment on the ambulance until they returned to base.
- None of the ambulances carried sharps bins, as the provider did not use or store sharps within the service.

Environment and equipment

- The ambulance station was in a large building to the rear of a local NHS trust site.
- The exterior of the building was covered by closed circuit television (CCTV), shared with the business next door and overseen by the buildings landlord.
- The provider shared the ambulance station with another private individual. There was a clear demarcation of the space between the two internal areas but no physical barriers in place. The operational manager reported that the individual rarely attended their own part of the garage and did not enter the providers dedicated space.
- The ambulance station was uncluttered and consisted of an office, coffee room and large open space which was used for parking vehicles, staff lockers, and equipment storage. Access to the building was via a locked front door, and two locked internal doors. Staff used a large roller shutter door to enter and leave the station in ambulances. We observed staff only opened this to allow ambulances to leave or enter the station, it was closed at all other times.

Patient transport services (PTS)

- The provider maintained a central record of equipment maintenance and review dates. Equipment was maintained by an external contractor and we noted equipment checks had been completed and were in date for stretchers, and defibrillator this was an improvement from our last inspection.
- The operational manager stored equipment review dates in their outlook calendar, to set reminders to check equipment on set dates and liaise with the external contractor to carry out checks.
- Ambulance stretchers had appropriate stretcher harnesses and seatbelts in place and vehicles contained clamping systems to enable the safe transportation of patients travelling in their own, or the service's wheelchairs.
- We inspected fire extinguishers on vehicles and within the ambulance station. The provider used an external contractor to service and maintain the fire extinguishers, all of which had been serviced in August 2018 and due for review in 2022. This was an improvement on our last inspection.
- The service leased their ambulance vehicles from an external company that also provided yearly servicing and maintenance of both the vehicles and the defibrillators and suction equipment. Suction equipment was provided for use by qualified staff accompanying patients on transfers, not Ambu-Kare Uk ambulance staff.
- We reviewed records that demonstrated two ambulance vehicles were less than two years old and did not require MOT certification and the wheelchair car owned by the service was within MOT and service date. The operational manger oversaw the maintenance schedule.
- Staff stored vehicle keys securely in a locked safe, and there was also a spare set of keys stored in an additional safe location for staff to access in case keys were lost.
- Staff showed us the providers vehicle defects log, where they recorded any defects with any of the vehicles, they recorded the vehicle affected, the date, what the fault was or what work they did on the vehicle, and initialled the record. The operational manager checked the records daily and dealt with any repairs in a timely fashion via a local motor vehicle repairer.
- The service did not provide specialist equipment for transporting children. If child transport was undertaken the equipment was provided by the accompanying parent or organisation. However, the provider did not transport any children in the twelve months prior to our inspection and said it was a rarity in the service.
- The provider stored a small amount of consumable stock in a small storage cabinet, including wipes, vomit bowls, ice packs, basic bandages and dressings. We checked ten items within the store cupboard and found these all-in date and clean packaging. The provider had a note book which staff used to sign out stock and remind the provider to buy new stock. This showed a low level of stock turnover, which reflected the size of the business and number of journeys completed.
- We found an out of date ice pack on one vehicle, and an out of date set of defibration pads, the provider replaced these when we brought this to their attention.

Assessing and responding to patient risk

- Due to the ad hoc nature of the contract with the local NHS trust and independent health provider, staff did not know the patient acuity or needs until the day of the journey. In all cases, staff would carry out an assessment of the journey and the patient needs with the hospital ward staff or care home staff to ensure the journey was safe to commence.
- The provider did not have formal eligibility policy, however staff used a dedicated check list as part of their job sheet to assist in the assessment of patient risk and to exclude patients when the transfer was not safe or staff could not meet the patient's needs. Staff used the information provided by hospital ward staff or care home staff at the time of the patient handover and used this to assess patient needs, for example if the patient had mobility needs, required an escort or medication.
- On completing the job sheet and check list, if ambulance staff felt they had any concerns regarding the planed transport, they would contact the operational manager for advice. The operational manager would then speak with the hospital or care home staff to clarify requirements and if unable to meet the patient's needs, decline the transport.
- The provider did not have a written policy for supporting patients who may deteriorate whilst on a

journey. All staff received first aid at work training and described how they would provide first aid to any patient that deteriorated on transport, call the emergency services and make their way to the nearest urgent and emergency care centre whilst providing first aid.

- The operational manager explained that they occasionally transported patients detained under the mental health act. The operational manager stated in all cases when a patient with possible mental health needs required transport, they would discuss this with the local NHS trusts or independent health provider to ensure they could safely meet the needs of the patient. Some of the staff had completed training in the use of restraint and positive intervention, however the provider assured us that they did not routinely transport patients who were at risk of harming themselves or others.
- Staff we spoke with during the inspection said if they had any doubts about meeting the patient needs, they would telephone the registered manager for advice before agreeing to transport the patient.
- At our last inspection, the inspector raised concerns regarding the transportation of children without a risk assessment. The provider had implemented a simple policy for staff to follow and as guidance for the local NHS trust should they request the transfer of a child.
- The provider had processes in place to support bariatric patients with required transport. This included discussing the patients' needs with the patient and relevant staff and conducting environmental risk assessments where appropriate.

Staffing

- The service employed three full time ambulance drivers in addition to the operational manager. The staffing level was appropriate to meet the needs of the patients. The operational manager confirmed that the service did not experience any challenges with staffing levels, skill mix or recruitment and that bookings were never turned down due to lack of available staff.
- At our last inspection, the service was actively recruiting a deputy operational manager. This post was still vacant at the time of our inspection. The operational manager explained they were recruiting but finding it difficult to recruit someone with the right level of skills to fulfil the role.
- The staff rota was usually worked out by the operational manager on a weekly basis and ambulance staff generally worked two shifts on duty and two shifts off duty to cover the rota with weekends on standby and flexibility to cover annual leave or extended hours.
- The operational manager agreed with the local NHS trust if the transfer required a double or single crew and deployed staff on this basis.
- The provider did not use bank or agency staff and if demand increased, the staff on 'rest day' attended to crew the second vehicle.
- Out of usual operational hours, staff contacted the operational manager for support if required.
- The operational manager carried out disclosure and barring service (DBS) checks on staff starting employment and yearly afterwards. We reviewed all three staff files, and the operational managers and noted DBS checks had been completed for the existing staff members.

Records

- The provider used a paper based records system. Staff completed daily call sheets recording; collection point, (ward for example) service user name, mobility, arrival destination, NHS number, pick up and drop off times, referral time and a comments section.
- We reviewed five records in relation to patient transfers. Staff completed these clearly and accurately including details of risk and whether the patient was safe to transfer.
- Staff also recorded further information on a patient transfer record at point of contact for each service user. This included specific details such as; oxygen required, medical condition, do not attempt cardiopulmonary resuscitation (DNACPR) orders and access concerns at arrival destination.
- The patient and daily call records were kept on a clipboard in the vehicles until the end of a shift and then placed in a red file box in the office overnight. The

operational manager collected the staff job sheets and scanned these electronically onto a secure IT portal and then shredded these for disposal. This was an improvement on our last inspection.

- During the inspection on 8 June 2017 inspectors found two patient transfer records with patient identifiable information left (covered) on clipboards in the front cabins of both ambulances overnight. During this inspection we found one patient record with identifiable information left in an ambulance.This was raised with the operational manager who immediately removed the information and explained this was because they hadn't had time to remove this due to our inspection. However, given the location and security of the station, the opportunity for anyone other than the providers own staff to see these details was limited.
- Special notes information such as patients with infection, known aggression for example, were recorded on the risk assessment form and on the patient transfer record details of journeys were also sent to crews via text message if they were not at base to receive the referral.

Medicines

- Patients own medicines were transported with the patient in sealed, named bags. The ambulance crew did not take any responsibility for controlled drugs (CDs) carried by patients. If CDs accompanied a patient they were the responsibility of the patient or carer.
- Full and half empty oxygen cylinders were stored in a crush proof cradle inside the ambulance station, but not chained or locked to prevent removal from the cradle.
- There was no policy in place to provide guidance for the safe storage and transportation of medical gases. This was an issue at our last inspection. We raised this with the provider who advised us that they did not routinely carry medical gasses and staff were not trained to administer oxygen. The service only supplied oxygen to patients who could self-administer this during their transport.
- We spoke to the provider on the 26 September 2018 who confirmed that from 1 October 2018 they will no longer provide transfers where patients require oxygen and arranged for safe disposal of the existing oxygen stock.

Are patient transport services effective?

Good

Evidence-based care and treatment

- The service had up to date policies in place including training and development, incident reporting, infection prevention and control, safeguarding, care and welfare of the people who use the service, recruitment and selection, and complaints.
- Staff accessed hard copies of polices from a folder kept in the staff room and all staff had signed to say they had read and understood the policies within the last 12 months.
- The operational manager had recently contracted an external training company who provided up to date information and policy guidance on safeguarding. The external training company also provided updates on changes in safeguarding policy and practice.
- The operational manager was a registered nurse and had a mentor at the local NHS trust emergency department who provided ongoing support and guidance.
- The provider had a policy titled "Care and welfare of the people who use the service." The policy stated that Ambu-Kare staff must promote the rights of service users always.

Nutrition and hydration

- The provider offered patients bottled water when on long or delayed journeys when safe to do so.
- Staff would liaise with hospital and care home staff at the time of transfer to establish if the patients had eaten or drank and if they were likely to require any additional nutritional support during the journey.

Response times / Patient outcomes

- The service recorded patient pick-up and drop off times on the daily record form and the operational manager recorded these on a spreadsheet which they shared with the referring NHS trust weekly.
- The operational manager reviewed the times taken for each journey and discussed any delays or unusual

trends with the ambulance staff. We spoke to the local NHS trust who told us that the operational manager was in daily contact with them and would discuss any delays or concerns to improve the service. Staff confirmed that the operational manager discussed response times and delays in team meetings and during staff handovers.

- The service provided ad hoc services and was unable to predict service demand on a weekly basis or develop long terms plans.

Competent staff

- The service had an up to date induction policy and staff attendance of induction and shadowing assessments were recorded and details were available in the staff personnel files.
- Staff we spoke with confirmed they received an induction programme on the commencement of their role which included training in but not exclusive to; first aid at work, and manual handling.
- The operational manager performed appraisals yearly and we reviewed evidence of this in staff personnel files.
- The provider checked driving licences on a yearly basis, via an online system. We reviewed all three personnel files for the staff, which showed that all had a driving licence check within the 12 months prior to our inspection.
- The provider encouraged staff training and development and staff confirmed the operational manager was approachable and offered guidance and support regarding their employment and training needs.
- The operational manager had an external mentor which they used to discuss and reflect on the service and any concerns.

Multi-disciplinary working

- The provider's ambulance staff team liaised with the local NHS hospital staff, for example the transportation team to deliver patient journeys appropriately.
- The provider's ambulance staff team worked with local NHS hospital ward staff to discuss patient needs and effectively plan the patient journeys to meet individual needs.

Health promotion

- Due to the ad hoc nature of the contract with the local NHS trust and independent health provider, staff would not routinely transfer the same patients within the service. There was limited opportunity for staff to get to know patients well, or offer additional health guidance.
- Staff we spoke with said that patients mainly talked about family and their personal circumstances and often saw the journey as a trip out. If patients or family members asked staff for advice or guidance, staff advised them to speak to hospital or care home staff. We discussed this with the registered manager, who explained that they had considered the options of providing leaflets and guidance on health issues to patients on the vehicles, but they transported so many different patients this would be difficult to meet all needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service provided staff with Mental Capacity Act (MCA, 2005) training and deprivation of liberty safeguards as part of their mandatory training. They also received training in consent and restraint.
- Staff had a good understanding of their role regarding deprivation of liberty safeguards, consent and restraint. They described their responsibilities for keeping service users safe with the minimal restraint necessary.
- The provider did not have a dedicated policy for MCA, but staff we spoke to clearly understood their role in supporting patients to make decisions and access appropriate care.

Are patient transport services caring?

Good

Compassionate care

- Due to the nature of the NHS contract, the provider often only transported patients once and as a result kept no records in relation to patient personal details. We were therefore unable to contact patients directly to gather their views on the service and on the day of our inspection, no journeys were offered by the local NHS trust.

Patient transport services (PTS)

- Staff we spoke with during our inspection explained how they delivered patient transport services (PTS) in line with patients assessed needs to ensure they provided the correct support. Staff explained that they aimed to get patients home safely and always treat them with respect.
- Staff we spoke with demonstrated a caring, compassionate attitude when talking about patients and their relatives.
- Staff described how they would maintain their patient's dignity by ensuring that they were always suitably covered for example with the use of blankets.
- The operational manager informed us that they performed patient feedback audits every three months. The crew gave patient feedback forms (with prepaid addressed envelopes) to patients to complete. The forms asked service users or relatives and carers to comment on a range of subjects including; cleanliness of vehicles, comfort, appearance of staff, treatment, and overall experience. The feedback audit from April 2018 showed 100% patient satisfaction.
- The service received 15 compliments between June 2017 and August 2018.
- Staff gave examples of regularly going above and beyond for patients once they arrived at the destination, for example making a cup of tea for them and getting them settled, making sure they've got everything they need. If staff have time they will go back and check on patients if they are in the building or ward to see how the patient is getting on.
- One staff member gave an example of transporting a patient who was end of life and in a lot of pain. The staff drove as slow as possible to minimise any bumps, the patient thanked them for taking it easy and taking extra time with them.

Emotional support

- The service encouraged relatives or carers to accompany service users in the ambulance to offer support when appropriate.
- One member of staff said they often come across patients that are elderly and don't have relatives and they try as much as possible to joke with them and cheer them up, chat with them, and give them time.

Understanding and involvement of patients and those close to them

- Staff said they felt it was 'important to explain everything they did so that it allayed the fears and concerns of the people they transferred.' Staff showed understanding of the needs of service users who might be stressed or frightened especially if they suffered from dementia or had mental health issues.
- Staff gave an example where a Polish speaking patient didn't speak any English, staff were not sure if the family were at the house to receive the patient. Staff took extra time and drew a house and people with a question mark and shared this with the patient, who was then able to understand what was happening.

Are patient transport services responsive to people's needs?

Good

Service delivery to meet the needs of local people

- Ambu-Kare - Westwood Farm provided an ad hoc non-emergency patient transport service, around the Peterborough area, to fill requests that larger commissioned services were unable to complete. This was usually due to lack of capacity, time constraints or because a single patient journey was required.
- The service's contracted availability to the local NHS trust was between the hours of 11.30am to 5pm Monday to Friday, although staff regularly worked beyond 5pm, sometimes up to 9pm and could start at 9am if prior notice was given. An on-call day time service was also offered at weekends. Outside of these hours, the operational manager was contactable by mobile phone to take bookings but it was rare for referrals to occur at weekends.
- The service offered patient transport services for patients conveyed to and from the local hospital, or care home, as well as country wide hospital-to-hospital transfers as requested.
- Due to the low number of journeys undertaken, between 30-40 journeys per week, the service could manage capacity well. The operational manager and

staff told us that if they were unable to fulfil a booking they would advise the referrer at the time the transfer was requested and this was confirmed by the transport liaison at the local NHS trust.

- In the reporting period June 2017 to August 2018 the service undertook 2,012 patient transport journeys. The provider declined 10 transfers because they could not meet the patients' needs and 80 transfers were cancelled, usually due to patient cancellation.
- The operational manager met informally with the transport liaison from the local NHS trust monthly to discuss any issues or concerns. The NHS trust transport liaison confirmed they used the provider to fill ad hoc requests, but could not provide a substantive contract.

Meeting people's individual needs

- The operational manager told us that staff were encouraged to use a mobile phone application to translate and support patients where English was not their first language.
- All ambulances had a copy of a communication book, which contained symbols in various languages to aid staff communicating with patients who may be non-verbal or have language barriers.
- Staff received training for dealing with patients who may require additional support, for example applying the Mental Capacity Act (MCA) for patients and understanding consent.
- The provider had bariatric wheel chairs and stretchers to support patients who may be morbidly obese.

Access and flow

- The provider responded to ad hoc bookings daily from the local NHS trust and from private bookings. The operational manager contacted the trust in the mornings to find out the service demand and to try and ascertain when and how many referrals they were likely to receive.
- The service recorded on-scene and turnaround times on their daily record sheets and these were monitored by the operational manager.
- The service had no service level agreement in place or contract with the local NHS trust. The provider offered a service based on a verbal agreement, and could not plan more than three months ahead in terms of patient demand.

Learning from complaints and concerns

- The provider received no complaints for the period June 2017 and August 2018. We were unable to ascertain any learning from complaints as the service had not received any in the last five years.
- The service had an up to date complaints policy which set out their responsibilities and staff we spoke with confirmed that they knew how to report a complaint.
- There was no process in place for joint investigations with other providers, however the operational manager explained that they would work with the local NHS trust if there was a complaint made.
- We spoke with the local NHS trust transport team who confirmed they were happy with the services and had received no complaints or concerns. They spoke with the operational manager most days and felt comfortable raising any points on lateness or service compliance.

Are patient transport services well-led?

Good

Leadership of service

- The service was led by the operational manager who was also the registered manager and registered nurse. They were responsible for overseeing all aspects of the service from training, risk, and policy setting. There was a vacancy for a deputy manager which the operational manager had been trying to recruit to for over a year. They explained that finding the person with the right skills and attributes for the service was challenging.
- We spoke with two staff who described the manager as very approachable, and supportive.
- The operational manager worked from the location office daily and staff had good contact with them via mobile phone if they were off site.

- The operational manager was aware of the limitations of their service and contracts. They shared this with staff verbally and via a staff communications folder with meeting minutes.
- One staff member said "The operational manager is a really good manager, will do anything to help you within reason. We can contact her whenever we need to, for example if a journey runs late or if they are going quite a long way, staff used mobile phone texts to contact the operational manager with the expected time of arrival there and back and discuss any issues."

Vision and strategy for this service

- The provider had no definitive vision or strategy for the service, and found the ad hoc contractual nature of funding challenging. The focus was on providing a good service to the patients and service commissioners whilst maintaining income for the staff and maintaining the business.
- Staff we spoke with were not aware of a vision, but did say that their values were to provide positive experiences, safe and good care. Staff were passionate about meeting the needs of the patients and maintaining a good reputation for the provider.

Culture within the service

- Staff we spoke with described a positive working culture, where everyone got along well.
- The operational manager was liked by the staff team, who described them as fair, and wanting the best for the patients and the staff within the service.
- Staff we spoke with knew the importance of completing records, maintaining good standards and ensuring the patients had a positive experience.

Governance

- The operational manager told us that the short-term contracts, with the local NHS trust prohibited them from developing long term development plans or expansion of the service due the finical constraints, and their focus was on delivering the current service. They discussed service commissioning daily with the local NHS trust and sought assurances they were delivering a good service.
- At our last inspection in June 2017 we identified a lack of audit within the service. The operations manager audited response times, vehicle cleanliness, patient feedback and stock control. For such a small service this reflected the day to day operations of the service. We noted a vehicle had returned in an unclean condition, and the operational manager had spoken with the staff to explain the importance of maintaining the vehicles and disposing of waste items appropriately.
- Staff employed within the service were contracted employees and this was their only source of income. The operational manager ensured that staff worked within their normal working hours wherever possible and took breaks according to their work schedule.
- Staff told us that break times varied dependent on what work came in so if they need to go straight from one patient to the next then they will, then other times you could have hours of waiting in between journeys.
- Staff appeared very relaxed and one commented that "This was the best job since leaving school", another said "I sometimes go home tired, but I know it's because I have done a good job".
- The provider had no service level agreement with the local NHS trust for the use of linen and disposal of waste. This was established custom and practice between the providers.

Management of risk, issues and performance

- The service had a risk register in place that reflected the current risks to the business, these included loss of income and vehicles as well as site security. This was an improvement from our last inspection. Risks were dated, rated and had mitigating actions and ownership.
- Staff we spoke with told us that the provider talked to them about risk during staff meetings and at handovers. The risks could be about bad weather on the day, a patient who may have challenging needs or a vehicle being off the road.
- Staff met with the manager most days and discussed the service, team meetings happened every quarter, usually at weekends to ensure staff were free to attend. The operational manager had day to day oversight of the service and risks.

- The provider didn't offer any major incident support locally, and was not involved in any additional training or local scenarios. The operational manager was clear that it was a patient transport service and staff were not trained to deal with major incidents and the vehicles not equipped with major incident equipment.
- The provider had a business continuity plan in place and its risk register identified the risks likely to interrupt service and the mitigating actions to minimise impact on service delivery.

Information Management

- The operational manager had a good oversight of policies and procedures, this was an improvement from our last inspection. Policies and procedures had been reviewed and staff encouraged to read and sign to say they had understood the policies and how to implement them.
- The provider had recently implemented a secure information sharing system via an IT portal based on feedback from our last inspection, to promote the security of patient data. Additional information, for example service audits, and schedules were stored in a locked cabinet inside the operational managers office.

Public and staff engagement

- The operational manager held staff meetings every quarter. Staff explained they had not had a usual meeting over the summer months due to holidays and staff absence. Meeting minutes from January and April 2018 demonstrated that the manager discussed risks and day to day operational matters with the staff team.
- Engagement with the public was limited due to the ad hoc nature of the business. However, the provider did use patient feedback cards. The operational manager completed an audit of the feedback which showed 100% patient satisfaction in April 2018, the next audit was due in October 2018.

Innovation, improvement and sustainability

- The provider had no plans to make any changes to the service in the long term and focused on delivering their current services.
- Since our last inspection the provider had:
- Updated its incident reporting policy and ensured all staff had read and understood it.
- Implemented an equipment and servicing schedule.
- Risk assessments were undertaken prior to transfers and the provider implemented a policy to support the transfer of children.
- The provider audited response times and delays to improve performance and quality to ensure the effectiveness of the service.
- The provider had an up to date risk register that detailed risks known to the service likely to affect business continuity.
- The provider had updated policies and procedures and ensured staff had read and signed to say they had read and understood information relevant to their roles and responsibilities.
- The provider had implemented a secure IT portal to store and transfer any patient records.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should develop a policy and flow chart to assist staff supporting any patient when their health deteriorates during a journey.
- The provider should ensure that any records likely to identify patients are not left on view in ambulances.
- The provider should include specific guidance on the duty of candour within its incident reporting policy.