Specialist Medical Transport Ltd

32 Nobel Square

Inspection report

32 Nobel Square
Burnt Mills Industrial Estate
Basildon
SS13 1LT
Tel: 07801744623

Date of inspection visit: 12 January 2022
Date of publication: 11/04/2022

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

Ratings

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

Summary of findings

Overall summary

We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients who used the service, acted on them and mostly kept appropriate records.
- Staff provided good care. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and other involved in their care.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and were committed to improving services.
- Managers had a formal risk register in place and contingency management plans to manage risks.
- Recruitment processes were standardised, appropriately processed and all relevant documentation in individual staff files to ensure staff suitability was clearly evidenced.
- Policies were available and completed, annually reviewed and provided with all detail required to guide staff using up to date procedures.

However:

- The service did not have a documented appraisal and supervision system for staff development.
- Staff did not always ensure risk records were up to date and comprehensively completed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good	We rated the service as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients who used the service, acted on them and mostly kept appropriate records. • Staff provided good care. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Services were available seven days a week. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and other involved in their care. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and were committed to improving services. • Managers had a formal risk register in place and contingency management plans to manage risks. • Recruitment processes were standardised, appropriately processed and all relevant documentation in individual staff files to ensure staff suitability was clearly evidenced. • Policies were available and completed, annually reviewed and provided with all detail required to guide staff using up to date procedures. However: • The service did not have a documented appraisal and supervision system for staff development. • Staff did not always ensure risk records were up to date and comprehensively completed.

Summary of findings

Patient transport services	Good 	Please refer to emergency and urgent care report.

Summary of findings

Contents

Summary of this inspection

Background to 32 Nobel Square

32 Nobel Square is operated by Specialist Medical Transport Ltd. 32 Nobel Square location is the registered location. The main service provided is emergency and urgent care transporting patients with a range of physical and mental health conditions. The service also transports patients from events to hospital in the event of a medical emergency, however due to COVID-19 there had been no events in the 12 months prior to inspection. This falls under the scope of regulation. The service has seven secure emergency ambulances if required, for example, to transport patients assessed at risk of absconscion, and 13 patient transport vehicles for the transfer of patients to and from various locations including to hospital.

The service is registered with CQC for the regulated activity transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it would normally provide. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 32 Nobel Square provides services to patients taking part in or attending a sport or cultural event. These types of arrangements are exempt by law from CQC regulation.

The registered manager for this service had been in post since April 2019.
We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 10 January 2022. We have not previously carried out a ratings inspection of this service at this location. To get to the heart of patients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led.

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what staff told us and how the provider understood and complied with the Mental Capacity Act 2005. This will be the first time we have rated the service.

The main service provided by this ambulance service was emergency and urgent care. Where our findings on emergency and urgent care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the emergency and urgent care service.

How we carried out this inspection

During the inspection we spoke with 10 members of staff, looked at three vehicles, looked at the functioning control room and environment, three days of job sheets and seven staff records.

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

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should provide regular appraisal and supervision to demonstrate staff support and development (Regulation 18).
- The service should ensure all risk records are up to date and comprehensively completed (Regulation 17).
- The service should ensure an audit process to monitor performance, compliance and outcomes (Regulation 17).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Inspected but not rated	Good	Good	Good
Patient transport services	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Good

Are Emergency and urgent care safe?

Good

We rated safe as good.

Mandatory training

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

Staff had access to appropriate training that met the needs of the patients who used the service. Mandatory training included manual handling, infection prevention control and additional specialist training to collaborate with patients with mental health. For example, Prevention and Management of Violence and Aggression (PMVA) training, which includes the use of mechanical restraint; in line with the Restraint Reduction Network. Mandatory training included mental health training and basic life support.

An electronic system was used to record staff compliance with training. The system alerted managers and staff to training renewal dates. Staff were up to date with their training and when they were due their updates. Leaders used the system to ensure staff were trained using up to date guidance to help keep patients safe.

Staff had driver assessments by a qualified trainer prior to being permitted to drive the vehicles for transfer of patients. Driver assessments were documented and up to date. Staff told us that they were assessed at regular intervals for competency checks. Control room staff used a visual vehicle tracking system to record all journeys. The system enabled real time monitoring of each journey which included journey times, vehicle speed, any sudden braking and how long the vehicles were waiting. Leaders used this information to identify if extra training was needed to improve driving skills.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Staff had access to an up to date safeguarding policy for both adults and children. The policy was comprehensive and provided staff with relevant detail including contact details. Each policy also referenced the most up to date guidance and further reading to help staff with their safeguarding knowledge. The service had not transported any children since

registration. However, staff we spoke with understood the local safeguarding procedures and who to contact if they had concerns. All patients identified as vulnerable using the service were accompanied by an appropriate adult, for example a parent or professional such as police. Policies and procedures contained all geographic local authority safeguarding service details in the event of a safeguarding concern.

Staff had training on how to recognise and report abuse and they knew how to apply it. All staff received mandatory safeguarding training at appropriate levels. The safeguarding adults and children training included reference to domestic violence and female genital mutilation.

The safeguarding lead was trained to level 4 which provided them with advanced knowledge and understanding to help safeguard patients from abuse. Staff accessed a duty manager if a safeguarding concern was identified. Staff accessed local agency contact details to refer to if necessary.

All staff were required to evidence they were suitable to work with vulnerable adults and children. Managers conducted enhanced Disclosure and Barring Service (DBS) checks on all newly appointed staff. An electronic alert system notified managers when staff required DBS updates in line with national guidance. All staff records included recorded DBS checks.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment, vehicles, and premises visibly clean.

Staff ensured all patient transportation was clean and well maintained. Staff completed daily cleaning schedules for cleaning vehicles. There was a dedicated team to conduct in house deep cleaning for each vehicle. Staff cleaned the vehicles between each patient journey and managers conducted regular checks, all of which were recorded and we saw no gaps. This ensured standards were met. External providers also used the deep cleaning service and staff told us they took pride in ensuring good infection prevention control.

Staff followed national guidance to ensure their infection prevention control procedures were compliant, including adherence to up to date COVID-19 guidance. Staff were provided with appropriate personal protective equipment. Staff were temperature checked before shifts and received 72 hour COVID-19 tests. Staff understood procedures to manage patients identified as COVID-19 positive. There were handwashing facilities available and hand gel in all vehicles. Staff understood these procedures were in place to keep the risk of infections low.

An independent company conducted a health and safety risk assessment in March 2021 which included an inspection of whether the premises were COVID-19 secure. Staff read and signed updated risk assessments with the most up to date government guidance. Managers provided documentation to staff with regular COVID-19 guidance changes. For example, we saw government testing guidance dated January 2022 and return to work guidance.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept patients safe. Staff were trained to use them. Staff managed clinical waste well.

Staff had accessible health and safety policies based on up to date health and safety legislation. A full health and safety risk assessment was commissioned and met all expected requirements. Managers actioned gaps identified, for example, ensured fire marshal details were displayed throughout the building and not just in the vehicle store area.

The premises were suitable for the service. The vehicles were securely stored in a large, well maintained, visibly clean and tidy warehouse. The premises were centrally located on an industrial estate, which provided easy access to the main hospitals. The entrances were secure and accessible by those permitted. For example, there was a secure entry system. All visitors were greeted at reception and were required to sign in and out of the building. There was ample car parking and good provision of space for staff inside the building. For example, staff areas, kitchen, showers, and large office space.

Control room staff used patient referral information to ensure vehicles met the needs of the individuals transported. For example, child appropriate equipment or vehicles to accommodate patients with mobility devices. Vehicles were equipped with standard equipment, such as fire extinguishers or compressed gas outlets, all of which had evidence they were serviced regularly.

Staff completed and signed daily vehicle and equipment checklists before use. All daily vehicle checklists we looked at were complete and up to date.

The vehicles were regularly maintained, serviced, and appropriately repaired. We saw a system in place to monitor when vehicles needed to be serviced and all vehicles had regular safety service. If there were any concerns about any equipment they were taken out of use and repaired.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Control room staff had a multi-functioning electronic system to ensure comprehensive patient information, including risk assessments for each patient were shared to remove or minimise risks. All staff were trained and skilled in identifying and quickly responding to patients at risk of deterioration.

Patient details included full personal profiles, with up to date risk history. Staff received a handover from the referring agents which included presentation on the day. In relation to use of restraint, staff used an up to date policy that followed national guidance. Staff conducted dynamic and comprehensive risk assessments, to use the least restrictive practices where appropriate. For example, staff told us they made verbal agreements with patients to remain calm and work with them to avoid using restrictive practice**.** Staff used their skills and patient information to assess, manage and adapt to accommodate dynamic risks.

Staff were trained to ensure they could safely manage the needs of patients with mental health conditions. Staff were trained in Prevention Management of Violence and Aggression. Included within this training was how to appropriately use restraint, handcuffs and how to de-escalate situations. Staff gave us examples of how they effectively collaborated with patients who were distressed and compassionately communicated with them to reduce worry and concerns.

Control room staff assessed each booking based on risk, suitability of patient and staff qualification and competency. The police often escorted patients who were particularly challenging. This meant staff had extra support if needed. Staff had a policy in line with national guidance that outlined criteria for using secure vehicles. We saw documented requests for secure vehicles. Staff told us they used secure vehicles only when necessary and the use of these vehicles was rare.

Patients with more complex additional needs were accommodated. For example, children and young people who were neurodivergent would be escorted by an appropriate person, for example a carer or other professional. Female or male staff were booked if specifically identified as a need.

Good

Emergency and urgent care

Staff knew how to respond to deteriorating patients and how to manage patients at risk of absconsion. Staff worked alongside approved mental health practitioner and/or the police to respond to deteriorating patients. Staff knew what to do in the event of a patient deterioration and talked us through the process. All staff were trained in basic life support and first aid. Staff used an up to date absconsion policy, in line with the Mental Health Act with clear instruction on how to manage risk of absconsion.

Staffing

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

The service employed 104 bank staff and 28 substantive staff. Staffing groups were made up of paramedics, emergency medical technicians and emergency care assistants. Most staff were also employed by other local ambulance services.

Leaders reported they had enough staff to ensure all shifts were filled. We looked at electronic diaries managed by leaders and saw all shifts were filled and rolling shifts available to regular staff. The service operated on a flexible basis responding to requests by external providers. This determined how many staff and the number of vehicle hours needed per day. The service had three vacancies. Sickness levels were at 5% and turnover was 15%. The service reported a flexible service to meet the needs of the patients and services on the day jobs were received.

Records

Staff did not always keep detailed records of patients' care. Records were stored securely and easily available to all staff providing care.

Staff received job information from the control room electronically on to their hand-held devices. The information was concise and was reviewed by staff before conveying patients. Staff received information with patient details and specific needs of those patients, for example, if they required any additional equipment or specifically skilled staff.

Staff did not always complete job sheets with a clear explanation of when patients have been handcuffed, restrained or the secure was used. We found one job where handcuffs were used but the detail was not completed on the job sheet. This meant there was no clear record as to why handcuffs were used on this one occasion. Leaders told us they would ensure forms were completed with regular auditing to ensure compliance. After our inspection, the provider told us that they had implemented a new way of monitoring which covered key areas.

Medicines

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

Medical gases were the only medicines in use at the service. The service followed best practice when storing medical gases. Staff training records demonstrated all staff had completed training on how to administer medical gases if patients were transported with their own medical gas. The provider had a policy to support this.

Incidents

The service evidenced that staff managed patient safety incidents. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Good

Emergency and urgent care

Staff knew how to report incidents. Managers had a system to review incidents and shared learning where appropriate. There was an incident reporting policy which was in date and referenced duty of candour. There were 22 reported incidents in the previous 12 months. One incident was fleet related, 15 incidents were staff related and six incidents were related to providers. We saw one incident reported related to the use of handcuffs, the incident was investigated, and learning shared with staff.

Managers reported one serious incident in the weeks just prior to inspection. We reviewed the incident reporting system and saw the serious incident reported had been investigated, involved partner agencies, discussed with staff, and learning shared.

Are Emergency and urgent care effective?

Good

We rated effective as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies we reviewed referenced using up to date national guidance and linked further reading. For example, the safeguarding children and adult's policy outlined types of safeguarding and referral pathways. Staff safeguarding duties and responsibilities were defined. There was a reference section linking up to date national guidance and a list of all appropriate local agencies when guidance was needed, or an alert was raised.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff received specific training as part of their mandatory training.

Leaders did not have a process in place to check that staff were following guidance. Following our inspection, managers told us that they would introduce a monitoring system to ensure that staff followed guidance. For example, introduce an audit system to monitor performance and compliance.

Response times

The service monitored and met agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

Control room staff had an electronic tracking system which they used to monitor response times. The software was sophisticated and allowed staff to run reports to help them identify when improvements might be needed. Staff told us that it was rare that they did not respond to requests to transport patients in a timely way. Our review of performance data demonstrated that the service was achieving good outcomes in relation to response times.

Good

Emergency and urgent care

Staff recorded data to monitor performance against key performance indicators, for example, recorded patient journey times and dates to help keep track of when there might be delays. Staff planned journeys at the beginning of the day to ensure they reduced the potential for delays and ensure there were no wasted journeys. Managers told us they were keen to improve any identified delays and wait times.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients

Managers used information from the audits to improve care and treatment. Staff carried out a range of audits in the previous 12 months. We looked at recorded audits for completion of patient records dated September 2020 which was 100% compliant. We looked at medical gases' audits, safeguarding and training audits, waste management audits and stock control audits, all were 100% compliant. This meant that staff monitored their practice and helped contribute to the improvement of the service and its performance.

Competent staff

The service made sure staff were competent for their roles. Managers did not formally appraise staff work performance or hold regular documented supervision meetings with them to provide support and development.

Managers informally discussed performance and staff training needs, however there was no formal system in place for annual appraisal and supervision. All staff were provided with a corporate and local induction programme to ensure all received appropriate training with updates at appropriate intervals.

Staff received specific, dementia and learning disability awareness training as part of their induction and an update in their yearly refresher training. One member of staff gave an example of collaborating with a patient who was autistic. Staff asked family about what worked for the patient in the past to keep them calm and comfortable. Staff encouraged the patient to bring their favourite toy and played music that was known to settle them in the ambulance.

Staff had competency checks before they were approved to start post. All staff records we looked at had up to date training and assessments to ensure staff were competent. Staff were observed for competency, initially for three transfers and then adhoc observations to ensure compliance with policy and standards.

Staff received driving competency assessments, training courses, shadowing sessions where staff could observe experienced staff assessing staff competency in using the equipment on the ambulances.

All staff employed on a casual basis evidenced their competency by providing their up to date training certificates from their substantive employer. We saw evidence of up to date training for all staff files we looked at.

All staff were supported to complete First Response Emergency Care (FREC) training, progressing from levels 3 and 4 to completion of level 5 which was more advanced skills. Each level must be completed before passing to the next level. For example, level 3 is entry point and qualifies staff to function as secondary care to patient's pre-hospital. Staff must complete 118 hours learning before achieving their certificate and progressing to levels 4 and 5. Managers told us they see this training as an opportunity for staff to improve their skills and for career progression.

Good

Emergency and urgent care

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide safe care and communicated effectively with other agencies.

Staff from across disciplines worked well together to meet the needs of the patients who used the service. All staff we spoke with told us they communicated regularly with managers and other professionals to help keep patients safe and provide a quality service. We saw recorded details of other professionals involved in patient care. For example, where an approved mental health practitioner (AMHP) or the police were involved. AMHPs were responsible for coordinating admissions to hospital for patients detained under the Mental Health Act. This meant they worked together to safely coordinate the patient's care and journeys.

Leaders worked regularly with national leads and reported having a positive relationship with other providers and local commissioning groups. Leaders attended regular meetings to discuss ongoing contractual agreements, performance, and any development plans.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff completed consent, Mental Capacity Act training, The Deprivation of Liberty Safeguards did not apply to this service. Staff had access to a consent policy which followed national guidance. All staff we spoke with understood how to support patients to make informed decisions and explained the process of gaining consent from a patient prior to transport. Staff obtained consent verbally or inferred for all transfers.

Staff demonstrated an understanding of capacity. Staff described checking a patient's ability to understand information given to them. Staff referred to patients being able to weigh up and retain information.

Are Emergency and urgent care caring?

Inspected but not rated

We did not rate this service because we did not speak to any patients or see any patient feedback.

Compassionate care

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

Staff gave examples of when they maintained patient dignity and independence while in their care. Staff told us they were always courteous and polite. For example, staff told us they treated all patients with respect. Staff told us they transported patients without judgement and were aware of their own individual experiences to ensure they compassionately engaged with patients in their care.

Emotional support

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

Good

Emergency and urgent care

Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs. We saw that some staff had additional counselling qualifications which helped them with skills needed to understand the importance of emotional support and empathy. Staff talked about being kind, caring and compassionate.

Understanding and involvement of patients and those close to them

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

Staff described being patient focused and involved them in discussions about and throughout their journey. Patients and loved ones, family members or relative were permitted to travel with patients when assessed as appropriate, for example, where an appropriate adult was required for someone living with a learning disability.

Are Emergency and urgent care responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. They worked with local organisations and commissioning groups to plan service provision. Journeys were coordinated using an advanced electronic system. Journeys were regularly planned with short notice based on the adhoc nature of the jobs taken. The electronic recording system demonstrated good advanced planning to support the needs of contracting providers, patients who used the service and staff.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff told us, where possible they identified communication needs in advance. Staff told us they tried to understand what helped with communication by discussing the individuals needs with families, carers, and other professionals. Staff could access translation services if they needed them.

Staff assessed patients who might require additional considerations based on their specific needs. Staff gave us examples of supporting patients living with learning disabilities and autism. For example, for patients who struggled with unfamiliar situations; staff would encourage them to bring familiar items such as a toy, or an escort / carer if needed. Patients with severe mental health needs or paediatric transfers were accompanied by a responsible person. Patients with mental health conditions may be escorted by a mental health professional. Staff provided examples of when a transfer required an all-female/ multiple crew members to ensure safety for all.

Staff considered patients with a variety of different communication needs. Staff talked to patients using language they could understand. Translation services were accessible if needed.

Good

Emergency and urgent care

Staff completed training to help them understand the needs of people living with dementia and those who lacked capacity. The service made reasonable adjustments to help patients access services and had a range of equipment for use by different patient groups, for example bariatric equipment.

Staff considered planning for long distance journeys. For example, planning secure stop points for rest room breaks. Managers coordinated multiple crews to facilitate national journeys and involvement of police or local mental health trusts.

Access and flow

People could access the service when they needed it, and received the right care in a timely way.

Managers provided a subcontracted service on an adhoc basis. Managers and control room staff monitored timeliness to ensure patients received appropriate care in a timely way. Control room staff could run live reports to review timeliness of transfers. We looked at the previous three months of jobs, all of which were conducted in a timely way to avoid delays or cancellations.

Learning from complaints and concerns

People gave feedback and raised concerns. There was a system in place for complaints to be shared, investigated and lessons learned with all staff, including those in partner organisations.

The service provided information about how to raise a concern. Managers told us that complaints provided useful information about the quality of service. Managers received complaints via the contracting providers. Managers received 19 complaints from January 2021 to January 2022 through the incident reporting system. Four of the complaints related to patient handling, 13 were for short notice cancellation, one for staff attitude and one for driving behaviour. Managers told us that COVID-19 sickness and isolation in December 2021 saw an unprecedented impact on short notice cancellations. Managers told us each complaint was investigated and managed appropriately, for example driving observations for competency.

Staff understood the policy on complaints and knew how to manage them. Staff had access to a complaints policy. People who used the service were provided with information about complaints processes and could complain electronically. People could complain using the provider's website or by completing written feedback forms. Contracting providers shared complaints with the registered manager who logged them on their electronic system, investigated where appropriate, fed back to both the contracting provider and any staff involved for learning and improvement purposes.

Are Emergency and urgent care well-led?

Good

We rated well-led as good.

Leadership

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

Good

Emergency and urgent care

The service was led by the chief executive, supported by a registered manager, a managing director, finance director and senior leadership team, including human resources manager and fleet manager. Staff told us senior management were always visible and approachable.

Staff felt supported by managers and their colleagues. Staff provided us with examples of how the service was managed so that they had the skills and resources to do their jobs well. This included providing clear job plans with appropriate tools and resources to safely transport patients who used the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Leaders had a business strategy plan dated 2019-2024. There was a vision and mission statement outlined within the strategy to help direct them into the future. Leaders worked with the local health economy to develop their business strategy. The vision for the service was to become a leading provider in supporting local NHS ambulance provision.

Culture

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

Staff felt respected, supported, and valued. Staff focused on patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

All staff spoke positively about working for the provider. Staff reported good relationships with their colleagues and patients who used the service. Staff told us they were supported, trained, and given opportunities to further develop. There was a culture of engaging with patients who used the service in a positive way and ensuring a safe, caring, and inclusive experience while in the care of staff employed by the service.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders met monthly to discuss the service. Meetings were recorded and were stored electronically for staff to access when not in attendance. We looked at the previous six months minutes from meetings. Managers had reduced the standard agenda to reduce the impact on service because of COVID-19. Managers had business meetings with subcontracting services to discuss business and to help keep patients safe and improve the service.

Staff recruitment systems and processes ensured they were suitable to employ. Leaders had access to online enhanced Disclosure and Barring Service checks which meant they could access up to date detail relating to staff suitability and updates were electronically flagged to ensure timely renewal. All staff files had appropriately completed paperwork including checks. For example, photo identification, a completed application form with references.

Leaders ensured policies were comprehensive, updated to reflect changes in national guidance, and had additional links to reading material to further help improve staff understanding and knowledge. This meant that polices reflected up to date national guidance and were updated at regular intervals.

All vehicles were managed and serviced at regular periods to keep patients safe and we saw records to demonstrate this.

Leaders ensured clear lines of accountability. Staff knew and understood their roles and responsibilities and who they could go to for advice and support. We saw good records of job plans were there with clear lines of accountability and escalation details. This meant staff were supported in understanding their main duties.

Management of risk, issues, and performance

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

Leaders had systems and processes that alerted managers when risk assessments were due to be reviewed. For example, annual fire risk assessments and health and safety assessments.

Leaders had an up to date risk register where they recorded business risks. There was a formal process to record and review up to date risks that might impact on safety and quality of service. Risks were scored depending on the degree and likelihood of harm. Staff measured ways to reduce the risks, which were recorded and monitored.

The service had a business continuity plan. This provided instruction for staff to manage unexpected events, such as power cuts or floods take place.

Information Management

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

Staff used an electronic data collection system. Staff used the electronic system to help retrieve quality data to understand performance, make decisions about jobs and journeys and improvements. The information systems were integrated and secure. Data submissions could be submitted to external organisations as required.

Staff used hand-held devices to obtain live, accessible job and patient information. The service used an online patient booking/allocation system which was available for staff out on the road via their hand-held devices. Staff were allocated passwords to help protect information to keep it secure. A fleet manager had a checking and audit system in place which contained all the required information on the vehicles.

Staff understood information governance and the importance of securely storing patient information. Patient report forms as paper records and electronic patient detail was stored securely and only assessible to those with permission to do so.

Good

Emergency and urgent care

Engagement

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

Leaders and staff actively and openly engaged and collaborated with subcontracting providers and other associated professionals, such as local hospital staff and community mental health staff which helped improve the quality of services. Leaders provided us with references that supported their business. For example, local commissioners, we looked at three of those references, all of which would recommend the service and reported good overall satisfaction with performance.

Staff collaborated regularly with local providers to ensure they worked together to safely care for patients. Staff engaged with the contracting company and local health providers to share appropriate information to help provide suitable care and improve the service. Leaders told us that engagement with the local health economy helped with growth and improvement to meet the needs of the patients who used the service.

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Good

Are Patient transport services safe?

Good

Please refer to emergency and urgent care report.

Are Patient transport services effective?

Good

Please refer to emergency and urgent care report.

Are Patient transport services caring?

Inspected but not rated

Please refer to emergency and urgent care report.

Are Patient transport services responsive?

Good

Please refer to emergency and urgent care report.

Are Patient transport services well-led?

Good

Please refer to emergency and urgent care report.