East Anglia Medical Care Ltd

East Anglia Medical Care Ltd

Inspection report

Lower Farm Park
Norwich Road, Barham
Ipswich
IP6 0NU
Tel: 07984683394
www.eamc.co.uk

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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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

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, understood how to protect people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept appropriate care 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.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- 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 staff were committed to improving services.

However:

- There was no formal risk register in place.
- References for recruitment were not always documented to ensure staff suitability was clearly evidenced.
- Policies were not always completed with all detail required to guide staff using up to date procedures.
- Patient consent was not clearly documented to evidence consent to care.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good	The provider was registered with CQC to provide emergency and urgent care. The transport of patients from events to hospital in the event of a medical emergency falls under the scope of regulation. However, they had not delivered any emergency and urgent care since March 2020 as a result of the pandemic. The main service was patient transport services and the leadership and management arrangements were the same for each core service. Where arrangements were the same, we have reported findings in the Patient transport service section. We rated this service as good for safe, effective and responsive. We could not rate caring because there was no patient contact or events work since March 2020. We rated well led as requires improvement.
Patient transport services	Good	• The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept appropriate care 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. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. • 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

Summary of findings

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Summary of findings

Contents

Summary of this inspection

Background to East Anglia Medical Care Ltd

East Anglia Medical Care Limited (EAMC) is operated by East Anglia Medical Care Limited. East Anglia Medical Care Limited location at Lower Farm Park is the registered location. Prior to lockdown as result of the Covid-19 pandemic, the main service provided was emergency and urgent care through the provision of first aid medical cover at sporting events. The service also transports patients from events to hospital in the event of a medical emergency. This falls under the scope of regulation. Since March 2021, the service expanded their business to provide adhoc subcontracted patient transport to patients with mental health conditions. The service has two emergency ambulances for the transfer of patients to hospital, one rapid response vehicle to transport patients from where they were injured at events to the medical tent. The patient transport service vehicle was used for events, and one ambulance with secure aspects, for example, a secure area in the rear section of the ambulance for mental health patient transfers.

The service is registered with CQC for the regulated activity Transport services, triage and medical advice provided remotely. There had been no emergency transfers in the twelve months prior to our inspection.

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 particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. EAMC 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 current registered manager for this service has been in post since 3 March 2021.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 12 May 2021. We have not previously inspected this service at this location. The service was inspected last in October 2018, at its previous location, and report published on 28 January 2019. 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.

How we carried out this inspection

During the inspection we spoke with six members of staff, looked at five vehicles, 13 patient records, seven staff records and 45 feedback forms from people who used the service.

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 MUST take to improve:

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure that there is a risk register to record and manage all risks. (Regulation 17 (1)(2)(a))
- The service must have robust governance systems in place to assure safety through clear policies that follow national guidance and documented reference requests prior to recruitment. (Regulation 17 (2)(a)(d))

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure patient report forms clearly document patient consent.
- The service should have an up to date strategy and values.
- The service should provide formal and regular documented supervision.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good
Patient transport services	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Requires Improvement

Are Emergency and urgent care safe?

Good

We rated it as good because

Safe systems to protect people from abuse and avoidable harm across the service were the same for both the patient transport service and the emergency and urgent care service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are Emergency and urgent care effective?

Good

We rated it as good because

Processes to ensure an effective service that meant people's care, treatment and support achieved good outcomes were the same for both the patient transport service and the emergency and urgent care service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are Emergency and urgent care caring?

Insufficient evidence to rate

Caring inspected but not rated.

Good

Emergency and urgent care

Processes to ensure a caring service that treated people with compassion, kindness, dignity and respect were the same for both the patient transport service and the emergency and urgent care service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service. There was insufficient evidence to rate as patient feedback forms related to patient transport services only.

Are Emergency and urgent care responsive?

Good

We rated it as good because

Processes to ensure the service was responsive and met people's needs were the same for both the patient transport service and the emergency and urgent care service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are Emergency and urgent care well-led?

Requires Improvement

We rated it as requires improvement because

Processes to ensure leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture were the same for both the patient transport service and the emergency and urgent care service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Good

We rated it as good because:

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 people who used the service. Training included manual handling, infection prevention control and additional specialist training to work with people with mental health, for example, Prevention and Management of Violence and Aggression training and mental health training.

Leaders used an electronic system to record staff compliance with training. The system had a flagging system to highlight when staff training needed renewing. We saw all staff were up to date with their training and when they were due their updates. Leaders used the system to make sure staff training was updated in a timely way to ensure staff were trained to help keep people safe.

Staff had driver assessments by a qualified trainer prior to being permitted to drive the vehicles and transfer of patients. All documentation was up to date and staff told us that they were regularly assessed at regular intervals to ensure competency.

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 not comprehensive, it did not clearly provide staff with all relevant information including contact details. However, staff we spoke with knew and understood safeguarding principles. Managers were keen to ensure the policy was updated to reflect all relevant information was included. All children using the service were accompanied by an appropriate adult and the duty manager could easily access local authority safeguarding service details in the event of a safeguarding concern.

Good

Patient transport services

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 and staff who were safeguarding leads were trained to level 4 which provided them with advanced knowledge to help safeguard people from abuse. Staff had access to a duty manager if a safeguarding concern was identified. Staff had access to local agency contact details and would refer to them if necessary.

All staff were required to evidence they were suitable to work with vulnerable adults and children. Managers carried out enhanced Disclosure and Barring Service (DBS) checks on all newly appointed staff and all staff received regular updates in line with national guidance. All staff records included evidence of a current DBS check recorded. This meant that only staff with up to date checks could work with people who used the service.

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. We saw staff completed a daily schedule for cleaning vehicles. This included a record of deep cleaning for each vehicle. Staff cleaned the vehicles between each patient journey and managers carried out regular checks to ensure standards were met.

Staff followed national guidance to ensure their infection prevention control procedures were Covid-19 compliant. Staff were provided with appropriate personal protective equipment. Staff were temperature checked on arrival for shift and were given weekly Covid-19 tests. Staff knew and understood procedures and guidance to manage patients who had been identified as Covid-19 positive. There were adequate handwashing facilities available with hand gel available in all vehicles. This meant there were procedures in place to keep the risk of infections low.

Environment and equipment

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

Staff had access to health and safety policies based on health and safety legislation. Vehicles had equipment on board to keep people safe. For example, fire extinguishers and compressed gas outlets, all of which had evidence they were serviced regularly.

Staff completed and signed a daily vehicle and equipment checklist prior to patient transportation. We reviewed the daily vehicle checklists form the month prior to inspection which 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 at a local garage. The service also had an external contract for equipment servicing which was completed yearly. If there were any concerns about any equipment they were taken out of use and repaired through this contract.

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.

Good

Patient transport services

Referring agents (contracting provider) provided risk assessment detail which included full personal profile, up to date risk history including how the person presented on the day. We looked at seven booking forms, all of which were completed with information needed to make informed decision about eligibility. Managers assessed when staff of a specific gender were required or when a specific type of vehicle was required based on risk. We saw evidence of documented requests for female staff based on risks. We saw documented requests for cell vehicles with associated cell vehicle documentation which included risks and rationale. Cell vehicles were only used as a last resort to offer additional security to transport patients who were assessed as a combative risk. We saw evidence documented of patients who required physical interventions and related reports detailing rationale. This meant that risks were assessed, managed and adapted to accommodate dynamic risks.

Leaders assessed each ad hoc booking based on risk, suitability of patient and staff qualification and competency. For example, if a patient was referred with a history of violence, then only staff who were trained in prevention and management of violence and aggression could transport this patient. Leaders told us that there were exclusion criteria, for example, if a patient had complex physical conditions, they would refuse the booking. This meant patient details and staff competency was used to determine which patients they were qualified to transport safely.

Staff used a patient booking system whereby they assessed eligibility. Staff were clear that there were some patients they were not qualified to transport and as such they would decline these jobs. Where appropriate, some bookings were accepted when there were additional needs for example, if a patient was high risk, however they would be escorted by an appropriate person, for example a mental health professional or a police officer.

Staff knew how to respond to deteriorating patients and how to manage patients at risk of absconsion. Staff had access to an up to date absconsion policy with clear instruction for staff to follow when responding. Staff we spoke with knew what to do in the event of a patient deterioration and could talk us through the process. We reviewed one incident that had been reported where staff had responded quickly and appropriately to a patient who tried to abscond. Managers told us they would use the experience to learn and adapt to avoid future attempts.

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 15 zero hour contracted staff, and one volunteer. All qualified staff, for example paramedics and emergency medical technicians were substantively employed by NHS trusts. The service reported they had enough staff to ensure all shifts were filled. The service operated on a flexible basis and responding to requests by an external provider which determined how many staff and the number of vehicle hours needed per day. This meant the service had to be flexible to meet the needs of the patients and services on that day.

Records

Staff kept detailed records of patients' care. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Staff received job information on their hand-held devices before conveying patients. Staff received information with patient details and specific needs of those patients, for example, if they required any additional equipment. Transport bookings were made over the phone and recorded information provided on an electronic booking system. All patient

records were hard copy then entered on to the service electronic system. The 10 records we looked at were completed fully. However, staff did not record patient consent. There was a box for patients to sign should they not consent; however, managers did reflect that a box to consent was also necessary. Managers told us they would adapt the forms to include signatures to meet General Data Protection Regulation (GDPR) requirements and protect people's personal information.

Medicines

The service followed best practice when storing oxygen cylinders. Staff told us and training records demonstrated they had training in how to administer oxygen if patients were transported with their own oxygen. Oxygen was carried safely and securely on the providers patient transport ambulances. The cylinders were all in date which was an issue we found at the last inspection. A local provider managed delivery and pick up of the oxygen cylinders when they needed replacing.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew how to report incidents and managers reviewed incidents and shared learning where appropriate. There was an incident reporting policy which was in date and referenced duty of candour. There were 13 recorded incidents in the three months prior to inspection. Seven incident reports flagged physical interventions and secure vehicle use. All seven incidents had a related incident report which included patient information such as date of birth and detailed risk information, including whether they were violent or aggressive. Each incident report clearly detailed previous history of combative behaviours, where police had been involved, use of restraint in the past, techniques used and clear narratives documenting special considerations for example, one patient who had a serious mental health diagnosis. These incidents were reviewed by a manager, recommendations for improvements discussed with staff and used to improve practice and avoid further incidences.

Managers shared learning from incidents with staff in meetings, verbally and using their secure social media application. The registered manager was responsible for duty of candour within the service. Duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had no duty of candour incidents in the 12 months period prior to inspection.

Managers reported one serious incident in the weeks just prior to inspection. We reviewed the incident report dated 25 March 2021. The incident report included detail of incident, anonymised patient detail and staff members initials. The referring risk assessment information was included and a change in risk documented. Managers told us that they planned to create a reflective session for learning from the incident. Managers had discussed the incident with staff. For example, they discussed unpredictability and identified causes. This meant some learning took place to mitigate any future risks.

Are Patient transport services effective?

Good

Patient transport services

Good

eceiWe rated it as good because:

Evidence-based care

The service did not always provide care based on up to date 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.

Policies we reviewed did not always reference up to date legislation and or national guidance. For example, the Safeguarding Adults While in our care Policy outlined what safeguarding was, types of safeguarding and referral pathway, however, duties and responsibilities were not clearly defined and documented. There was no reference section and there was no reference to national safeguarding intercollegiate guidance. The Reporting Incidents Policy did not reference grading of incidents. There was no reference of when to instigate duty of candour, responsibilities and process. Managers told us they would ensure the policies were updated to reflect work in practice and followed evidence-based guidance.

Nutrition and hydration

Staff assessed patients' drink requirements to meet their needs during a journey.

Staff facilitated journeys where bottles of water were provided for patients who needed a drink. This meant they did not need to carry food for patients during their short journeys.

Patient outcomes

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

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. For example, trying to reduce the time London patients waited for the ambulance to get there. Managers told us they would like to have crew in London and were trying to develop a strategy and plan to improve the function for longer journeys.

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.

Good

Patient transport services

Staff received formal appraisals to discuss their performance and training needs. Staff did not receive formal supervision sessions. All staff were provided with appropriate training and competency checks. All staff records we looked at had up to date training and assessments to ensure staff were competent. This meant there was a system in place to ensure staff competency.

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

Staff received a local induction and training in advance of being allowed to work with patients and at events where patients might be transported to hospital. Staff were inducted on their first day to all events jobs, this included safety briefings, cardiopulmonary resuscitation (CPR) refresher and vehicle familiarisation – vehicles were always packed the same way to ensure familiarity. All paramedics employed on a casual basis could evidence their competency by providing their up to date training certificates from their NHS employer. We saw evidence of up to date training for all staff.

Staff were suitably trained to ensure they could safely manage the needs of people with mental health conditions. Training included Prevention Management of Violence and Aggression which is considered an essential requirement when working within any environment where there are patients suffering with mental health concerns. Included within this training is how to appropriately use restraint, handcuffs and how to deescalate situations.

Staff used least restrictive principles, de-escalation techniques and communication skills when working with people with mental health conditions. Staff told us they always used their de-escalation, communication and engagement skills as a first response to deal with patients who were agitated or displaying challenging behaviours. For example, a member of staff told us how they used their own personal experience and understanding of a specific mental health diagnosis to keep a patient with known challenging behaviour engaged using distraction techniques throughout the journey. Staff told us they often used the feedback forms with patients during transportation as an engagement tool, to act as a distraction and keep them focussed by sharing things about themselves. Staff documented when they used least restrictive practices, and could provide examples of how they involved people using their communication skills and de-escalation techniques to apply dignity and respect to their interactions and ensure each journey was appropriately managed.

Staff received specific, dementia and learning disability awareness training as part of their induction and an update in their yearly refresher training.

Multidisciplinary working

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

Staff from across disciplines worked well together to meet the needs of the people who used the service. All staff we spoke with told us that they received relevant information and instruction. They told us they communicated regularly with managers and other professionals to help keep people safe and provide good 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; their details would be attached to the patient record so that they could be contacted for advice or support if necessary. AMHP's were responsible for coordinating admissions to hospital for those patients who were detained under the Mental Health Act. This meant they shared appropriate patient information and worked together to safely coordinate the patient's care and journeys.

Good

Patient transport services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care. They understood the need to gain patients' consent and did so verbally and throughout their interactions. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. Staff gave us examples of using patient detail, risk assessments and information shared from transferring bodies to help them plan how to approach patient's being transported in the least restrictive way.

Staff completed consent, Mental Capacity Act training and Deprivation of Liberty Safeguards (DoLS) training as part of their yearly mandatory training. At the time of our inspection all staff had completed this training. 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 demonstrated an understanding of capacity and told us this was ever changing, how people had capacity to make choices which may sometimes be viewed by others as poor choices. Staff understood the need to check capacity and then check ability to understand information given to them. Staff referred to people being able to weigh up and retain information.

Are Patient transport services caring?

Good

We rated it as good because:

Compassionate care

Patient feedback consistently demonstrated staff treating them with compassion and kindness. Staff gave examples of how they respected privacy and dignity and took account of patient's individual needs.

Staff described how they would maintain patient dignity and independence throughout the journey. All patient feedback was positive about patient transport staff and said they were courteous and polite. From January 2021 to April 2021 the service received 45 completed feedback forms. We saw that they were overwhelmingly positive with detailed compliments. Themes from the compliments included how caring and helpful staff were and how well looked after they felt.

Emotional support

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

Staff offered emotional support to patients, families and carers. Staff talked to us about the importance of emotional support for people who used the service and others involved in their care. Staff told us that people expected empathy from staff. Staff told us they used de-escalation techniques and that empathy was important. Staff talked about being balanced and carrying out dynamic risk assessment. Staff demonstrated an understanding of cognitive impairment and offering a compassionate approach.

Understanding and involvement of patients and those close to them

Good

Patient transport services

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

Staff described being patient focussed 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 with a severe learning disability.

Are Patient transport services responsive?

Good

We rated it as good because:

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 the service in line with the needs of the contracting provider. Many of the journeys were planned with short notice based on the adhoc nature of the jobs taken. We reviewed job sheets for April and May 2021. All job sheets we looked at demonstrated good advanced planning. All journeys were planned. We saw evidence of local hospital details including distance and contact details for staff to use in the event of an emergency.

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 they aimed to identify communication needs in advance, for example, access to translation services. Staff told us they tried to understand patient frustrations if they struggled with communications. Managers said they made use of foreign language speaking staff if appropriate. In addition, staff were mindful of the need for clear face masks for use for those with additional communication needs. This meant staff were considerate of a range of specific communication needs.

Staff assessed patients who might require additional considerations based on their specific needs. Staff gave us examples of transporting people living with dementia and learning difficulties. For example, patients who struggled with unfamiliar situations; staff would encourage them to bring familiar items such as a toy, or an escort / carer if needed.

Access and flow

Managers provided a subcontracted service on an adhoc basis. Managers monitored their timeliness to ensure patient's received appropriate care in a timely way. In April there were 56 journeys, each with associated job sheets, undertaken for mental health patients. Of those 56 journeys, there was one-time breach where the drivers were 20 minutes late. In May we looked at 18 job sheets and there were no time breaches. This meant that staff operated the service in a timely way and avoided delays or cancellations.

Good

Patient transport services

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had processes for the management of concerns and complaints, however, they had no recent complaints so we could not see evidence of this in practice.

People could raise a complaint and all patients were encouraged to complete a feedback form following every journey. Staff had a supply of feedback forms in all vehicles. People could also provide feedback on the provider website. All feedback forms included six questions and each form was collated for themes.

Family member feedback was also included in the feedback forms. The feedback questions included; was the vehicle driven carefully, was the vehicle clean and tidy, what was the conduct and professionalism of staff, level of courtesy and respect shown, and overall quality of service received. This gave the provider an opportunity to use the detail to make improvements in staff and service.

Managers reviewed the feedback forms. Staff received feedback when there was learning identified. We looked at 45 feedback forms dated from January 2021 to April 2021, all of which were positive.

Are Patient transport services well-led?

Requires Improvement

We rated it as requires improvement because:

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.

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 paperwork to safely transport people who used the service.

Vision and strategy

The service did not have an up to date formal vision or strategy to turn it into action. However, leaders provided us with an engagement plan which outlined aspects of strategy.

Managers referred us to their Business Continuity Process policy, dated 1 February 2020. The policy needed updating to reflect the new business in transporting patients with mental health conditions. The policy outlined objectives; however they did not clearly reflect the mental health business. We looked at business meeting minutes from January 2021 to May 2021; they documented a wide range of items, including location move, fleet issues, training updates, staff detail updates, IT updates, vehicle tracking systems and company progression. This meant staff were at discussion stages of development, however, there was no formal vision and strategy to direct them into the future.

Good

Patient transport services

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.

All staff we spoke with were positive about the organisation and the relationships they had with their colleagues and people who used the service. Staff told us they were supported, trained and given opportunities to further develop. There was a culture of engaging with people 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

Governance processes were not always fully effective. 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.

Staff met monthly to discuss the service. Each meeting was recorded and where appropriate, shared with staff not in attendance. We looked at the minutes from meetings in March, April and May 2021 where there were standard agenda items and other business. For example, mental health training was discussed, office plans, contracts, growth of the company, fleet issues and IT. Managers told us they had adhoc business discussions with the organisation who subcontracted their service and adhoc discussions with services they transported people to and from. Managers wanted to have formal meetings going forward and were planning to do so in the coming months. They told us the aim was to ensure good governance to help keep people safe and improve the service.

The provider aimed to be paper free and had invested in electronic systems to ensure patient and staff information was safely and appropriately stored. For example, patient information was entered on to the electronic system in order that staff out on jobs could access up to date information securely on their hand-held devices.

Leaders had checking systems for staff to ensure 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. Each staff file had a completed application form with referee details. However, where telephone references were taken up, they did not always record the conversations they had with referees to evidence reference requests had taken place. This meant although references were sought, they were not always fully recorded.

Leaders did not have full oversight to ensure policies were updated to reflect changes in national guidance, however the provider was responsive when this was raised on inspection and gave assurances that action would be taken to address this.

Vehicles were appropriately managed and serviced to keep people safe and we saw records to demonstrate this.

There were clear lines of accountability throughout the service. Staff were aware of the 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 well led and supported in understanding their main duties.

Managing risks, issues and performance

Good

Patient transport services

Leaders and teams did not have robust systems to help manage performance effectively.

Leaders did not have a risk register where they recorded business risks. This meant they did not have a formal process to record and review up to date risks that might impact on safety and quality of service.

Leaders had appropriate processes in place to manage foreseeable risks in advance of all jobs. They assessed risks to reflect seasonal concerns, they assessed and recorded local health services in the event of an emergency, including coordinates for air ambulance. They told us they discussed weather conditions and other concerns that might impact on their ability to provide a safe service, for example changes in Covid-19 guidance.

Managing information

Staff collected data and analysed it. Staff could find data using their electronic system. We saw information could be easily retrieved and was in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications could be submitted to external organisations as required.

Staff reported that the hand-held devices they used contained 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. These were all password protected so that information was secure. There was also a fleet check system 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.

Engagement

Leaders and staff actively and openly engaged with patients and collaborated with partner organisations to help improve services for patients.

Staff had regular conversations with the company who contracted their services and 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 met with event providers, local authorities and their health and safety representatives in order to prepare safely for events. Local engagement helped with growth and improvement to meet the needs of the people who used the service.

Patient feedback forms were available on all vehicles. These were collated and results shared with staff and used for themes, learning and improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance