

Falck UK Ambulance Service Limited

Falck (Sevenoaks)

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Falck (Sevenoaks) is operated by Falck UK Ambulance Service Limited. This location provides emergency and urgent care only.

We inspected this service using our comprehensive inspection methodology. We carried out this announced inspection on 6 March 2018.

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

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

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The systems and processes in place for incident reporting was effective and there was evidence of staff learning from incidents.
- All staff undertook a comprehensive induction programme and mandatory training to equip them with the skills they needed to perform their role.
- Staff identified and reported abuse appropriately. They received the correct level of safeguarding training for their role.
- Staff followed infection prevention and control procedures to reduce the spread of infection to patients. They kept vehicles clean, tidy and well stocked. The system for servicing and maintaining vehicles was effective, with accurate records kept.
- Staff were competent in their role and followed national guidance when providing care and treatment to patients. They knew when to escalate concerns so patients' needs were responded to promptly.
- The service ensured staff were fit to work with patients and vulnerable people by completing recruitment checks prior to commencement of employment.
- The service had implemented a new appraisal system, which incorporated the provider's values and visions.
- Staff provided patients with compassionate and respectful care.
- There were effective governance arrangements in place to evaluate the quality of the service and improve delivery.
- The culture of the service encouraged openness and candour. Staff demonstrated a willingness to report incidents and raise concerns.

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

- The vehicle make ready operatives cleaned the vehicles daily, however they did not record this.
- There was no central system in place for the service to monitor safeguarding referrals completed by its staff.
- Staff did not always follow standard operating procedures for the storage and disposal of controlled drugs.

Summary of findings

- Policies did not contain a review date which meant staff might not have assurance they were accessing the most up to date policy.

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

Amanda Stanford

Deputy Chief Inspector of Hospitals (South), on behalf of the Chief Inspector of Hospitals

Falck (Sevenoaks)

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Falck (Sevenoaks)

Falck (Sevenoaks) is operated by Falck UK Ambulance Service Limited. The Sevenoaks station opened in 2014. It is an independent ambulance service in Sevenoaks, Kent. The service primarily serves the communities of Kent and South East London.

Falck (Sevenoaks) worked under contract with two partner NHS ambulance trusts across South East England. Falck had two divisions; First Response and Patient Transport. Falck (Sevenoaks) was under the First Response division, which meant its ambulance crews acted as first responders to emergency calls. They provided emergency assessment, treatment and care of patients at the scene.

First response contracts involved supplementing the services provided by the partner NHS ambulance trusts through the supply of a set number of vehicles, or filling a set number of shifts.

Five permanent staff and 33 bank staff worked at the service. This consisted of paramedics, emergency care assistants and technicians, one operational team leader and a service delivery manager. At the time of the inspection, there were two vacancies for vehicle make ready operatives. Vehicle make ready operatives ensured ambulances were fully serviceable and ready for deployment.

The service used 11 ambulances to carry out the regulated activities from the registered location in Sevenoaks. The ambulance station at Sevenoaks operated 24 hours a day, seven days a week.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist

advisor with expertise in frontline paramedic experience and emergency transport. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection – South East.

Facts and data about Falck (Sevenoaks)

The service provided urgent and emergency services only. The service had a contract with two NHS ambulance

trusts. The service responded to 12,000 emergency calls, which came in through the commissioning trust's emergency operations centre, between January and December 2017.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The registered manager, also the director of urgent and emergency care for Falck, had been in post since March 2015.

We spoke with eight members of staff including; registered paramedics, emergency care assistants, emergency medical technicians and management. During our inspection, we reviewed eight sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (January to December 2017)

- In this reporting period the service responded to 12,000 emergency calls.
- The service had five permanent staff which consisted of one trainee paramedic, three emergency medical technicians and one operational team leader. It also had a bank of 33 temporary staff which consisted of six paramedics, one trainee emergency medical technician, twenty emergency medical technicians and six emergency care assistants. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety (January to December 2017)

- No never events.
- Fifty-five clinical incidents of which 67% were recorded as no harm, 20% minor harm, 11% moderate harm, 2% major harm, and no deaths.
- No serious injuries.
- Three complaints.

Patient transport services (PTS)

Summary of findings

Are patient transport services safe?

Incidents

- Data provided by the service showed that staff reported 55 incidents between January and December 2017. No incidents were categorised as serious incidents or never events. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Staff recognised incidents and reported them appropriately. Ambulance crews completed a paper incident report form and handed this to the operational team leader at the end of their shift. The operational team leader inputted the incidents details onto the electronic system, which ensured there was a central log of all incidents within the organisation.
- All staff we spoke with could describe the process for reporting incidents and gave examples of incidents they had reported. One member of staff told us about a change because of an untoward incident categorised as a major harm incident. It involved an ambulance colliding into a member of staff at the station. As a result of this, the service installed a metal barrier inside the garage to protect staff.
- There were plans for ambulance crews to have access to the electronic system in the near future, which would allow for real time reporting.
- The health, safety, environment and quality (HSEQ) team were responsible for checking the electronic incident log and rating each incident using an internal risk matrix. If there were missing details, the team contacted the crew to request further information.
- The service investigated incidents appropriately. The responsible individual or team to investigate depended on the severity of the incident. The station manager investigated green rated incidents (minor). The HSEQ team investigated amber rated incidents (moderate). The head of HSEQ investigated red rated incidents (major/severe) and informed the Director of Emergency and Urgent Care Services. If the HSEQ team identified themes, they upgraded incidents to a higher risk rating.

Patient transport services (PTS)

- We saw the incident log for 2017 and saw no common themes. Staff readily reported incidents even if they were responsible. For example, we saw an incident whereby a member of the ambulance crew had attended to a bleeding patient in an emergency without wearing gloves. This demonstrated the service encouraged staff to report incidents and there was a no blame culture.
- The service shared learning from incidents with the whole team and the four other Falck ambulance stations to help improve safety. Management shared learning or changes to practice following an incident through electronic systems, team meetings and a monthly staff newsletter.
- The organisation had a clear oversight of reported incidents including themes and outcomes. Senior managers attended monthly management meetings called 'First Response Sprint' meetings. We saw the meeting minutes for October, November and December 2017. However, we noted there was no incident analysis report included for the latter two. At the October 2017 meeting, the report showed Sevenoaks station had a total of 18 incidents; eight vehicle accidents/damage incidents, six medicines management incidents and four staff incidents. Themes of these incidents included broken ampules and incorrect documentation within the controlled drug (CD) logbook. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.
- The registered manager told us about a local branch that had an incident involving a piece of equipment. He created a bulletin with the key information and shared this with staff using an online platform called 'Continuing Professional Development (CPD) me'. This ensured staff were alerted to the issue and the requirement to put measures in place to mitigate the risk.
- The registered manager demonstrated their understanding of regulatory duty of candour under the Health and Social Care Act (Regulated Activities Regulations) 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to

notify patients (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support. No incidents during the reporting period had triggered duty of candour.

Mandatory training

- We saw the draft training and development policy, which was awaiting policy sign off. It clearly outlined responsibilities of staff, the training process and management of training records. It stated staff must complete mandatory learning before staff could undertake specific duties. Staff complied with this policy which ensured staff were equipped with the necessary skills and knowledge before working with patients.
- Staff received effective mandatory training in the safety systems, clinical processes and practices. Staff completed online mandatory training as well as face to face mandatory training delivered by the in house training and development team.
- Mandatory training included an induction to the service, health and safety, safeguarding, moving and handling, information governance, infection control, equality and diversity and first aid at work.
- The service required all staff, to attend a mandatory five-week intensive emergency driving course as part of their induction. This course included driving under blue lights. We observed a member of staff carry out safe blue light driving during our inspection. Data provided by the service showed 100% of staff had completed this training. This provided assurances all staff were competent to drive under blue light conditions.
- The service based the mandatory and refresher training programme on national standards. The training and development team adapted training to reflect learning identified by incidents and complaints. The service advertised mandatory training in staff newsletters. Training events ran frequently throughout the year so staff could access it at a suitable time.
- We found there was good completion of mandatory training amongst all staff groups. At the time of our inspection the provider's training database recorded 98% compliance with all mandatory training modules, against a target of 100%. We saw copies of training certificates providing evidence of training updates in all three staff files we reviewed.

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- The service applied to the partner NHS ambulance trusts, on behalf of each ambulance staff once they had completed mandatory training, for a personal identification number. This enabled them to work on the contract. This ensured only competent staff that had completed mandatory training could provide first response services.

Safeguarding

- The service had separate safeguarding policies for adults at risk and children and young people which is recognised as good practice. The service updated the policies in February 2018 and the policies referenced the latest national guidance.
- The Head of Health, Safety, Environment and Quality was the safeguarding lead for the organisation. However, staff sought advice and guidance from managers and operations managers locally.
- First response crews told us they reported safeguarding concerns direct to the relevant NHS ambulance trust by calling the clinical support desk. Staff then completed paper safeguarding alert forms and followed advice from the clinical support desk. This was in line with the service's safeguarding policies.
- Staff could identify abuse and completed safeguarding referrals appropriately. There was evidence in all eight patient record forms we reviewed, that staff took into account safeguarding issues when assessing patients. We observed one ambulance crew completing a safeguarding referral for an elderly patient who had not had any heating or hot water in their home for seven days. We also saw a safeguarding referral for the welfare of an unborn child.
- All first response staff received safeguarding adults at risk training every three years. Data provided by the service showed in February 2018, 100% of staff had completed this training.
- All first response staff received level two and three safeguarding children and young people training every three years. This is in line with the Intercollegiate Document 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014)
- Data provided by the service showed in February 2018, 100% of staff had completed level two training and 92%

of all staff had completed level three training. This meant that the provider was meeting their target of 100% for level two training, but were slightly worse than their target for level three training.

- The service did not log the number or details of safeguarding referrals first response crews made to the NHS ambulance trusts and they were not involved in the investigation. The partner NHS ambulance trust completed the investigations and the service did not receive any feedback. This meant the service could not gain assurance staff were reporting safeguarding concerns appropriately. We escalated our concerns to the registered manager who reported the organisational safeguarding lead was liaising with the NHS ambulance trusts to resolve this issue.

Cleanliness, infection control and hygiene

- All areas of the ambulance station including the garage, cleaning area and stock room appeared visibly clean and tidy. All consumables were stored appropriately on shelves within the stockroom or on the ambulance.
- The vehicle make ready operatives (VMRO) deep cleaned all ambulances every six weeks or more often if the ambulance had transported a patient with a known infection, or there was excessive spillages of body fluids. The VMROs also cleaned the exterior of every ambulance weekly. We saw evidence of fortnightly deep cleans in 2017 for all vehicles on the road. The fleet manager explained the frequency of deep cleans were changed to six weekly in January 2018 in line with industry standards. This meant vehicles were available for deployment more frequently as they were not off road being deep cleaned fortnightly.
- The fleet manager used an electronic database to monitor when vehicles required deep cleaning. The database alerted the fleet manager when a vehicle was due a deep clean in line with the schedule. This ensured that the fleet manager had oversight of the deep cleaning schedule.
- We saw evidence staff took an ambulance back to the station for a deep clean after transporting a patient with known clostridium difficile infection. Clostridium difficile infection is a
- Crew cleaned equipment and the interior of the ambulance in between patients using anti-antibacterial

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wipes to prevent the spread of infection. The service had a standard operating procedure for daily cleans and cleans between patients for staff to follow. The two ambulances we inspected appeared visibly clean and tidy. They had sufficient supplies of antibacterial wipes, personal protective equipment and working hand sanitiser dispensers.

- Staff covered the mattresses on the stretchers with single use sheets and used single use linen, which they disposed of, at the receiving hospital. This reduced the risk of spreading infection.
- At the end of each shift, ambulance crews removed clinical waste bags from the ambulances and placed these in clearly identifiable, locked bins at the ambulance station. A private contractor emptied these weekly. The waste removal process complied with the Department of Health's Health Technical Memorandum 07-01: Safe management of healthcare waste.
- Dispatchers alerted staff to specific infection and hygiene risks of individual patients at the time of referral. This meant staff knew when to use strict universal infection control precautions to reduce the spread of infection.
- Staff described the process they would follow if they sustained an injury such as if a patient bit them. This included cleaning the wound, attending the local accident and emergency and reporting this as an incident. This is in line with the Health and Social Care Act (2008) Code of Practice.
- Staff completed an e-learning infection prevention and control module yearly. At February 2018, the provider reported a training compliance rate of 98% against a provider target of 100%.
- The operational team leader carried out monthly hand hygiene audits and observed ten members of staff within the local emergency department. We saw the hand hygiene audit for February 2018, which showed 100% compliance in all areas.
- The service carried out monthly environmental infection control audits for the ambulance station. We saw the audit for January 2018, which showed a compliance rate of 85%. This is the same as the provider's target of 85%.
- The service carried out an audit on six randomly selected ambulances monthly. The audit looked at a

range of categories such as cleanliness, levels of stock and function tests on equipment. We saw the audit for March 2018, which included five ambulances to date and showed staff took corrective action when required. For example, the clinical team leader replaced a broken hand gel dispenser.

- The VMROs cleaned vehicles and equipment daily to ensure they were ready for use. We asked the service for evidence of vehicle and equipment cleaning but staff did not record this information. This meant the service did not have assurance staff cleaned vehicles and equipment in line with the standard operating procedure.

Environment and equipment

- The service used an electronic database to manage vehicle and equipment checks such as tax, MOT, servicing and maintenance. The workshop manager reviewed the database daily and took responsibility for scheduling the necessary checks.
- The service maintained its ambulances to keep them safe and fit for purpose. We saw evidence of up-to-date MOT testing for ten ambulances, which provided assurances they met the minimum legal requirements.
- The service did not have a replenishment plan for ambulances however, staff told us Falck employed mechanics who carried out all servicing and maintenance checks for the ambulances. The mechanics assessed whether ambulances were roadworthy.
- We saw evidence of servicing and maintenance for all ambulances. We saw the electronic database tracked the location and service history of each piece of equipment and ambulance. This helped the service ensure they booked all ambulance and equipment servicing in a timely way.
- The service maintained all equipment to keep it safe and fit for purpose. We saw servicing stickers on equipment such as trolleys, suction units and defibrillators in the two ambulances we inspected, which provided evidence of servicing within the last 12 months. We also reviewed the electronic database for equipment-servicing records, which showed evidence of

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annual servicing for all equipment. The service kept additional emergency equipment such as ventilators to keep ambulances on the road while regular pieces of equipment were serviced.

- We randomly checked 14 items of single-use equipment on the two ambulances we inspected. All 14 items were contained within sealed packaging and within the manufacturer's recommended use-by dates. This provided assurances single use items were safe and fit for purpose.
- The station environment was properly designed and well maintained. It consisted of two offices, a vehicle make ready area, storeroom, toilets, lockers and shower facilities. The station was secure to keep the premises and equipment safe.
- Staff escalated faulty equipment to the clinical team leader who arranged for another vehicle to meet the team with a new piece of equipment, or requested the crew return to the ambulance station and swap their vehicle. There was a dedicated storage area for staff to place faulty equipment for replacement.
- Staff completed one off training on emergency equipment. At February 2018, the provider reported a training compliance rate of 100%.
- The ambulances we observed had high specification stretchers which staff reported minimised manual handling and provided maximum comfort to the patient.
- The provider had equipment available for both adults and children. This included blood pressure cuffs, oxygen masks and emergency equipment.
- On one of the ambulances we inspected, we saw the trolley harness had visible signs of wear and fraying. We escalated this to the fleet manager who took action immediately and replaced the harness during the inspection.
- The vehicle make ready operatives (VMRO) completed an environmental checklist daily. The VMROs recorded stocks levels, equipment expiry dates and asset numbers, which ensured ambulances, were ready for use. However, staff told us that due to VMRO vacancies these checklists were not always completed. This meant the provider did not have assurance that ambulances were ready to use.

- Crews completed a "vehicle daily inspection" checklist at the start of every shift using an app. Paper copies were available in the event of IT failure. The checklist included vehicle-critical checks such as fuel, lights and tyres, and checks of critical equipment such as defibrillators. Once the checklist was completed, the fleet manager received an email notification. However, staff told us they were unable to progress to other stages of the checklist if they input 'no' to any question so indicated 'yes' but had to remember to highlight the issue to the operational team leader. This meant the checklist did not give the provider assurance that ambulances were safe to use.

Medicines

- There were systems in place to ensure the safe storage of Controlled Drugs (CD). CDs are prescription medicines controlled under the Misuse of Drugs legislation (and subsequent amendments). The CD accountable officer for the organisation was the registered manager. We saw the organisation had a valid Home Office Controlled Drugs Licence which expired in July 2018.
- The service did monthly CD audits, which reviewed the storage, documentation and destruction of CDs. We saw the audit for February 2018, which showed a high level of compliance. There were two areas for improvement; witness signatures and crossing out errors. We saw action taken included feedback to the individual members of staff.
- Staff told us about a medicine error whereby the running stock balance for CDs was miscalculated. Staff reported this as an incident and informed the CD accountable officer. We saw evidence that staff rectified the error on the same day. This demonstrated the service reported medicine incidents appropriately.
- Access to the medicine cabinets was restricted to prevent unauthorised access to medicines. The service kept the key to the CD cabinet in a cupboard with a combination lock. Only local management and paramedics had access to the CD keys. Only location management and vehicle make ready operatives had access to the prescription only medicine cabinet. The service kept this locked with a combination padlock.

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- The service ordered medicines through a third party. Staff would scan the delivery note on receipt of medicines and sign. This provided a clear record of who received the ordered medicines.
- Local management carried out monthly drug bag audits. The audit looked at stock levels and expiry dates of medicines issued to each standard drug bag. The completed audit for January 2018 showed 100% compliance.
- Local management carried out monthly electronic medicine expiry date checks. This ensured all medicines in the cabinets were within date and safe to use. We inspected 11 medicines and found they were all within date.
- The service had a clear process for the destruction of medicines. Staff segregated out of date medicines from in date medicines to a drug safe. Medicines were then disposed into a dedicated sharps bin. The area manager reported vials were broken and tablets individually disposed of which is best practice. We saw the drug disposal records between October 2017 and January 2018, which showed no omissions.
- The provider had included controlled drug management to the risk register. Actions to improve compliance to policy included refresher training for staff and shared learning from other CD audits within the organisation.
- The service stored medical gases safely. The oxygen cylinders on all three vehicles we inspected were in-date and secured to prevent injury to patients or staff. The service stored additional medical gas cylinders securely at the registered location inside a padlocked area. We saw clear, marked segregation of full and empty cylinders to prevent crews accidentally taking an empty cylinder onto a vehicle.
- We observed staff safely administer intravenous fluids to a patient and recorded this appropriately. We also saw appropriate documentation for the administration of oxygen to a patient with no omissions.
- The registered manager signed up to the Medicines and Healthcare products Regulatory Agency and the Central Alerting System. He shared all alerts with staff using an online platform called 'Continuing Professional Development (CPD) me'. This meant staff were made aware of alerts and the necessary action to take to mitigate any risks.
- The service also completed a yearly CD audit. We saw the last two completed yearly audits dated March 2017 and March 2018. The 2018 audit showed improvement since the 2017 audit. Staff did not always cross out errors with a single line and there were missing witness signatures. At inspection, we reviewed 22 entries in the CD logbook and found one missing witness signature. Actions taken following the audit included a circulation of an aide memoir and direct feedback to individual staff. The service planned to assess the effectiveness of these actions monthly.
- The paramedic on the first shift of each day took responsibility to check the CD register and stock checks. We reviewed the CD registers for the daily checks of two CDs and found one missing check, three checks had the wrong date and one check was not countersigned. We escalated our concerns to the area manager who took photographs of the pages and reported he would speak to the individual members of staff. This showed the service took appropriate action to our concern.
- The service sought written permission from the CD accountable officer prior to the destruction of CDs. We reviewed the destruction of CDs records between June 2017 and February 2018. One of four entries did not have a complete record as it showed segregation into the drug safe but no subsequent destruction. We escalated our concerns to the area manager who noted the error. The provider has since responded that the CDs were not destroyed, but segregated in the drug safe, therefore they could not record the destruction of the CDs.

Records

- Ambulance crews used paper records for the recording of all patient details, known as a patient report form (PRF). The PRF documented all clinical procedures and examinations the patient had and any medication given to the patient. Staff used PRFs which were the same forms used by the partner NHS ambulance trusts.

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- We reviewed eight PRFs and saw crews had completed all eight to a high standard. These included clear documentation of detailed history-taking, vital signs, mental capacity assessment, allergies, medicine administration and social background.
- The provider's training database showed that 98% of staff had completed information governance training. This is slightly worse than the provider's target of 100%.
- The service carried out monthly patient care record audits to obtain ongoing assurances around compliance with policies in clinical areas such as asthma, cardiac arrest and stroke. Senior paramedics, senior technicians or clinical team leaders undertook the audits. We saw compliance rates were 93% in January 2018 and 93% in February 2018. These rates exceeded the provider's target of 80%. We saw management recorded feedback given to individual staff either face to face or by telephone. The service shared feedback across the organisation in the staff newsletter and at team meetings.
- The service kept records securely to maintain patient confidentiality and data protection. Crews stored PRFs in black lockable folders within the ambulance. At the end of their shift, they put all PRFs into a sealed brown envelope and put this into a locked box destined for each partner NHS trust. A Falck employed delivery driver collected the PRFs from the locked boxes twice a week and delivered to the NHS ambulance trust headquarters.
- Ambulance crews appropriately recorded special notes such as (DNACPR) within the PRFs.
- In the eight records we reviewed, we saw the receiving hospital staff had signed and dated receipt of the records in all the cases where they conveyed the patient to hospital. This allowed continuity of care of the patient.

Assessing and responding to patient risk

- Ambulance crews assessed patients and responded accordingly in line with national scoring tools. The service used the Glasgow Coma Scale, National Early Warning Scores and Paediatric Early Warning Scores to monitor and detect deterioration in patients. The Glasgow Coma Scale is a national tool used by ambulance crews to measure eye-opening response,

verbal response and motor response following injury or trauma. The National and Paediatric Early Warning Scores are simple scoring systems of physiological measurements (for example, blood pressure and pulse) for monitoring of adults and children. These tools enabled staff to identify deteriorating patients.

- We saw in the patient record forms ambulance crews used Public Health England's act 'FAST' recognition tool on patients with a suspected stroke. This tool helps to identify common symptoms of stroke such as speech difficulty.
- Staff followed standard operating procedures as outlined in the partner NHS ambulance trust protocols. Staff escalated concerns to the NHS clinical support desk that provided clinical support over the telephone. We saw evidence staff contacted the clinical support desk in two of the patient record forms we reviewed. This ensured patients with complex needs were assessed by a senior paramedic prior to clinical decisions being made.
- Staff had skills and training to respond appropriately to violent or disturbed patients. Data provided by the service showed in February 2018, 100% of staff completed conflict resolution training. Although staff did not use restraint, they knew techniques to use to de-escalate hostile situations.

Staffing

- The service had enough staff with the right qualifications, skills and training to keep patients safe. The service had five employed members of staff including three emergency medical technicians, one trainee paramedic and one operational team leader. It also had 33 bank staff including six paramedics. The registered manager reported the service aimed for a ratio of 40% permanent and 60% bank staff.
- Staff were allocated to shifts and worked with one NHS ambulance trust for the whole of the shift. The call centre for the NHS ambulance trust knew what staff and skill mix were rostered to work so they could allocate emergency calls as appropriate.
- The provider worked to NHS standards for recruitment to ensure compliance with professional references and criminal records checks. Before commencing employment, successful applicants completed all

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relevant training, vaccinations, Disclosure and Barring Service (DBS) checks and provided the service with references. We saw evidence of these checks within the staff files we reviewed.

- The provider reported a staff sickness rate of 1.01% and a staff turnover rate of 9.3% for 2017. The organisation recognised difficulty in sourcing and retaining high quality frontline staff. We saw recruitment was included in the provider's risk register.
- Local management took responsibility for staff rotas. Ambulance crews worked 12-hour shifts, over a variety of different working patterns, for example four days on and three days off. At the time of our inspection, there were two vehicle make ready operative vacancies. Staff told us another Falck ambulance station nearby provided cover for these vacancies.

Anticipated resource and capacity risks

- The service anticipated resource demands based on shift requirements received by the NHS ambulance trusts, quarterly for one trust and fortnightly for the other. If the service were unable to fulfil the necessary shifts, the service was financially penalised. The service had daily calls with both trusts and used bank staff that were deployed on a casual basis to avoid this. The service deployed an average of eight crews for both NHS contracts daily.
- The organisation had a detailed business continuity plan, which included actions to be taken to mitigate the impact of a number of possible situations that could affect its ability to provide its service. These included fuel shortages, severe weather, staff shortages, premises, utilities and IT failures.

Response to major incidents

- The service had continuity arrangements for emergencies if one should happen. The service had a business continuity planning and major incident management policy. We reviewed the draft for the updated policy and saw a flowchart to show individual responsibility in the activation process of the business continuity plan. The plan would minimise disruption to the service should a business continuity incident, such as loss of power or damage to premises or vehicles, occur.

- The service was updating the business continuity policy to reflect the NHS England's NHS organisations in planning for business continuity incidents, critical incidents and major incidents.
- Staff received major incident training during induction and further comprehensive training took place during first response emergency care training. The provider's risk register showed it planned to carry out business continuity exercises by April 2018 to test the updated policy.

Are patient transport services effective?

Evidence-based care and treatment

- There were processes in place to ensure ambulance crews kept up to date with national guidelines such as the National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). There was an electronic central library for all policies and procedures used within the organisation. This ensured staff had access to policies when working remotely.
- Ambulance crews worked to the same clinical practice guidelines as crews in partner NHS trusts and received similar clinical updates. Information, including best practice, protocols and guidance issued by partner NHS trusts was disseminated to all crews using an online platform called 'CPD me', which alerted all staff through their email accounts.
- The staff we observed understood the specific national guidelines that applied to their work and demonstrated this in application. We observed ambulance staff responding to a patient who had fallen. The treatment provided was effective and compliant with JRCALC 2017 guidelines- Falls in Older Adults.
- Patient record forms we reviewed showed staff followed NICE quality standards for Stroke in Adults. Staff screened the patient using a validated tool and conveyed the patient to hospital due to persisting symptoms in line with best practice.
- Patient record forms we reviewed also showed staff followed 'NICE clinical guideline 16, self-harm in over 8s'.

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Staff recorded relevant information about the patient's home environment, social and family support network, and history leading to self-harm in line with best practice.

- The service had assurances staff carried out care and treatment in line with evidence-based guidance and best practice. The service carried out monthly audits to obtain ongoing assurances of crew compliance with policies in key areas. We reviewed monthly audits in the following areas: controlled drugs, hand hygiene, infection control (vehicles), infection control (premises) and drug bag audits. We also reviewed patient care records audits for January and February 2018. Audits demonstrated a high level of compliance with policies that met locally agreed targets.
- The partner NHS ambulance trusts carried out clinical performance indicator (CPI) audits for Falck staff. The audits reviewed the patient record forms completed by staff against clinical standards. We reviewed two completed CPI audits, which showed overall compliance rates of 99% and 94% against the trust target rate of 95%. This meant one was above the target and one was slightly below the target. Overall, this demonstrated staff provided care and treatment that was in line with best practice. The partner NHS ambulance trust highlighted any non-compliance and themes to the service at monthly contract meetings.
- We reviewed seven policies during our inspection and found the service updated these in February 2018; however, none of the policies contained review dates which meant it was not always evident if policy was up to date. The risk was mitigated by the organisation using an electronic system which only showed the latest policy. Paper copies of policies were not routinely used by staff.

Assessment and planning of care

- The service used agreed and documented pathways for the assessment and planning of care. Ambulance crews used the pathways of the corresponding NHS ambulance trusts and their practice mirrored those of the trust's own ambulance crews. Crews were assigned to a NHS ambulance trust at the beginning of their shift and worked with that trust throughout the whole shift.
- We saw the pathway ambulance crews followed when managing the conveyance of patients. The pathway

included clear instructions on the management of paediatrics, patients with suspected stroke or heart attack, patients with mental health disorders and patients not conveyed. When indicated, ambulance crews telephoned the clinical support desk at the partner NHS ambulance trust for authorisation to not take the patient to hospital when this was clinically appropriate.

- Ambulance crews recorded any concerns around mental capacity, safeguarding, or known physical or learning disabilities in the patient record form. This allowed crews to plan the patient's care accordingly. We saw evidence to show staff called the local mental health crisis team, the patient's GP and the clinical support desk for clinical advice regarding the patient's plan of care.

Response times and patient outcomes

- The partner NHS ambulance trusts collated performance data for the service in the following areas: mobilisation time, time at the scene with patients conveyed to hospital, time at the scene with patients not conveyed, wrap-up times, time spent at hospital, and non-conveyance rates. This meant the partner NHS ambulance trusts monitored the service's performance at every stage from receiving a job to leaving a hospital after conveying a patient. Each NHS ambulance trust had different targets for performance.
- The organisation met its key performance indicator for average mobilisation times in January 2018. The staff newsletter dated February 2018, showed the average mobilisation time for the two commissioning NHS ambulance trusts was 22 and 35 seconds against a target of 30 and 45 seconds respectively. This meant staff responded quickly to emergency calls.

Competent staff

- The service ensured staff were fit to work with patients and vulnerable people. The organisation's human resources team used an electronic staff record system to record personnel information such as training completion, annual appraisals, criminal records checks, references, driving licence checks and vaccinations. We reviewed three staff files during our inspection, which showed fully completed recruitment checks.

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- All vehicles were fitted with Global Position Systems (GPS). The service used a software programme, which analysed the driving behaviours of ambulance staff. It measured acceleration, deceleration and speed continually. This informed managers of the standards of driving achieved by staff and identified staff who required further training to maintain standards.
- Managers told us if an ambulance driver had two or more road traffic accidents whilst driving, the service investigated the accident and ensured the driver attended additional driving training. If an ambulance driver were involved in three road traffic accidents in a short period, the service would take disciplinary action if required. The service investigated all road traffic accidents involving its staff. This demonstrated the service monitored the driving standards of staff.
- Staff told us they also completed one week of mandatory training which included advanced medical skills, medical device training, introduction to the station environment and training specific on the partner NHS ambulance trust's policies. Staff did not undertake clinical duties until they had completed mandatory training. This ensured only competent staff provided patient care and treatment.
- The service assessed the ongoing competence of staff to carry out their clinical roles. Ambulance staff completed clinical performance ride outs (CPR) on induction, yearly and before working at a higher skill level such as a lead clinician. We saw a completed CPR for one member of staff dated December 2017, which showed the member of staff met all standards. Staff received mentoring and support through an action plan if they failed a CPR and could reattempt another ride out.
- Clinical team leaders and mentors used an online clinical performance review tool to assess the competence of clinical staff. The tool was aligned with the Health and Care Professions Council Standards of Proficiency. This meant staff were assessed against professional standards. Clinical team leaders and mentors completed action plans for staff who did not meet the required standards.
- Employed staff received quarterly face-to-face reviews, one of which was a formal appraisal. The service had introduced a new appraisal system called 'my contribution'. We saw evidence of appraisals for three

members of staff. Each appraisal contained individual clinical performance and key performance indicators. The organisation benchmarked individual performance to the organisational targets. This meant that staff had an opportunity to review their performance and learning needs.

- Data from the provider showed in March 2018, showed four out of five permanent staff had received an appraisal. The provider explained the outstanding appraisal was due to the member of staff having not yet completed their probation period.
- The service used an online platform to communicate with its remote workforce. It produced bulletins, which promoted training dates, alerted staff of changes to procedures and learning from incidents. This provided assurances staff had the necessary knowledge and information they needed to do their jobs.

Coordination with other providers

- The service coordinated all care and treatment it provided with the partner NHS ambulance trusts. Ambulance crews received jobs from dispatchers at the NHS ambulance trusts through their mobile data terminal or radio. We observed excellent communication by a crew to the dispatcher after receiving a radio bulletin about the pressure waits at the nearest hospital. The crew escalated their concerns to the clinical support desk of the partner NHS ambulance trust who authorised the conveyance of the patient to the local hospital.
- Crews sometimes conveyed patients to services other than hospitals that they were under the care of, where this was clinically appropriate such as hospices and mental health units.
- The service also sometimes coordinated with police, for example, when attending to violent patients that may pose a danger to themselves or others.

Multi-disciplinary working

- We saw evidence in the patient record forms of ambulance crews contacting other providers to obtain advice and devise a plan of care. For example, the crew contacted the local mental health crisis team for advice

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and contacted a patient's GP to arrange an urgent appointment for medication review. This demonstrated ambulance crews worked with other providers to prevent avoidable admissions to hospital.

- Ambulance crews provided effective handovers to other services to enable continuity of patient care. During our inspection, we observed one patient handover to another service. The crew carried out an effective handover and shared relevant verbal and written information including details of any safeguarding concerns, social care needs and treatment provided on route.

Access to information

- At the ambulance station, there were noticeboards, which displayed information of interest to ambulance staff. This included organisational updates on incident reporting, operational updates, safeguarding, clinical bulletins, standard operating procedures and the Falck values. This meant that staff were kept up to date with changes within the organisation.
- Ambulance crews used different devices to enable communication with the partner NHS ambulance trust. They used a handheld electronic device, a radio system and work mobile phones to communicate with the NHS control room and the clinical support desk.
- At the time of our inspection, the service had introduced a new software system called Global Emergency Management System (GEMS). The system when operational would enable ambulance crews to have remote access to all operational policies and report incidents in real time rather than completing paper incident forms at the end of their shift.
- Ambulance crews' handheld data terminals were secured with a password to ensure data confidentiality should the terminal be lost or stolen.
- The provider had taken action to address NHS England's 2015 patient safety alert regarding satellite navigation systems. We saw evidence which showed it updated all back up satellite navigation systems in September 2017.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The organisation had a 'capacity to consent policy' which clearly outlined responsibilities, different types of consent, consent in relation to children and young people and mental capacity.
- The capacity to consent policy also included a section explaining deprivation of liberty safeguards (DoLS). Although, ambulance staff would not be involved in an application for DoLS, the policy ensured ambulance staff had an awareness of DoLS in case they were involved in transporting a patient who was subject to an application.
- Staff understood their responsibility to assess the need of patients with mental health disorders. We saw a completed mental health assessment form for a patient with suicidal thoughts. Staff took appropriate action to ensure the patient was safe and had a plan of care. They referred a patient to the local mental health crisis team and discussed the antidepressant medication with another patient's GP.
- Ambulance crews used the mental capacity and mental health assessment forms provided by the partner NHS ambulance trust and these were available on the vehicles we inspected.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. In all of the eight patient record forms we reviewed, ambulance staff had indicated if they obtained patient consent and if the patient had capacity. In the one case where the patient was not deemed to have capacity, the ambulance crew recorded they acted in the patient's best interest. This is in line with the Mental Capacity Act which states crews could treat the patient 'under the doctrine of emergency'. This included patients who were unconscious.
- All staff received training in the Mental Health Act, the Mental Capacity Act, capacity and consent every three years. Data from the provider showed in February 2018, 100% of staff had attended this training.
- Staff did not receive specific training in the use of restraint. This was because crews were not required or authorised to use restraint methods when transporting patients.

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Are patient transport services caring?

Compassionate care

- Staff treated patients with dignity and respect. We joined an ambulance crew on a call and witnessed staff treating a patient with kindness. Crews communicated in a polite and professional manner.
- We observed crews driving sensibly whilst using blue lights to make the journey as comfortable as possible for the patient.
- All staff completed training in respect, dignity and care as part of their induction. Data from the provider showed at February 2018, 95% of staff had attended this training. This is slightly below the provider's target of 100%.
- The service sought patient feedback. Falck (Sevenoaks) had received 11 compliments between January and December 2017. Managers told us they received compliments in the form of letters, emails, telephone calls or through the partner NHS ambulance trusts.
- Patient compliments we reviewed included, 'they were truly amazing and should be so very proud of what they do' and 'they were just an incredible, kind and caring partnership. They had the most wonderful way about them.'

Understanding and involvement of patients and those close to them

- The ambulance crew communicated in a polite and professional manner at all times during our visit.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed crews appropriately involving patients and their relatives in discussions about their care during our visit.
- Staff provided reassurance to the patient and those close to them. We observed crews providing an update to family members after they handed over to the hospital staff.
- Patient feedback reflected staff treated patients and their relatives with respect. One complimented stated 'they made me feel like a human being and treated me and my family with a lot of respect... it felt we had known them for years'.

Emotional support

- Feedback from patients demonstrated staff supported them emotionally. One compliment demonstrated staff had reassured the patient's wife.

Supporting people to manage their own health

- We observed ambulance crews signpost patients to their own GP to help them manage their own health and independence at home.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Service planning and delivery to meet the needs of local people

- The service held two contracts with NHS ambulance trusts across the South East of England. The service had capacity to respond to critical care and urgent care requests from NHS ambulance trusts, and supported NHS ambulance trusts emergency services with flexible deployment of vehicles and crews to enhance trusts' own front line services when needed.
- Data showed the service responded to 12,000 calls to 999 between January and December 2017. We requested the breakdown of these journeys in category one, two, three and four calls. However, the provider told us this information was not shared by the commissioning NHS ambulance trusts.
- Senior managers told us that longer term planning was challenging because it was not always clear if commissioners would renew their contracts, and when they did renew, they renewed for limited timescales. The service had recruited from overseas but due to a change in the requirements of a contract, meant these staff were made redundant so the service supported them to find alternative work.

Meeting people's individual needs

- Staff had access to a telephone translation service for interpretation support. Staff showed us a laminated card, which demonstrated in multiple languages, the translation services available. Staff showed this card to patients whose first language was not English so they could indicate which language they wanted translating.

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- Staff used the 'Wong-Baker' Facial Grimace Scale to assess pain in children, patients with learning disabilities or living with dementia.
- The provider did not have any communication aids for patients living with dementia or learning disabilities. We saw this was on the provider's risk register and actions included staff to use family members or other healthcare professionals to aid communication. The provider had also contacted national organisations to seek advice regarding communication aids.

Access and flow

- The organisation monitored the access and flow of its First Response service using key performance indicators (KPIs). It shared its performance dashboards with staff in a newsletter and displayed these at the ambulance station. We saw the January 2018 newsletter showed First Response services met three out of five KPIs for one contract, and one out of four KPIs in the other. The February 2018 newsletter showed improvement in compliance to KPIs for both contracts.
- The provider received frequent feedback about its performance from the NHS ambulance trusts and discussed access and flow within contractual meetings. We saw the monthly contractual meeting minutes for one NHS ambulance trust, which showed compliance rates to the contractual delivery, was 91% and 95% for November and December 2017 respectively. This was slightly below the contractual target of 100% but showed a slight improvement between the two months.
- Senior management recognised issues which affected performance. One manager told us time on scene did not benchmark well against the partner NHS ambulance trusts. Falck ambulance staff sought authority from the clinical support desk when they decided to not convey a patient to hospital. Staff from the NHS ambulance trusts had more autonomy and could make this decision. This meant staff could not leave the scene as quickly as NHS staff.
- Another issue, which affected performance, was out of service times. This measured if ambulance crews started their shift on time. On the day of inspection, the ambulance crew we observed deployed late, as the vehicle was not ready for use. The service reported a high proportion of delays caused by vehicle cleaning. Investigations by the provider showed staff deep

cleaned each vehicle when it was not clinically indicated. The service distributed a clinical memo in December 2017, to remind all staff of the infection prevention control guidance on the criteria for vehicle deep cleaning.

- Crews demonstrated excellent communication skills. They communicated any delays to the partner NHS ambulance trust through their airwave radios and mobile data terminal. We observed appropriate escalation to the control room during our inspection by the ambulance crew.

Learning from complaints and concerns

- The service had a clear process in place to manage complaints and concerns. The health, safety, environment and quality team logged all complaints onto the electronic management system including the investigation report. The team rated and investigated all complaints. The relevant manager reviewed completed investigations before sending correspondence to the complainant.
- The service had a complaint policy, which clearly outlined the timescales for processing complaints. The service acknowledged complaints received directly within three working days and investigated within 25 working days.
- The service sought feedback from patients and those close to them. We saw a detailed leaflet on how to raise concerns or make a formal complaint about Falck in the vehicles we checked. Patient could also access complaints information through the provider's website.
- The service received one patient and two health care professional complaints between January and December 2017. The patient complaint related to poor crew attitude. The partner NHS ambulance trust received the patient complaint and investigated it. The service took appropriate action in response to the complaint and worked with the investigating NHS ambulance trust to resolve the complaint.
- The service used outcomes from complaints to make improvements. Senior managers shared learning from complaints at local team meetings and through email communications. We saw the newsletters produced by the patient experience team in April and June 2017,

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which showed changes to practice following complaints. This included new checks for staff to complete within the vehicle daily inspection in respect of wheelchair clamps and lap belts.

Are patient transport services well-led?

Leadership of service

- The service had undergone a substantial management restructure to increase support to frontline staff through visible managers, clinical leaders and mentors. Staff we spoke to told us management was excellent. Staff also reported managers were very friendly and approachable.
- The executive management team consisted of the chief executive (CEO), chief finance officer, director of emergency and urgent care, director of patient transport services, director of operations and a quality and commercial director.
- Ambulance crews reported to the operation team leader based at the ambulance station who reported to the area manager. The area manager who visited the ambulance station frequently reported to the senior operations manager who was line managed by the director of emergency and urgent care.
- Staff felt supported by management and reported they had management assistance available 24 hours a day through an on call telephone number.
- Staff we spoke with enjoyed working for the company. One member of staff stated, 'Falck is a good company to work for and managers sort any raised concerns or issues out'.

Vision and strategy

- Falck used a success pyramid diagram to demonstrate their values. We saw the performance review paperwork incorporated this diagram. The values were based on principles of being efficient, reliable, competent, helpful, accessible, and fast. The service vision was 'working as a united team, to be the preferred provider, preferred brand and preferred workplace'. The overall philosophy linked to the company's Danish founder, was 'people helping people'.

- Only one out of three staff we asked knew the company values. The new appraisal system, 'my contribution' implemented in February 2018, focused performance reviews around the company values. The service reported as the new appraisal system is rolled out, the awareness of company values amongst staff would improve.
- The registered manager told us the business strategy was to be profitable without compromising patient safety. He reported Falck had invested in continuing professional development for staff by implementing clinical mentors and supporting staff to develop their skills to obtain promotions and clinical lead roles.

Governance, risk management and quality measurement

- There were effective governance processes, meetings and documents in place to ensure senior managers reviewed and addressed current performance and risk information. There were three main governance forums: executive meeting, first response divisional meeting and 'sprint' meetings.
- The executive team held monthly meetings to review the performance and quality of patient transport and first response services. We saw the meeting agendas for September, November and December 2017. They lasted half a day and topics discussed included operation, quality, finance and human resources.
- The registered manager chaired a monthly divisional meeting. We saw the agenda for December 2017. Standing agendas items included staff engagement and performance, consultation, risk register and a business update. This meant senior management had clear oversight of the performance and risks for the division.
- The directors of first response chaired the monthly 'Sprint' meetings. We saw the sprint meeting presentations for October, November and December 2017. There were slots to discuss finance, HR, training, despatch, planning, safeguarding, the risk register and all key areas of the business.
- The registered manager told us he raised concerns with the Chief Executive during monthly one to one meetings. This ensured concerns were shared from the 'floor to the board'.

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- The service was working with the data team to produce internal detailed reports, which broke down the information received by the partner NHS ambulance trusts. The service wanted the report to give specific performance metrics for individual members including out of service incidents. Once completed, there were plans for the station managers to meet with staff who consistently missed the targets.
 - The service had effective systems for identifying risks and planning to eliminate or reduce them. The registered manager, who was also the director of emergency and urgent care, maintained the division's risk register. We saw that the risk register was comprehensive and the service used control measures to lessen risks wherever possible. For example, the service recognised a risk with policies not reflecting best practice and not being reviewed. To mitigate this risk, the service had employed an interim governance lead and set up a procedural review group to work through all procedures and develop a library for staff use.
 - The registered manager demonstrated their understanding of risks to the service and we saw risks on the register matched with risks he identified. This included the risk of low compliance rates to staff immunisations due to a shortage of vaccinations. To mitigate this risk, the provider had set up three on site clinics for staff and contracted an occupational health provider to lead on this work.
 - The service had a Disclosure and Barring Service (DBS) policy. The policy outlined the recruitment team took responsibility for pre-employment DBS checks and the human resources team took responsibility for three yearly DBS checks for existing staff. We saw in all the staff files we reviewed, completed DBS checks. This showed staff were fit to work with vulnerable patients.
 - There had been big changes within the organisation, mainly the Falck takeover of the company in 2015. The service recognised this and identified pockets of low staff morale. In response, the service increased staff engagement with monthly performance awards, increased continuing professional development and improved visibility of senior management.
 - The registered manager reported he ran a charity barbeque one morning at the ambulance station for frontline line crews in an attempt to boost staff morale.
 - The service sought feedback from patients through patient leaflets. If a compliment was received about a specific member of staff the feedback was provided to the staff member and to their manager for recognition. The registered manager told us a key objective for the service was to increase the number of compliments to complaint ratio.
 - The service provided an employee assistance programme for counselling. Staff we spoke with knew about this service. This demonstrated a commitment to staff wellbeing.
 - The registered manager reported the service was sending an ambulance crew to Copenhagen for the European Emergency Medical Services Championships 2018 whereby ambulance teams compete in scenario based rounds testing their team work, skills, experience and ability to find a solution.
 - The service sought staff feedback and was proactive to the responses received. The registered manager reported the service ran new continuing professional development modules such as sepsis and electrocardiogram as per staff request.
 - There were monthly team meetings, which the service advertised in the staff newsletter. Team meetings occurred a few times during the day to ensure all staff had the opportunity to attend. We saw the meeting minutes for February 2018, which showed the management team opened the floor for staff to raise concerns. Concerns raised included heating with vehicles, provision of stock and continuing professional development opportunities. We saw actions for management to take forward which showed the provider valued and acted upon staff feedback.
- Culture within the service**
- The service promoted a culture of openness, candour and honesty. Crews told us the supportive culture encouraged them to be open and admit to mistakes without blame. They received verbal feedback and support following distressing incidents such as fatal stabbings.
- Public and staff engagement**

Innovation, improvement and sustainability

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- The provider had developed its own software called Global Emergency Management System, which was

already in use in Europe. The software enabled staff to access all policies and procedures. The service was in the process of using this system to report incidents, complaints and compliments.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

Action the provider MUST take to meet the regulations:

- The provider MUST take prompt action to ensure staff consistently follow the standard operating procedures for controlled drugs.

Action the hospital SHOULD take to improve

Action the provider SHOULD take to improve

- The provider SHOULD ensure staff record daily cleaning of vehicles.
- The provider SHOULD have a process to monitor completed safeguarding referrals.
- The provider SHOULD ensure all policies have a review date.
- The provider SHOULD have communication aids for patients living with dementia or learning disabilities.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</p> <p>12 (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include-</p> <p>(g) the proper and safe management of medicines</p> <p>Staff did not consistently and accurately document daily checks of controlled drugs.</p> <p>Regulation 12 (2)(g)</p>