ERS Transition Limited

ERS Medical East

Quality Report

Quality report
Unit 2, Sapphire Estate, Sapphire House, Roundtree Way, **Norwich**, Norfolk, NR7 8SQ
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Date of inspection visit: 2 October to 3 October and 16 October
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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.

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

ERS Medical East is an independent ambulance service in East Anglia operated by ERS Transition Ltd. The service primarily serves the communities in East Anglia. ERS Transition Ltd took over the services and became the registered provider with CQC in October 2017. The service is registered for patient transport service (PTS).

ERS Medical East primary service transports non-emergency patients within Norfolk, Suffolk and Essex. The service can transport patients detained under the Mental Health Act 2007 in a formal and informal context.

The service has had a registered manager in post since October 2017. At the time of the inspection, a temporary registered manager was registered with the CQC. A permanent registered manager had been appointed and their application was being processed.

We inspected this service using our next phase inspection methodology. We carried out a short notice announced inspection on 2 and 3 October 2018, followed by an unannounced inspection on 16 October 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? 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 people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated the service as good overall because:

- There were effective systems to monitor vehicles and equipment maintenance.
- There were systems in place to safeguard vulnerable adults and children. Staff could identify safeguarding concerns and knew how to report them.
- Policies and procedures were in line with national guidelines and were version controlled and within date. There was an audit programme in place to monitor compliance with policies and procedures.
- Staff received annual competency update training.
- Staff treated patients with dignity and respect. They were kind and caring. Staff told us that caring for their patients was the best part of their role.
- The service had good oversight of the booking process and monitored drop off and pick up times and kept patients informed about delays.
- There were systems of governance at management level to monitor performance and risk.
- The service had effective, integrated business management systems which gave them up to date information and oversight of the service.

However, we also found the following:

- Processes for incident reporting were not fully embedded. Staff described different processes for reporting incidents. Staff could not tell us how learning from incidents was shared. Some members of staff were unclear as to what constituted an incident.
- Staff had not received an annual appraisal.

Summary of findings

- Staff did not always document on the patient record forms that verbal consent had been obtained.
- Staff did not have access to translation sheets for patients whose first language was not English. Staff did not have access to communication prompts for patients who were hearing or visually impaired.
- The process for shared learning from complaints was not embedded. Staff could not tell us how learning from complaints was shared.
- Staff felt that there was not effective communication between managers and staff, team meetings were not embedded. There was low morale amongst the staff and staff told us that they did not feel valued by managers.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)	Good	We rated this service as good because safe effective, caring and responsive were good. Staff received mandatory training and annual competency updates, there was effective processes in place for infection prevention and control and vehicle and equipment maintenance. Policies were up to date and reflected national guidelines, staff treated patients with kindness, dignity and respect. Well led was rated as requires improvement. Staff were not clear as to what constituted an incident and learning from incidents was not shared. There was a lack of staff engagement and staff reported low morale. Staff had not received annual appraisals.

ERS Medical East

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to ERS Medical East

ERS Medical East is operated by ERS Transition Ltd. It is an independent ambulance service in East Anglia that primarily serves the communities in East Anglia. The service has been registered with CQC as ERS Transition Ltd since October 2017.

ERS Medical East is registered for patient transport service (PTS).

ERS Medical East primary service transports non-emergency patients within Norfolk, Suffolk and Essex. The service can transport patients detained under the Mental Health Act 2007 in a formal and informal context.

The service has had a registered manager in post since October 2017. A temporary registered manager was in place at the time of inspection however a permanent registered manager had been appointed and their application was in train.

Our inspection team

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

How we carried out this inspection

We inspected this service using our next phase inspection methodology. We carried out a short notice announced inspection on 2 and 3 October 2018, followed by an unannounced inspection on 16 October 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? 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 people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Detailed findings

Facts and data about ERS Medical East

ERS Medical East operates from stations located in Norwich, Kings Lynn, Snetterton and Chelmsford.

They operate a total of 64 vehicles in Norfolk, 23 in Chelmsford and operate two vehicles to transport patients with mental health issues. They employ 172 members of staff in Norfolk and 23 in Chelmsford, supported by a central support staff of 30 from Head Office in Leeds and a dedicated call centre team.

The service is registered to provide the following regulated activities:

- Patient transport service (PTS)

During the inspection, we visited Norwich and Kings Lynn stations. We spoke with 33 staff including; patient transport drivers, dispatch and planning staff, trainers, volunteer driver and managers. We spoke with five patients. During our inspection, we reviewed 10 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, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January 2018 to July 2018)

- There were 203,748 patient transport journeys undertaken.
- Seven ambulance technicians, 176 patient transport drivers and 33 administration and clerical staff worked at the service.

Track record on safety:

- No never events.
- Incidents: 69 no harm, 39 moderate harm, seven serious harm. No deaths had been reported.
- 115 complaints.

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

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

Information about the service

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Summary of findings

Are services safe?

We rated safe as good because:

- Mandatory training compliance rates for staff was 96%.
- There were effective processes to ensure vehicle and equipment maintenance was up to date.
- There were effective processes to prevent the risk of infection.
- Medicines were managed well, in line with policy and national guidelines.
- Risk assessment and monitoring of patients was carried out to ensure patient safety during transport.

However:

- The process for incident reporting was not fully embedded. Staff described different processes for reporting incidents. Staff could not tell us how learning from incidents was shared. Some members of staff were unclear as to what constituted an incident.
- The service had staff vacancies which meant that they were not able to crew all vehicles.
- Five out of six vehicle record folders we checked did not contain a copy of the up to date MOT certificate, according to the provider policy. Information provided on site demonstrated that all vehicles were in date for MOT testing.

Are services effective?

Patient transport services (PTS)

We rated effective as good because:

- Policies and procedures were up to date and in line with national guidance.
- The service was performing well against the key performance indicators outlined in the non-emergency transport service contract.
- The service worked well with other health care providers to provide the best care for patients.
- Staff received annual competency update training to maintain their skills to deliver care to service users.

However:

- No staff had received an annual appraisal.
- Although we observed that staff acquired verbal consent from patients, staff did not consistently record verbal consent had been obtained on the patient record forms.

Are services caring?

We rated caring as good because:

- We observed staff treating patients with kindness, dignity and respect.
- Staff told us that delivering good care was what they enjoyed most about their job.
- Patient survey results showed that 89% of service users felt staff were kind and treated them with dignity and respect.

Are services responsive?

We rated responsive as good because:

- The service was planned and managed in line with the commissioning agreement in place.
- There was information available to service users about how to make a complaint. Complaints were handled in line with the service complaints policy.
- The service had good oversight of the booking process. Pick up and drop off times were monitored and patients were informed about delays.

However:

- Although the provider had tools for communicating with patients whose first language was not English they were not in the vehicle folders and staff were not aware of them.
- Staff were not aware of shared learning from complaints.

Are services well-led?

We rated well-led as requires improvement because:

- Staff felt that managers were not visible and that communication between staff and management was ineffective. Staff reported low morale.
- Although there were systems of governance in place these needed to be embedded and strengthened. For example, learning from incidents and complaints were not shared with staff effectively and MOT documentation was not filed correctly.
- There was a lack of engagement with staff. Staff meetings were not embedded and staff were not always notified of meetings in a timely way. Although the service had a clear vision and strategy staff were not aware of it.

However:

- A new local management team had recently been appointed and were implementing processes for better communication with staff.
- Senior leaders were aware of the risks facing the business. They were aware that morale amongst staff was low and were taking steps to improve engagement with staff.
- The service had effective, integrated business management systems which gave them up to date information and oversight of the service.

Patient transport services (PTS)

Are patient transport services safe?

Good

We rated safe as **good.**

Mandatory training

- Staff completed annual update training which contained 14 core elements including manual handling, basic life support, health and safety and safeguarding adults and children. Data provided by the service showed that 94% of staff in Essex were compliant with their mandatory training against a target of 98%. Compliance was 98% for staff in Norfolk.
- The training programme identified the training needs of each staff group which meant that each member of staff completed the relevant training for their role for example driver training.
- The training team had a system in place to monitor mandatory training compliance against the target of 98%. We saw a spreadsheet identifying all staff members which indicated their training compliance status, when training was due to expire and whether they were booked onto a course to receive their update training.
- Training was delivered face to face and staff were notified via email when their training was booked.
- All the staff were positive about the training they received and felt that they received the appropriate training to carry out their role.

Safeguarding

- There were processes in place to protect people from abuse and neglect.
- The service had a safeguarding policy. We reviewed the policy and saw that it was version controlled and within review date. The policy referred to the intercollegiate document, Safeguarding: Roles and Competencies for Health Care Staff.
- The medical director was the safeguarding lead and there was a deputy safeguarding lead in post. Both had completed safeguarding level four training. In addition, the head of care standards had also trained to level four safeguarding.
- Patient transport service (PTS) staff were trained in safeguarding adults and children level 2. They received safeguarding update training every three years and an annual refresher as part of their mandatory training. The provider was contracted to transport children when required but the operations manager told us that this occurred very rarely. Any child that was transported was accompanied by a parent or carer.
- There were processes in place to support frontline staff to report a safeguarding concern. The service provided staff with a single phone number to use to contact the ERS control room located in Leeds to make a safeguarding referral.
- When a safeguarding referral was recorded on the system the regional manager and the head of care standards were alerted via email. This meant that they could assess the type of referral that had been reported and whether any immediate action was required.
- We reviewed the computer system and saw that there were drop down boxes which had to be completed as part of the safeguarding referral. If any were answered “no” the system automatically generated an action plan which the person allocated to investigate had to complete before the referral could be closed. We reviewed one safeguarding incident which was recorded using the online system. Information recorded included the nature of the incident and actions taken which included completing a safeguarding referral to the local authority.
- Staff we spoke with demonstrated a good understanding of safeguarding concerns. Staff knew how to make a safeguarding alert. Two staff members gave us recent examples of when they had made a safeguarding referral. Staff received an email thanking them for making the referral and confirmation that the referral had been made to the local authority.

Cleanliness, infection control and hygiene

- There were systems and processes in place to protect people from health care associated infection.

- The service had an infection prevention and control policy and guidance document. We reviewed the document and saw that it was version controlled and within review date.
- All the areas we visited were visibly clean and tidy.
- We inspected five vehicles and the equipment carried on them. All the vehicles and equipment were visibly clean and tidy. All the vehicles inspected contained hand sanitising gel and sterile wipes which were in date.
- Staff received infection prevention and control (IPC) training as part of their annual mandatory training update. Data provided by the service showed that staff training compliance was 96%.
- There was a vehicle deep cleaning programme in place. Vehicles were deep cleaned every 90 days. This process was monitored using the fleet computer system which highlighted when a vehicle was due a deep clean. We reviewed the records for six vehicles and saw that all were deep cleaned in accordance with the programme.
- Staff were compliant with being bare below the elbow. We observed staff sanitising their hands after patient contact. We observed staff clean equipment on the vehicle after patient contact. Personal protective equipment (PPE) was available in all the vehicles we inspected and we observed staff using it when in contact with patients.
- Staff told us that they were responsible for laundering their own uniform and had been given guidance to wash their uniform on a sixty-degree wash. Washing at this temperature is in line with the Department of Health guidance and is sufficient to remove all micro-organisms
- We saw that monthly infection prevention control audits were completed by the head of care standards at both locations we inspected. Audit data showed that in the most recent audit in Norwich compliance was 100%, at Kings Lynn it was 98%. The head of quality told us that where there was noncompliance an action plan was completed and allocated to a manager for delivery.
- Spillage kits were available on four of the five vehicles we inspected. Staff told us that if the vehicle became contaminated they would return to the station to clean it. Staff told us that spare uniforms were available at the station if a staff member's uniform became soiled during the shift.
- The depots at Norwich and Kings Lynn had a designated area for mops and cleaning products. Mops were colour coded; yellow for ambulance interiors, black for vehicle exteriors green for kitchen and dining areas, blue for general areas and red for toilet and shower areas. All mops were single use and we saw that there were unused mops ready for use. Mop checks were completed weekly. We reviewed records which showed that the check had been completed consistently from 22 August 2018.

Environment and equipment

- The service used an electronic system to schedule and monitor vehicle servicing and MOT.Both the stations at Norwich and Kings Lynn had a board in the office which recorded all the vehicles, with their service date and MOT. Vehicle status was also noted, for example if the vehicle was at the garage, off the road or due to be taken to the garage. This meant that the team leaders had easy access to information relating to all vehicles in the fleet.
- We reviewed six vehicle folders and found that the MOT certificates were not in the files for five of the vehicles checked. The service policy is that hard copies should be stored in vehicle files. The lead driver showed us on the government website that all five vehicles had up to date MOTs and the dates reconciled with the dates on the electronic system and the vehicle board in the office. We raised this at the time of inspection and the manager told us that they would ensure that the files were audited to ensure that they contained the correct documentation.
- Paper vehicle check sheets were completed by crews at the start of each shift before the vehicle left the station. Any faults identified were recorded on this form. The forms were collated by the team leader and faults on the vehicle were addressed. In the case where a fault was identified that meant the vehicle was not road worthy, this was escalated to the team leader and the vehicle would be taken off the road and an alternative vehicle provided for the crew.

Patient transport services (PTS)

- We found that there was no process in place to ensure that daily vehicle checks were completed for all vehicles. We raised this at the time of inspection. When we returned for our unannounced inspection we saw that the team leader had implemented a system to collate the sheets, ensure all had been completed and escalated any concerns with the vehicle that needed repair. We saw that a fault with a light on a vehicle was reported on the vehicle check form. We observed that this was noted and the vehicle was taken for appropriate repair before going back on the road. The managing director told us that there were plans to roll out electronic vehicle checks which would enable monitoring of the completion of vehicle checks.
- Both stations had an area where staff could leave broken equipment. Staff placed a red label on the equipment to indicate that it was not in working order and could not be used. We observed that all equipment in this area was clearly labelled.
- Equipment servicing was provided by an external supplier. All the equipment we checked during inspection was within service date. We checked the equipment service schedule and saw that all equipment service checks were up to date.
- We checked 25 consumable items. All were within expiration date. We checked 20 pieces of clinical equipment. Most were within expiration date. We found 2 out of 20 items we checked had expired. We bought this to the attention of a staff member who removed the items and disposed of them appropriately.
- There was equipment available that was suitable for different patient groups including heavy patients and children.
- All vehicles had a satellite navigation system and a vehicle tracker system so the dispatchers could identify the location of the vehicles. The vehicles had a 'dash cam' system. Should an accident occur, this emailed a video clip of a vehicle incident to the driver's line manager, allowing immediate action to be taken.

Assessing and responding to patient risk

- There were processes in place to ensure that risks to patients were assessed and their safety was monitored and managed to keep people safe.
- Staff carried out risk assessments prior to transporting patients to keep people safe. Staff told us that if a risk was identified, the appropriate action to address the risk were undertaken. For example, crews requested the support of additional staff, obtained additional equipment, adapted the number of patients transported at one time, or made the decision not to transport the patient if the risk was too high.
- The service had a specialised vehicle to transport morbidly obese patients. Staff told us that there was a specific risk assessment form that was completed when transporting a such patients to keep them and the staff transporting them, safe.
- We reviewed two policies relating to the use and application of handcuffs and the use and application of spit hoods when dealing with patients suffering from conditions that resulted in disturbed or violent behaviour. The document was version control and within review date. Both policies contained detailed information for staff about when to use handcuffs and spit hoods, risk assessments to be completed and safe application. We spoke to three members of staff from the mental health transport crew. They told us that they had received training in the use of handcuffs and spit hoods and knew when and how to use them.
- High dependency vehicle staff (HDU) used national early warning scoring (NEWS) to assess deteriorating patients. Staff told us if a patient became ill while being transported crews would deal with the patient in line with their qualifications and training. If the patient was seriously unwell staff told us they would call 999 for an emergency ambulance to attend.
- Staff ensured that if the patient had a do not attempt cardiopulmonary resuscitation (DNACPR) order the form travelled with the patient. Where the patient had a DNACPR but the document was not carried with the patient then the staff completed an ERS medical form which was signed by the healthcare professional responsible for the persons care.

Staffing

- Staffing levels and skill mix were planned and reviewed so that people received safe care and treatment at all times.

- The service used an electronic system to generate the staff rota which involved allocating crews to available vehicles. This rota was generated weekly. Staff who did not work a set shift pattern were notified of their weeks work pattern at short notice meaning it was difficult to manage work life balance.
- Senior staff told us that there were numerous different shifts and individual working patterns which meant that it could be complicated to effectively allocate staff. To attempt to address this a new shift pattern was out to staff consultation.
- At the time of our inspection there were road crew vacancies for 13 full time staff. These vacancies were in the process of being recruited to and we saw that interviews were taking place. A senior manager told us that they covered gaps in the rota by offering additional shifts to existing staff. If a shift could not be covered this meant that not all the vehicles would be utilised. This meant that there were not always enough PTS vehicles to fulfil all the bookings.If this occurred the regional manager told us that additional patients who were able, would be transported by taxi or in a volunteer driver vehicle as per the service delivery agreement. The volunteer drivers were coordinated by the service.
- The service was not able to provide information about the number of unfilled shifts.
- The local dispatch team had two vacancies which were in the process of being recruited to. Vacant shifts were covered by staff in the central control room in Leeds.

Records

- Staff had the information they needed to provide patients with safe care and treatment.
- Crews received job information via a hand-held tablet before conveying the patient. Staff told us that they received information about the patient's name, date of birth, and if they required any equipment.
- Transport bookings were made through a central control room based in Leeds. Staff recorded information provided on an electronic system. The system had a number of required fields to be completed, to assess the patient's eligibility, before the booking could be confirmed. This included information about the booking, the patient's mobility and additional relevant information. Staff received this information on their tablet. Staff told us that the information provided was not always accurate and this caused delay in the patient being transported and in some cases meant that the transport could not go ahead because staff would not transport a patient if it was not safe to do so. We raised this with the management team at the time of inspection. They told us that they were aware of the situation but the process was dependent on information given by the person making the booking. The provider monitored the number of aborted journeys and told us that they were working with services that booked transport to reinforce the importance of providing correct information at the time of booking.
- If the information provided about the patient was not accurate staff told us they would contact the control room to update the record with additional information. This was used to decide whether to complete the transfer or not.
- Patient record forms (PRFs) were completed by staff for patients transported on the high dependency vehicle. We reviewed 10 PRFs and saw that they were completed appropriately and contained patient details, patient observation and pain assessments.
- The PRFs were audited monthly. We saw that the patient record audits had been completed every month by the head of care standards dating back to January 2018. We reviewed three audits completed in June 2018, August 2018 and September 2018. In each audit all PRFs completed during the month had been reviewed. We saw that for each month no issues or concerns were identified.

Medicines

- The provider had systems and processes in place to ensure the proper and safe use of medicines.
- The provider had a medicines management and medicines administration policy document. The document was version control and was within review date. At the time of the inspection the provider did not store controlled drugs or prescription drugs.
- The provider had a medicines formulary in place which indicated which drugs could be used by paramedics,

institute of health care development (IHCD) technicians, emergency care assistants (ECA) urgent care administrators (UCAs) and student paramedics with an IHCD technician certificate.

- Ambulance technicians carried medicine pods which were sealed with colour coded tags. They were stored securely at the base behind a locked door. The pods were signed out by technicians at the start of their shift. At Kings Lynn, we reviewed the sign out sheets and saw that they had been signed. However, there were two different sheets to sign and it was not clear which had been completed by staff. At the unannounced inspection we reviewed the sign out sheets for August, September and October 2018. We saw that a standardised form was used. We also saw that the alternative form had been removed and replaced with the correct sign in sheet. The data from the form had been recorded and stored electronically for audit purposes.
- Weekly medicines inspections and a monthly medicines audit were carried out. Data provided showed that the weekly checks had been completed for the previous three months and the monthly audit had been completed for the previous six months. Compliance had been 100% for each audit at Norwich and Kings Lynn.
- Medical gases at Norwich and Kings Lynn were stored in cages in accordance with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders. Full and empty cylinders were kept separate and were clearly marked. Piped oxygen in ambulances we inspected had been serviced and were in date.

Incidents

- There were processes in place where by incidents were identified and reported. However, this was not fully embedded.
- The service had an incident reporting policy. We reviewed the document and saw that it contained definitions of incidents, reporting and investigation process, and detailed different types of incidents such as clinical incidents, information governance, security incidents and transport and road traffic incidents. Two out of six staff we asked could tell us what constituted an incident. However, four members of staff were unclear what constituted an incident and referred to incidents relating to vehicles. Therefore, we were not assured that all staff recognised and reported all incidents.
- The service had reported 115 incidents in the six months prior to our inspection. Of these 69 were risk scored as no harm, 39 were reported as moderate harm, seven were reported as serious and zero were reported as catastrophic.
- We reviewed the process for frontline PTS crews to report an incident. The head of care standards told us that the incident reporting process required staff to use a single telephone number to call the control room in Leeds to report incidents. However, four staff members that we asked, told us that they would call dispatch to report any incidents. Two other staff members told us that they would complete an incident form. Therefore, we were not assured that the incident reporting process was fully embedded.
- Incidents were recorded on an electronic system. When an incident was recorded an email, alert was sent the regional manager and the head of care standards as well as the staff member's line manager.
- We reviewed the system and saw that incidents were colour coded red, amber and green (RAG rated). Incidents were allocated an investigation owner and timescales were included to ensure the investigation was completed in line with policy. If required an action plan was developed because of concerns identified.
- The head of care standards was responsible for overseeing the investigation into serious incidents. This included a route cause analysis investigation led by the care standards compliance team.
- We saw three sets of minutes from the monthly Governance and Patient Safety Committee (GaPS) meeting which showed that incidents were a regular agenda item.
- The head of care standards told us that learning from incidents was shared with staff through a computer business system. Individual learning from incidents was delivered by the regional manager or operations manager to the crew or individual concerned. Wider learning was shared with staff via team meetings, email

and tool box talks. However, none of the staff we spoke with could not tell us how learning from incidents were shared. Therefore, we were not assured that learning from incidents was shared with staff.

Are patient transport services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- The service had policies and procedure in place which were in line with legislation and evidence based care. We reviewed the infection, prevention and control policy, the manual handling policy and the safeguarding policy. We saw that policies included joint Royal Ambulance Colleges Liaison Committee (JRCALC) guidance and control of substances hazardous to health (COSHH).
- There was a document control policy. Review of policies was managed by the care standards team. Policies were grouped on the electronic system according to the guidelines referenced meaning that policies could be easily accessed and updated when there was an update to national guidelines.
- Office based staff could access policies and procedures via their desk top computer. Road crew staff could access these through their hand-held devices.
- There were eligibility criteria applied before patients were referred to ERS Medical East as part of the non-emergency patient transport services (NEPTS) contract. There was a process in place to assess a patient's eligibility to use the service. At the time of booking staff in the central booking team located in Leeds used an electronic booking system that prompted a number of questions that had to be answered in order to complete the booking process. Only those patients that met the eligibility criteria could be booked onto the system. Data provided by the service showed that between May 2017 and July 2018 100% of bookings were assessed for eligibility.

Nutrition and hydration

- All vehicles had a supply of water available for patients during transport. Staff were aware that patients who were being transferred for renal dialysis had their fluid intake restricted.

Patient outcomes

- The service utilised key performance indicators to monitor their performance against, this was in line with NEPTS contract requirements. Data provided showed that between May 2017 and July 2018, 98% of patients arrived between 0 and 45 minutes before their appointment time against a target of 99%. The percentage of aborted journeys was 4% against a target of 2%. 98% of patients were collected within 60 minutes of notification and the patient ready time against a target of 99%.
- Response times were monitored through an electronic system on staff hand held devices. Staff would notify dispatch when they had arrived at a location to collect the patient, when the patient was on the vehicle, when the vehicle left the location, when they arrived at the destination and when they had finished the transport.
- The contract in place did not indicate a maximum number of transports. A senior manager told us that where demand outstripped capacity, a taxi or volunteer car would be arranged for patients that did not require ambulance transport.

Competent staff

- The service had processes in place to ensure that staff had the skills, knowledge and experience to deliver effective care, support and treatment.
- All staff that we spoke with told us they had received a comprehensive induction when they joined the organisation. The training was classroom based and lasted either four or five days, depending on the nature of their role. We reviewed the induction training and saw that it included basic life support, health and safety, fire safety, infection control, and manual handling. Staff told us that the training was comprehensive and provided them with the skills they needed for their role. Once staff had completed the induction training they initially worked in a two-person crew with an experienced member of staff.
- Staff received annual update training which included assessments of driving, knowledge and practical

competence. Training was scheduled by the training associate and staff were notified two to three weeks in advance as to when they were to attend training. We reviewed the training schedule and saw that staff update training status was rated, green, amber and red indicating when training was due. We saw that training dates were scheduled for staff to ensure that their update training was completed within the timeframe.

- The service had plans in place for staff to receive FutureQuals training in the future. This is a nationally recognised qualification. Trainers had completed the course to deliver the training and there was a plan in place to deliver training under the new programme to new starters as well a conversion training for existing staff to be delivered at the annual update training.
- Staff provided authorisation for an annual driver's license check to be completed. The provider recorded the driving licence details of the staff on a spreadsheet. The spreadsheet recorded staff names, date of birth, driving licence details, date licence expired, date when the licence was checked and the date when the next check needed to be carried out. There was an alert in place to notify managers when checks were due to be completed.
- Eleven members of staff had received additional mental health training to support secure patients transfers. Training included restraint and self-protection. Three members of staff from the mental health team told us that the training was comprehensive and provided them with the skills required to fulfil their role and support people with challenging behaviour.
- None of the staff we spoke with had received an annual appraisal. A senior manager told us that they were aware that staff had not been appraised. The provider had an online appraisal system that was due to be rolled out across the service. Therefore, the senior leadership team had taken the decision to start the annual appraisal programme once the system was in place so that all staff appraisals were completed on the new system. However, staff we spoke with were not aware of this decision.

Multidisciplinary working

- The service worked within and across organisations to deliver effective care to patients.
- Team leaders across the five stations held a morning call to discuss the needs of the day and coordinate the daily workload across the different locations.
- The operations manager at Kings Lynn attended the daily regional multiagency call coordinating between the local NHS Trusts, the acute ambulance trust and clinical commissioning group to discuss capacity issues and work load priorities so service could be coordinated and prioritised according to need.
- There was a member of staff located at two NHS trusts. These staff worked with the staff at the trust to coordinate discharges and ensure that patients were waiting in the correct areas to be collected by the ambulance crews.

Seven-day services

- The service operated between 5am to 3am seven days a week in line with the requirements of the non-emergency patient transport contract requirements.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with confirmed they had received training in consent and Mental Capacity Act. Staff training data showed that staff had received training on consent, Mental Capacity Act, and Deprivation of Liberty Safeguards. Staff we asked, demonstrated a good understanding of mental capacity assessments and how this affected their work transporting patients.
- Staff told us that they would gain consent from patients to transport them. We observed staff gaining verbal consent from patients when transferring them in to the vehicle, securing them safely and when transferring from the vehicle.
- We observed staff from the mental health team supporting a patient living with dementia who was on a deprivation of liberty order. The patient was not willing to get into the vehicle. The ambulance staff did not touch the patient and had a clear understanding that they were not allowed to as the patient was not detained under the mental health act. Staff were kind and supportive to the patient but respected that they did not want to get into the vehicle and the transfer was abandoned.

Patient transport services (PTS)

- The provider had a Deprivation of Liberty Safeguards (DoLS) policy which contained related documents and legal references, an introduction, policy statements, responsibilities, levels of restriction and restraint, ERS medical responsibilities and death of a person subject to a DoLs order.
- The service had a policy and procedure in place around the use of restraint. Staff confirmed that they received annual prevention and management of aggression training which involved training in restraint in the secure car. However, staff expressed concerns that they did not feel confident in transferring these skills for use in an ambulance due to the position of the seats a member of staff was not able to sit either side of the patient. Staff told us that they had escalated their concerns to the management team but were waiting for a response.
- Training included the use of cuffs and spit hoods. Staff knew when they would use them and processes they needed to follow. There was also picture guidance in the vehicle demonstrating their appropriate use. Staff told us that if restraint was used this was reported as an incident and was investigated following the service incident investigation process.
- Patient record forms (PRF's) were completed for patients transferred on the high dependency vehicle. Patient observations were recorded and a record kept of any medication administered. The form had a section to record consent but this was not routinely completed. Of the 10 forms we reviewed the consent section was completed on two forms. We raised this with the head of care standards and they confirmed that this was not required to be completed. These inconsistencies meant it was unclear from the record whether verbal consent to care had been given.

Are patient transport services caring?

Good

We rated caring as **good.**

Compassionate care

- Staff treated patients with kindness, respect and compassion. We observed several episodes of care and saw that staff were kind and respectful in all interactions with patients.
- Staff told us that delivering good care was what they enjoyed most about their job. Staff were caring toward the patients asking if they were comfortable and engaging in friendly conversation.
- We observed one patient who was unable to support themselves fully in the chair. Staff adjusted pillows and blankets to ensure they were comfortable and continued to check their comfort throughout the journey.
- Staff showed an encouraging, sensitive and supportive attitude to people who used the services and to those close to them. For example, we observed members of the mental health team encourage and support a patient living with dementia and ultimately respect the individual's decision.
- Staff ensured patients' dignity was respected. They ensured that patients were appropriately covered during transfer. Patient feedback showed that between January 2018 and July 2018 98% of 6756 service users who completed the patient survey felt they had been treated with dignity and respect.
- All the patients we spoke with told us that staff were kind and caring. One person told us "that staff are always friendly."

Emotional support

- Staff offered emotional support to patients. They recognised that patients may have been feeling vulnerable and uncertain and ensured that they offered support. One member of staff told us, "imagine how you would like a member of your family treated."
- Patients told us that staff were very supportive and reassured them if they were worried. Patient feedback showed that between January 2018 and July 2018 98% of service users felt that staff were confident and polite.

Understanding and involvement of patients and those close to them

- Staff told us they would talk to the patient when they were going home and keep patients informed about the journey. They told us they would phone a relative or carer who was expecting the patient to keep them updated of their progress.

Are patient transport services responsive to people's needs?

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

- The service was planned and managed in line with the commissioning agreement in place with the clinical commissioning group (CCG). Managers told us the planning of the service was done through the contract agreements between themselves and commissioners. The service had regular meetings with commissioners to review progress against the contract and to raise and address any issues or concerns.
- At times the service could not meet the capacity demand required due to staff vacancies. Steps were being taken at the time of inspection to attempt to address this through recruitment and review of shift patterns. The provider was in the process of consulting with staff to implement a new shift system which mangers felt would improve the services ability to meet demand. Where demand could not be met, arrangements were in place to transfer appropriate patients by alternative methods (taxi or volunteer driver cars.)
- There was a hospital liaison assistant based at two NHS trusts to support the safe discharge of patients from the hospital to avoid delays for patients leaving the hospital.

Meeting people's individual needs

- Crews were made aware, through the booking process, of patients with complex needs including those living with dementia, a learning disability and patients with complex needs.
- Staff received training in dementia, equality and diversity, bariatric patients and paediatric care during induction and during their annual update training. We observed staff supporting a patient living with learning difficulties and saw that they were supportive and understanding of the patient's condition.
- Many patients used the service frequently. We observed that patients were familiar with staff and there was a degree of continuity of staff for patients who used the service regularly.
- Staff told us that when they were transporting a vulnerable patient they would call ahead to the persons family member or carer to advise them when the patient was due to arrive at their destination to ensure that there was someone there to meet them.
- All staff we asked could tell us how they would support a patient that was visually impaired. They told us that they would use verbal instructions and offer support to the patient to ensure that they were transported on and off the vehicle safely.
- Staff told us that if a patient had hearing difficulties they would use writing and gestures to explain and support the patient during their transport.
- Staff told us they could access interpreters via a telephone translation service if required. In some instances, staff said that family members might accompany patients and interpret if required. The service provided us with examples of basic instruction sheets that were available in multiple languages to support staff to provide patients with simple instructions to patients whose first language was not English. We did not see evidence of these in three vehicle packs that we checked. We asked five members of staff about the sheets. Only one was aware of the sheet although the sheets were not in the vehicle pack. We asked a manager about this at our unannounced inspection and they confirmed the sheets should be available. At the Norwich station we saw that the sheets were being printed at the time of our unannounced inspection.

Access and flow

- There were processes in place to ensure that patients had access to the service in a timely way.
- Bookings were managed through a central booking system. Response rates to calls made into the central

booking system were monitored. Data provided showed that between January 2018 and July 2018, 96% of calls were answered within 60 seconds against a target of 95%.

- Due to the nature of the contractual arrangements the service did not have control over the number of requests for patient transport. A senior manager told us that the monthly number of patient journeys varied between 11,500 and 12,500.
- There was an ability to track where the patient transports service (PTS) vehicles were and when crews had completed a job and were ready for another to be allocated. Dispatch staff told us that crews updated them on their location and availability.
- A member of dispatch staff told us that if a patient was going to be collected late they called the patient and advised them that there was a delay and gave them a revised time of when their transport was expected.
- We saw evidence that the service had worked with commissioners and local NHS trusts to provide two vehicles directly controlled by the trust's operations team, which supported the management of on the day, non-contractual work.
- There was a hospital liaison assistant, employed by the provider, in two acute hospitals to improve communication between the hospital and the crews. This helped reduce the instances of abandoned journeys by checking the eligibility booking, that the patient was ready for discharge and equipment required to transport the patient was correct.

Learning from complaints and concerns

- The service had a process in place for handling patient complaints. They told us that there was a patient and client experience team who were responsible for documenting and coordinating all patient enquires.
- The experience team referred complaints to the local operations manager, who was responsible for investigating it. Findings were fed back to the experience team. The experience team responded to the complainant. The response contained details on the next steps of the complaints process and what to do if the complainant was still not happy with the response.
- We saw that there were forms available on the vehicles for patients to provide feedback and explained how to make a complaint. There was also information on the company website telling service users how they could make a complaint.

Complaints were discussed at the regional monthly gap meeting and where required learning was identified. Managers told us that learning was shared via team meetings, staff email or via company tool box talks. We reviewed three sets of team meeting and did not see that learning from complaints was an agenda item. Staff we spoke with were not able to tell us how learning from complaints were shared so we were not assured that this was fully embedded.

Are patient transport services well-led?

Requires improvement

We rated well led as **requires improvement.**

Leadership

- Leadership of the service had the capability to deliver high quality and sustainable care. However there had been recent changes in the local management structure and this had impacted on the visibility of the leadership team.
- The senior leadership team consisted of the managing director, group finance director, head of care standards, head of human resources (HR) and training, an executive director and a medical director.
- There were defined managerial roles in place. There was a regional manager who had responsibility for ERS Medical East including the Norwich and Kings Lynn stations. There were two operational managers who reported into the regional manager. They had responsibility for the Norfolk stations, one was based in Norwich and one based in Kings Lynn. There were two team leaders based at Norwich, two lead drivers based at Kings Lynn and a lead driver based at Snetterton and Kelling. They were responsible for the supervision of road crews. At the time of our inspection there had been a change of ` local leadership in the service. The

regional manager had been in post for two months, one operations manager had been in post for one month and the team leaders had been in post two weeks and one day respectively.

- Staff we spoke with in Norwich felt that some leaders were not visible. They told us that they had not had regular team meetings. Team meetings had started since the new management team had been in post. On the day of our unannounced inspection we observed that a meeting had been scheduled to discuss the new rota system.
- Staff at Kings Lynn told us that the operations manager was approachable. Team meetings were held and staff attended where possible although due to the nature of the work it was difficult to get teams together. Staff told us that the team leader and lead driver were very supportive. The operations manager held a weekly clinic where staff could come to discuss any issues and concerns.
- There was a company directors fit and proper persons policy in place, which contained references to related documents and legal references, and requirements of the Health and Social Care Act Regulations 2008 (Regulated Activities) Regulations 2014: fit and proper person, unfit person test, and management and monitoring.

Vision and strategy

- The service's vision was "to provide a reliable caring service that puts people at the heart of everything we do". Alongside the vision were seven values which were; integrity, compassion, respect, professionalism, patient focus, innovation and working in partnership.
- Senior leaders told us that business vision was to be recognised as the leading provider of health care transport services in the United Kingdom by 2022.
- Staff we spoke with could not tell us what the service vision and strategy was.

Culture

- There was a culture of high quality, sustainable care amongst staff. The service was very patient focused. All staff when asked stated that the best thing about their job was providing a good service for their patients. Staff were proud of the service they offered to patients.
- Processes were not in place to provide all staff with career development as there had not previously been an effective appraisal programme in place. The managing director told us that an appraisal programme using an online appraisal tool which was in use in other areas of the business was due to be rolled out from November 2018. However, communication to staff had not been effective as staff we spoke with were unaware of this.
- The service had been through significant change in the 12 months prior to our inspection. Staff told us that moral amongst staff was low. They told us that they did not feel that there had been effective communication from the senior management team. Senior managers told us that they were aware that morale amongst the staff was low and were in the process of implementing processes for better communication with staff.
- There had been several new management appointments prior to our inspection. All positions within the local management team at Norwich had only been filled weeks before our inspection. Staff told us that the transition period had been very unsettling.

Governance

- There was a governance structure in place. A weekly operational meeting took place where team leaders reported to the operational managers. This meeting fed into a monthly regional governance and performance review where operations managers reported to the regional manager. This meeting fed into a monthly governance and performance review where the regional manager reported to the business directors. The outcome of this meeting was reviewed and fed into a monthly executive committee meeting.
- The governance and performance review committee met monthly on a regional basis. We reviewed three sets of meeting minutes and saw that regular agenda items included audits, incidents and serious incidents, risk register, safeguarding referrals raised by ERS Medical, complaints, compliments and vehicle deep clean compliance.
- Whilst there was governance process in place we found that these were not fully embedded or effective. The recent change in local management may have impacted on this. However, we were not assured that there was effective oversight of the governance. For example, we

found that vehicle MOT certificates were not held according to the policy, vehicle daily checks were not being monitored, although this had been implemented on our second unannounced inspection. Monitoring of gaps in the rota was not possible with the system in place and this had potential impact on patients having to be transported by taxi when all vehicles were not on the road due to staff shortages.

- Regular staff meetings had not been taking place at all sites and therefore frontline staff did not feel involved in the governance process. Staff felt that there was a disconnect with the flow of information and did not feel that their concerns were escalated or that they received information effectively form the management team.
- Staff were clear about their roles and their scope of practice. We saw comprehensive scope of practice outlined for each job role.
- The registered manager told us that they held monthly meetings with commissioners to monitor the contract. We received feedback from two commissioning groups who confirmed that there was effective communication with the service around the delivery of the contract.

Managing risks, issues and performance

- There was a process in place for incidents to be reported but this was not embedded. Staff we spoke with were not clear about the correct process for reporting incidents. We did not see evidence that learning from incidents was shared and staff could not describe any recent learnings or changes to practice following incidents or complaints.
- There was good oversight of staff training and competencies. The service had an online HR system that tracked staff training compliance. At the time of inspection 98% of staff had completed mandatory training and 100% of staff were up to date with their annual update training. However, staff appraisals had not been completed. There were plans in place to commence an appraisal programme at the time of our inspection.
- During inspection we reviewed the service risk register. Each risk had a date when it was added to the register, with a risk rating, a review date and who the owner was. We saw that the risks register was reviewed and discussed regularly at the governance and performance review meetings. Individual risk owners were responsible for devising actions to mitigate the risk.
- There was a monthly audit programme in place. We saw that where audit compliance was below expected standard, an action plan was put in place to improve compliance. For example, we saw that the infection prevention and control (IPC) audit carried out in December 2017 at the Kings Lynn station was only 57% compliant. We saw that an action plan was generated with a person nominated to deliver the action plan. The following IPC audit at this station showed improvement with compliance at 98%.

Information Management

- Appropriate and accurate information was effectively processed and acted upon. The service had integrated computer based business management systems in place to support the business. The systems produced accurate real time reporting of information which allowed senior managers to track business performance, staff accountability and supported decision making.

Engagement

- Staff were not actively engaged so that their views were reflected in the planning and delivery of services. There was a disconnect between the staff and the management at the time of our inspection. All the local management team at Norwich were new in post. Staff felt that communication was not effective between the management team and the staff.
- We saw evidence that team meetings had taken place in Norwich although staff told us that these had started to happen very recently. We saw meeting minutes for Norwich dated 26 June 2018 and 21 August 2018. The meetings did not follow a standard agenda but offered staff the opportunity to voice concerns. Staff in Kings Lynn told us that team meetings did happen but did not always take place monthly. The operations manager told us that they tried to run two meetings to allow as many staff to attend as possible. We saw meeting minutes dated 24 July and 27 July 2018.The meeting did not follow a set agenda. The new management team in place told us that there were plans to embed regular staff meetings and improve staff engagement.

Patient transport services (PTS)

- We saw evidence that the proposed change to the staff shift pattern was managed through staff consultation. We observed a staff meeting, attended by the operations manager, where staff had the opportunity to raise questions. The regional manager told us that staff members would have an individual meeting to discuss the impact of the shift pattern on their individual work schedule.
- There was a secure social media communication group available for road crew which enabled staff to share information. They told us that it was used to share information about road closures and other information that impacted work flow.
- The service received patient feedback through patient feedback forms which were available in the vehicles. Data showed that between January 2018 and July 2018, 83% of service users were extremely satisfied with the service and 10% were satisfied. Of those that were dissatisfied they noted delays as the reason for their dissatisfaction.

Learning, continuous improvement and innovation

- Evidence of this was limited due to the change in ownership of the provider and the recent changes in leadership at the locations we visited during our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure that all staff are following the incident reporting process and that learning from incidents is shared with all staff.
- The provider should ensure that all staff have received incident training.
- The provider should ensure that all staff have an annual appraisal.
- The provider should ensure that communication aids are available to staff when transporting patients whose first language is not English or are hearing impaired
- The provider should ensure that learning from incidents and complaints are shared with staff.
- The provider should ensure that there is clear oversight of the local governance processes.
- The provider should ensure that communication with staff is improved with regular staff meetings and staff engagement.