Access Anyone Limited

Quality Report

3 Woodside Parade
Woodside
Leigh On Sea
Essex SS9 4SS
Tel:01702524584
Website: www.accessanyone.co.uk

Date of inspection visit: 18 and 28 February 2020
Date of publication: 30/04/2020

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Access Anyone Limited is operated by Access Anyone Limited. The service provides a patient transport service.

We rated this service as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

- Staff equipment and control measures to protect patients, themselves and others from infection were inconsistent.
- There were limited systems and processes to ensure the monitoring and oversight of consumables and equipment.
- Identified risks on the risk register were not reviewed regularly, and there were no compliance dates. We were not assured that the service had oversight of its risks and the management of them.
- Not all policies referenced national guidelines therefore we were not assured that the information within the policies was current and reflected evidence based practice.
- 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 that affected Patient Transport Services. Details are at the end of the report.

Heidi Smoult

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	Summary of each main service
Patient transport services	Good	Patient transport services were the main service. • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. • Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. • Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. We found the following issues that the service needs to improve: • Staff equipment and control measures to protect patients, themselves and others from infection were inconsistent. • There were limited systems and processes to ensure the monitoring and oversight of consumables and equipment. • Not all policies referenced national guidelines therefore we were not assured that the information within the policies was current and reflected evidence based practice. • Identified risks on the risk register were not reviewed regularly, and there were no compliance dates. We were not assured that the service had oversight of its risks and the management of them.

Summary of findings

Contents

Good

Access Anyone Limited

Services we looked at
Patient transport services;

Summary of this inspection

Background to Access Anyone Limited

Access Anyone Limited is operated by Access Anyone Limited. The service provides a patient transport service. The service opened in 2018. It is an independent ambulance service based in Leigh on Sea, Essex. It has five vehicles and provides patient transport services to hospitals and social services departments.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

The service has had the current registered manager in post since July 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Mark Heath, Interim Head of Hospital Inspections.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 18 and 28 February 2020.

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 service understood and complied with the Mental Capacity Act 2005.

Information about Access Anyone Limited

The main service provided was non-emergency patient transport services (PTS) for adults and children. The PTS journeys were a combination of predominately demand, response bookings and some planned journeys.

The service registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC regulates the patient transport services, triage and medical advice provided remotely by Access Anyone Limited. The other services provided by Access Anyone Limited are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Access Anyone Limited service that we do not regulate are school transportation.

The service owns five vehicles, which consist of three ambulances and two wheelchair accessible vehicles.

During our inspection, we visited the Leigh on Sea control location. We spoke with five members of staff including ambulance assistants, director of transport, registered manager and the director of administration. Post

Summary of this inspection

inspection we spoke with three patients, two patient relative's, one clinical commissioning contracts manager and one NHS trust discharge co-ordinator. We reviewed eight sets of patient records and 39 pieces of equipment.

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

The service operated 8am-5pm five days a week (Monday to Friday).

Activity (February 2019 to January 2020)

For the reporting period there was a total of 526 patients transported by the service of which 81% were adult journeys and 19% children's journeys.

The service employed eight full time equivalent staff which included ambulance and administrative staff.

Track record on safety for the service;

- Zero never events
- One clinical incident categorised as zero trivial harm and one as a minor incident, zero harm and zero major incidents
- Zero serious injuries
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli
- Four complaints were received for the same reporting period with no presenting themes.

Services provided at the service under service level agreement:

- Clinical and or non-clinical waste removal
- Maintenance of medical equipment
- Maintenance of vehicles

Detailed findings from this inspection

Overview of ratings

Our ratings for this location 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

Good

Patient transport services

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

Are patient transport services safe?

Good

We rated safe as **good.**

Mandatory training

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

Mandatory training was comprehensive and met the needs of patients and staff. It was delivered by an external training consultant through face to face training sessions. The trainer had the relevant qualifications to deliver the training.

Staff received and kept up-to-date with their mandatory training. Mandatory training included but was not limited to: emergency first aid, the use of an automated externaldefibrillator, manual handling, oxygen awareness, infection prevention and control, adult and child safeguarding, dementia awareness training and information governance. Staff training records showed 100% compliance for mandatory training.

Managers visually checked mandatory training compliance monthly to ensure staff training was up to date. To ensure mandatory training continuity we saw staff had been booked onto refresher dementia awareness training for April 2020 and May 2020 to meet the services' requirements.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. **Staff had training on how to recognise and report abuse, and they knew how to apply it.**

Frontline staff received training specific for their role and knew how to recognise and report abuse. The service's three managers were trained to level three adult and children safeguarding and the service had access to advice from a clinician with level four adult and children safeguarding training as recommended in the SafeguardingAdults, Children and Young People: Intercollegiate documents 2018/ 2019.

Safeguarding training for both adult and children's levels one and two had a compliance rate of 100%. To ensure continuality of mandatory training we saw refresher training had been booked for one member of staff. Safeguarding training for level three showed a compliance rate of 100%. demonstating the service was compliant with the intercollegiate document

Staff members we spoke with were able to give examples of how to report a safeguarding alert, the rationale and how to escalate any concerns.

Information submitted by the service pre-inspection demonstrated there had been no safeguarding concerns raised in the reporting period February 2019 to January 2020.

Safeguarding information could be found in the serious incident policy and in the operations handbook. On employment all staff received an operations handbook where definitions of abuse were identified and the process for reporting a safeguarding concern and the services safeguarding lead were identified. The manual or serious incident policy did not reference current evidence found in

the Intercollegiate documents. However, the service had ensured that all staff had received training to the relevant safeguarding levels and could access a digital safeguarding app with current guidance. Therefore, we were assured that their practice was safe.

A safeguarding document folder, containing safeguarding referral forms, a missing person's form and a serious incident form were in each vehicle. Staff had access to a digital safeguarding application on their work phone, which provided phone contacts for all safeguarding teams across the UK, as well as safeguarding information.

Safety was promoted in recruitment and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could commence work. Managers told us that all employed staff had DBS checks.

Cleanliness, infection control and hygiene

The service did not always control the risk of infection well but went on to rectify the areas of concern during the inspection. Staff equipment and control measures to protect patients, themselves and others from infection were inconsistent. However, equipment, vehicles and premises we inspected were visibly clean.

All areas within the location were clean and had suitable furnishings which were well-maintained**.**

Vehicle cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Daily cleaning and deep cleaning sheets from November 2019 to January 2020 were completed and up to date. We reviewed the infection and prevention control (IPC) policy which had a version control and was updated in October 2018. The policy stated the vehicles should be cleaned every time it was operational and cited the cleaning products that should be used and detailed what should be cleaned daily, weekly and monthly.

The service had a contract with the local car wash for cleaning the exterior of the vehicles. Deep cleaning was completed in-house by the service. Staff told us if vehicles had been contaminated, they were deep cleaned using the appropriate contamination cleaning solutions and taken to the car wash. Preparation of the solutions, strength and amount were different depending on the type of cleaning required, deep clean or daily clean. Staff were unable to provide the inspection team with the assurances that they knew what strength solutions to use when required, nor was this evidenced in the services' infection and prevention control policy. We were therefore not assured that this process was in line with national guidance and best practice, we raised our concerns with the registered manager.

On our return visit the registered manager provided us with evidence that an external company would deep clean the vehicles every six weeks or when vehicles were contaminated. We viewed communications from the external provider confirming the booking of all five vehicles in March and April 2020 for a deep clean and to swab the vehicles. Swabbing of the vehicles was aimed at monitoring the cleanliness of vehicles, reducing the risk of infection and allowing for the identification of a reduction in bacteria, post cleaning.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were given training on hand washing, use of gloves, aprons, antibacterial wipes and body fluid spill kits. Information submitted by the service showed 100% compliance for IPC training.

Alcohol gel dispensers were available in the vehicles for staff to decontaminate their hands, staff also carried individual hand sanitisers.

We saw decontaminating cleaning wipes were available to clean the interior of vehicles. We saw staff cleaning equipment after patient contact.

The vehicle we inspected was visibly clean and contained IPC equipment but did not have appropriate levels of PPE. There were no aprons or masks on the vehicle we inspected. PPE, such as disposable gloves were readily available for staff to use and reduced the risk of cross contamination. Additional PPE stock supplies of gloves were stored in a stock room within the location and were within the expiry date. However, there were no aprons or masks in the stock room. We highlighted our concerns to the managers, on our return inspection visit this had been rectified, with a supply of aprons on the vehicles and in the stock room.

We reviewed a cleaning audit for January 2020. We found information was limited, with the number of vehicles and what cleaning regimes, daily, weekly or monthly were not identified, this made it difficult to understand the outcomes of the audit.

We reviewed three body fluid spill kits and noted they did not have an expiry date. We highlighted this to the manager who contacted the supplier, the supplier confirmed an expiry date of five years for the spill kits. The manager confirmed that they would be labelling the current spill kits with the expiry dates but planned to review provision of these kits. Laboratory spill kits were designed specifically for the health care industry and are used on any liquids or bodily fluids that have been spilled.

Cleaning solutions were stored in a locked store room. We reviewed the 'Control of Substances Hazardous to Health' (COSHH) folder which contained product data sheets and completed risk assessments for each product. The COSHH regulation 2002 required employers to either prevent or reduce their workers' exposure to substances that are hazardous to their health.

The service had a uniform policy date February 2020. In line with national guidance the uniform policy stated a minimum temperature of 60 degrees Celsius for washing. Staff were provided with enough uniforms, which ensured they could change during a shift if necessary and were responsible for laundering their own uniform.

Environment and equipment

The design, maintenance and use of facilities, premises and vehicles kept people safe but equipment did not always keep people safe. However, this was addressed by end of the inspection. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. Services were delivered from a ground floor location based in a residential area. It had a 24-hour security system in place and consisted of a kitchen, large open plan office with a control centre, meeting area, locked storage areas and vehicle parking areas outside the location.

Staff completed a vehicle daily inspection (VDI) check sheet to ensure their vehicle was fit for purpose, these included but were not limited to tyre pressure checks, tyre tread, bodywork condition, headlights and hand gel containers. We reviewed VDI sheets from December 2019 to February 2020 and found all were completed and up to date. We noted defects were recorded and actions taken.

All vehicles underwent a Safety Inspection Record every 10 weeks completed bya Driver and Vehicle Standards Agency (DVSA) registered garage. The garage would alert the service when the vehicles were due its check. All vehicles were supported in case of breakdowns with cover locally from the garage and nationally by a breakdown provider.

Managers told us that vehicle servicing and MOT testing were carried out by the registered garage. The director of transport used an electronic dashboard and used a white board as a visual reminder for when vehicles MOT's and servicing were due. The garage sent an alert to the service when the vehicles MOT's were due. Managers showed us documents detailing servicing of vehicles and valid MOT certificates.

The service had enough suitable equipment to help them to safely care for patients. The service had a yearly contract with a clinical engineering service to maintain and calibrate all medical equipment.

We reviewed 39 pieces of equipment on the maintenance report for September 2019, of the 39, 10 pieces of equipment had required further attention, for example replacement of stretcher straps prior to passing the equipment inspection and one piece of equipment a fire extinguisher had expired and was replaced. Staff identified and reported faulty equipment to the manager and told us that the faulty equipment would be removed.

All vehicles were equipped with bariatric stretchers and wheelchairs.

All frontline staff had completed moving and handling training to ensure they were able to correctly and safely move and transfer patients.

Equipment within the vehicles included first aid equipment, personal protective equipment (PPE), blankets, stretchers and wheelchairs. Not all equipment we checked was within date. The service had three automatic external defibrillators (AEDs). An AED is a portable electronic device, with audio and visual commands which through electrical impulses allows the heart to re-establish an organised rhythm so that it can work properly. All of the AED's had been checked and had passed the clinical engineering inspection. On the first inspection day we found a vehicle we inspected had one set of adult AED pads, no paediatric AED pads and the AED replacement battery was out of date. This indicated the checking processes were not effective. When we highlighted this to the manager a second set of adult pads were put in the vehicle, paediatric pads and a replacement AED battery were ordered.

Good

Patient transport services

The service did not provide the equipment for transporting children. Parents/guardians were expected to supply the appropriate equipment for the transportation of their child as defined in the paediatric policy, ratified in February 2020. To mitigate risk staff told us if they were unable to fit the equipment into the vehicles safely, they would not transport the child.

Fire extinguishers were available in the vehicles and had undergone maintenance checks to ensure they were safe to use.

Staff disposed of clinical waste safely. The service owned and ran an additional healthcare related business. Arrangements for the disposal of clinical waste was dealt with through this business. We saw there were adequate systems and processes to safely dispose of clinical waste. Clinical waste bags were stored on the vehicles, staff we spoke with were able to describe how they would manage clinical waste whilst transferring a patient.

Assessing and responding to patient risk

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

The service did not have a deteriorating patient policy but had a Standard Operating Procedure (SOP), version one which was last reviewed April 2018. However, this did not reference national guidance. Staff told us if a patient became unwell during a journey, they would stop their vehicle when safe to do so and use their first aid knowledge to assess if a patient's condition was deteriorating and the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support. Managers and crew staff confirmed this practice.

Staff completed mandatory training courses including an emergency first aid course which included basic life support, using an AED and airway management. Information provided by the service showed staff training compliance rate of 100%.

Staff completed risk assessments for each patient at the time of booking the transport and reviewed this regularly, including after any incident. Basic risk assessment screening questions were asked at this time.

Staff knew about and dealt with any specific risk issues. Managers contacted the patients prior to transfer and undertook a risk assessment by telephone to confirm the individual requirements, for example if the patient required a bariatric wheelchair, patients mobility or if they required an escort to accompany them. These risks were recorded on the journey record and then highlighted to the ambulance care assistants that collected the patient.

The criteria for accepting a booking specified the patient was for a non-emergency transfer and required no medical intervention. All other concerns, for example patients with a mental health condition, poor mobility and environmental issues such as access to the patients home, were considered, and risk assessed on an individual basis. We reviewed eight booking forms and noted all had completed comprehensive risk assessments.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Staff told us they received handovers from staff prior to excepting the patient transfer.

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health). Managers told us staff knew they could be contacted at any time. However, under Clinical Commissioning Group (CCG) framework, the service was expected to only transfer low level mental health patients and would expect patients to be escorted.

Staff completed manual handing, this included bariatric and hoist training. Staff had completed dementia awareness training which included managing confused and aggressive patients.

The service had a major incident plan ratified February 2020. The plan set out staff roles and responsibilities if a major incident was declared. The plan defined the types of situations that constituted a major incident.

Staffing

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

Good

Patient transport services

There was enough ambulance staff to care for patients and keep them safe. Staff had training in the key skills needed for their role. Staff understood how to protect patients from abuse and managed their safety well. Managers monitored the effectiveness of the service and made sure staff were competent in their roles.

Managers made sure all bank staff had a full induction and understood the service. The service did not use agency staff.

The service had a Safe Recruitment Policy version one, ratified December 2018 and an induction Standard Operating Procedure (SOP). This included training requirements, incident, accident, near miss reporting, safeguarding and the service's expectations.

The service was small and employed five full time crew members and one on a 'casual basis'. As this was predominately a demand and response service and to meet the service requirements, staff were contracted to work a 10 hour day. Staff told us they were able to take adequate breaks as they usually had to wait when they were transporting patients to and from hospital appointments.

Records

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

The service used both electronic and paper records. Electronic bookings were received through a secure email address. Details of the patient's journey were sent to the crews mobile phone which was password protected. Patient risks were recorded on the journey record and then highlighted to the ambulance care assistants that collected the patient.

Crews completed a paper-based journey record, which included date/time of collection, pick up and drop off postcode, patient initials, time of arrival mobility category, additional patient requirements, additional information and any DoNot Attempt Cardiopulmonary Resuscitation (DNACPR) information.

Once the journey had been completed, the details were deleted from the device, the paper record was returned to the office and stored securely. Paper records were kept for invoicing purposes and stored securely within a locked cupboard on site. Managers told us they had contracted an external company to dispose of these records securely when required.

When transferring patients, staff told us that patients' medical records were stored in a sealed envelope and placed securely in the ambulance.

Medicines

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

The service had a policy to provide guidance for the safe transportation of medical gases. In the vehicles that we inspected we found that both oxygen cylinders were stored in a safe and secure manner and were within their expiry date.

Spare oxygen cylinders were stored at the services' additional healthcare business. Managers described to us the appropriate systems and processes for the storage and access to oxygen cylinders. Managers told us oxygen cylinders were kept in a locked store, behind a locked gate.

All frontline staff had received medical gases training from an external provider. Patients oxygen requirements would be documented on the booking form and prescription chart.

The service had a medical gas policy, ratified February 2020.

However, the service did not have systems in place to ensure staff knew about safety alerts and incidents. On our return visit the manager told us that they had registered with The Medicines and Healthcare products Regulatory Agency(MHRA) the UK's regulator of medicines, medical devices and blood components for transfusion. The agency is responsible for ensuring their safety, quality and effectiveness and keeps healthcare providers updated with alerts and incidents that have occurred.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations.

Good

Patient transport services

The service had no never events reported between February 2019 to January 2020. Never events are serious patient safety incidents that should not happen if healthcare services follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

When things went wrong, staff apologised and gave patients honest information and suitable support. Staff knew what incidents to report and how to report them. The service reported four incidents between February 2019 and December 2019. Two related to patient deterioration during transfer, one for incorrect transport booking, and one for a patient who sustained a minor injury during transfer. All were resolved within one day. We reviewed the incidents and saw additional training and review of policies took place, as outcomes from the lessons learnt.

Staff raised concerns and reported incidents and near misses in line with provider policy. There was evidence that changes had been made as a result of feedback. We reviewed a completed near miss form for an incident reported in February 2020, which related to the misinformation from a Clinical Commissioning Group (CCG) booking. Lessons learnt and outcomes were documented.

The service had systems to feedback learning from incidents to staff, and staff confirmed they received feedback following the investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. We reviewed minutes from staff meetings were incidents and identified learning were discussed.

Staff understood the duty of candour. The service reported no incidents meeting the requirements of duty of candour from February 2019 to January 2020. Duty of candour (DoC) is a regulatory duty under the Health and Social Care Act (Regulated Activities Regulations) 2014 which states, 'As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology'. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

Are patient transport services effective?
(for example, treatment is effective)

Good

We rated effective as **good.**

Evidence-based care and treatment

The service provided care and treatment which was not always based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed policies to plan and deliver high quality care. However, not all of the policies reflected best practice and national guidance. We reviewed several policies including the serious incident reporting policy, infection and prevention control policy, major incident policy and the ambulance cleaning policy. The infection prevention and control policy did not have an implementation or review date and the serious incident policy which incorporated the safeguarding guidance did not reflect national guidelines. However, the service had ensured all staff had received the relevant training. Therefore, we were assured their practice was safe.

Staff protected the rights of patients subject to the Mental Health Act (MCA) and followed the Code of Practice. Staff told us they knew how to access the appropriate support if required and were able to describe the process to us.

Policies were paper based. Staff told us they accessed the policies and procedures at the base location. An operations handbook was kept on the vehicles and contained a summary of the policies which staff could access. Staff we spoke with told us the manager communicated any changes or updated policies informally when they came into the control base and formally at bi-monthly meetings. This was confirmed in the minutes of the team meetings we reviewed.

The service had an inclusion/exclusion criterion. The criterion defined patients that the service was unable to transport, for example patients who require emergency transfer and patients who require skilled staff out of the

capabilities of the staff undertaking patient transport services. This meant the risk of transporting patients beyond the capabilities of the service had been identified and managed.

We reviewed an equipment audit from January 2020, we found information was very limited, the number of pieces of equipment was not included which made it difficult to understand the outcomes of the audit.

Nutrition and hydration

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

Bottled water was available on all vehicles. Crews supported patients who were transported at mealtimes. Staff told us if the patient transfer was a long journey the discharging hospital would provide sandwiches for the patient and the ambulance staff supported the patient's safety while they ate the food.

Pain relief

The service did not carry medicines for the relief of pain. Part of the services exclusion criteria was not to transport patients who required pain relief or who had infusions in place without an escort that could administer pain relief if required.

Response times

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

In the reporting period from February 2019 to January 2020 there were 526 patient transport journeys undertaken. The service monitored arrival and departure times of all journeys. These were corroborated against the services key performance indicators (KPIs) set by the commissioners of the service. Managers used a digital application to track where the vehicles were which informed them when crews had arrived at the location and when patients were being collected.

The service did not participate in any relevant national clinical audits but did undertake some local audits. Outcomes for patients were positive, consistent and met expectations, such as the agreed KPIs. Managers and staff used the results to improve patients' outcomes. We reviewed the criteria set by commissioners that the service needed to meet. Information submitted post inspection showed the KPI agreed threshold of 90% for patients to arrive on time for their appointment or admission. The service exceeded this requirement and achieved 100% from February 2019 to January 2020.

The second indicator we reviewed was for the patients outward departure within 60 minutes of the patient being booked as ready to leave. The service achieved 100% against an agreed target of 90%.

We saw positive feedback from commissioners of the service minuted in the quarterly meetings. relating to the services meeting the KPI's.

Competent staff

The service made sure staff were competent for their roles. Managers had not appraised staff's work performance but held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff were required to complete training and competency training to ensure they had the appropriate skills and knowledge to manage patients safely and effectively.

Managers undertook a crew observation and participated as a second crew member, either as a driver or an assistant. This covered 12 areas, such as uniform, vehicle presentation and use of equipment. Staff were marked as either exceeding standards, achieving standards or below required standards. We saw five observations completed for 2019, covering three members of staff.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed the Standard Operating Procedure (SOP) for the induction process which included a shadow shift with the registered manager and an observational driving shift, training requirements, incident, accident, near miss reporting, safeguarding and the services expectations.

Information pre-inspection showed that staff had not received an appraisal. Managers explained that the service had been opened for 18 months and that they were planning staff appraisals. Staff told us they were preparing

for their current yearly appraisals, by completing a self-evaluation form where staff rated themselves against eight areas, for example, team work and initiative. When completed, they submitted the form to the manager.

Managers made sure staff attended team meetings or had access to the full notes when they could not attend.

Managers told us staff training needs were discussed informally at team meetings

Managers made sure staff received any specialist training for their role. All staff driving licences were checked during pre-employment checks. Staff were required to have a full driving licence, with endorsements not exceeding more than six points. All staff licences were checked on the government website which confirmed their driving status and checked for any endorsements. After employment commenced staff licences were checked every six months by the director of transport, and randomly throughout the year, which would enable any driving penalty points to be identified. If it was highlighted at any stage of employment that a member of staff had more than six points on their licence, three monthly checks were implemented to monitor the risk. The government licence check was filed on the staffs file and documented on the internal DBS system, which flagged up when the next check was due. Alternatively, staff could supply the transport manager with a code from the Government UK website department to check on their behalf.

Part of the pre-employment checks involved a driving assessment, which ensured the employee's driving capability was safe for the patients transport role. This assessment was undertaken by an external company. If an accident or driving related incident occurred, a reassessment was undertaken by the company followed by an observational assessment by the registered manager.

Managers identified poor staff performance promptly and supported staff to improve. Poor performance was managed through one to one conversation between the manager and the member of staff and recorded.

Multidisciplinary working

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

Staff held regular multidisciplinary meetings to plan and deliver holistic patient care. Staff told us they all worked well together and promoted the service by putting patients first and meeting their needs. We saw an email from a clinical commissioning group (CCG) thanking the service for their involvement in a complex case which involved working with two external providers to provide a good outcome for a patient.

There was a clear process for the transfer of patients from one service to home or another service. Managers told us about their attendance at relevant external meetings and how information was shared with others appropriately.

Managers had regular meetings with the local CCGs. We reviewed minutes from a recent quarterly meeting February 2020 where the subjects of performance data, complaints and feedback were standard agenda items.

Health promotion

Due to the nature of services provided the service did not offer health promotion information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff could describe and knew how to access the policy and get accurate advice on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service used the local authorities' policy to support the processes which the service had in place. The policy described how the MCA DoLS protected patients and included current national guidelines and references.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. When speaking with staff we were assured that they knew how to assess a patient's mental capacity and the importance of gaining consent. Minutes from July 2019 team meetings showed discussions related to safeguarding, abuse and the MCA.

Good

Patient transport services

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff told us that they sought consent from patients at all stages of their care. We spoke with patients post inspection who confirmed this.

Staff received and kept up to date with training in the MCA DoLS with a 100% compliance rate. We saw that staff had been booked onto MCA and dementia refresher training for April 2020 and May 2020 to meet the services' requirements.

Are patient transport services caring?

Good

We rated caring as **good.**

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

Compassionate care

We did not observe any patient transfers during the inspection as crews were out on patient journeys. Staff told us how they would contact the ward/care home or patient before collecting them to make sure they were ready and knew when to expect the crew and the names of the crew. Staff wore named photographic identification badges.

Staff were discreet and responsive when caring for patients. We reviewed patient feedback the service had received from 35 comments cards, emails and online questionnaires, comments included,' prompt service, managed to provide transport at very short notice and careful drivers'. We reviewed an email from a patient who described the service as responsive to their needs.

We saw comments where staff had noticed a patient's bed was unmade, they found the bed linen and made the bed so they could transfer the patient to their bed.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff told us when they arrived to collect the patient they discussed with the patient and relatives the best way to transfer the patient either by chair, stretcher or if the patient was mobile to walk to the vehicle.

Staff told us they considered the environment of the vehicle, if it was too hot or too cold and addressed the patients' needs accordingly, this included placing a blanket over the patient or putting the air conditioner on.

Staff followed policy to keep patient care and treatment confidential. Once the journey had been completed, the details were deleted from the device, the paper record was returned to the office and stored securely

Patients said staff treated them well and with kindness. Post inspection we carried out telephone interviews with three patients. Patients spoke about their care in a positive way and told us they were happy with the way staff treated them. Comments included "staff were brilliant", "first class service, very caring, polite and careful drivers, overall excellent". Patient feedback results for July 2019 to February 2020 showed 91% of patients rated the service as excellent and 74% rated the service as good or satisfactory.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed the manager speaking with patients in a kind and sensitive manner. Managers undertook a telephone assessment to ensure the information on the booking form was correct and to identify any individualised additional needs of the patient and relatives.

Staff demonstrated a consideration for the emotional wellbeing of the patient and their family and spoke of the impact a patient's condition, care and treatment had on their wellbeing. Staff took time to address all patient questions and concerns.

Understanding and involvement of patients and those close to them

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

Patients and relatives were encouraged to provide feedback to the service by either completion of comment cards, email, telephone or online. One relative we spoke with described how the service had spoken with her to assess her father's needs as he had communication difficulties and how reassuring she had found this.

Good

Patient transport services

Managers told us they kept patients and their relatives updated if there were any delays.

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

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

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

The service planned care to meet the needs of local people and all staff were committed to improving services. Managers planned and organised services, so they met the changing needs of the local population. Service delivery was based on a demand response framework contract with local health service providers who required patient transport services in their community. The service delivered a patient transport service for patients who were unable to use public or other transport due to their medical condition**.** This included those attending hospitals, outpatient clinics and being discharged from hospital wards. No high dependency work was undertaken.

The manager collated all bookings from 8am to 5pm and if required services could be accessed out of these hours. Patient transport service staff worked individual rotas to provide cover at these times and the service was offered five days a week (Monday to Friday). Staff told us they were responsive to the service needs, were flexible and able to change shift times if required.

The registered manager told us that if they were unable to fulfil a booking due to capacity issues, they would advise the referrer at the time transfer was requested.

Facilities and premises were appropriate for the services being delivered.

Staff could access emergency mental health support for patients with mental health conditions, learning disabilities and dementia. Managers provided out of hours cover and were able to advise and access the appropriate resources if required.

The service held quarterly meetings with the clinical commissioning groups (CCGs), where their performance and quality key performance indicators were reviewed.

Meeting people's individual needs

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

Managers contacted the patient before the journey and carried out a telephone risk assessment to ensure the patients' requirements were identified. This included, for example, if the patient required specialist equipment or environmental factors that the crew needed to be aware of, for example difficult access due to stairs.

All vehicles were equipped with bariatric stretchers and wheelchairs.

However, the service did not use a translation service. Managers told us they would use pictorial cards or ask family members to communicate with patients which is not best practice.

Access and flow

People could access the service when they needed it, in line with locally agreed KPIs and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access the service when needed within an agreed timeframe. Patients journeys were booked either online or by telephone. Managers allocated the journeys to staff. The service transported patients attending hospitals, outpatient clinics, transfers from hospital and discharges from hospital.

Staff members checked in with the managers when they had arrived at the pickup destination and had collected the patient. This allowed the service to monitor the progress of the journey and alert the receiving destination if there were any delays.

Good

Patient transport services

Potential delays were communicated with patients, carers and hospital staff by telephone. The provider stated that this rarely occurred.

The services' vehicles did not have a passenger seat, a crew member always sat in the back of the ambulance with the patient to provide support and reassurance.

Post inspection we spoke with three patients and two patients' relative. They told us the service was reliable and the staff were knowledgeable, helpful, prompt and capable. One relative highlighted the importance of the pre-transfer telephone call, as initially her daughter had been booked as a stretcher case when she required a wheelchair.

Post inspection we spoke with an NHS discharge coordinator and a clinical commissioning group (CCG) contract manager. They told us the service went 'above and beyond' what was required, were accommodating, prompt, helpful and responsive.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations

Patients, relatives and carers knew how to complain or raise concerns. The service obtained patient feedback in several ways: through completion of patient feedback forms, monthly calls to several selected patients and the service website had a feature which enabled customers to give feedback.

The service clearly displayed information about how to raise a concern patient comment cards were readily available in the vehicles for them to complete.

Complaints and concerns raised were shared with the commissioners of the service and recorded onto an electronic system.

The service had a Standard Operating Procedure (SOP) for the management of complaints. This outlined the processes of how to respond locally to complaints but did reference the arrangements if the internal complaints process has not resolved the complaints.

Managers investigated complaints and identified themes. The service had received three complaints between April 2019 and November 2019. One related to the booking of incorrect transport, one relating to delayed transport and one relating to property damage. The service aimed to acknowledge a complaint within 24 hours or sooner, and to provide a response within five working days, which the service had met.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us they received feedback from complaints and that the service received very few complaints which was confirmed by the numbers the service received.

Are patient transport services well-led?

Requires improvement

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

Leadership

Leaders had some skills and abilities to run the service. They did not have oversight of all priorities and issues the service faced. However, they were visible and approachable in the service for patients and staff.

The service was led by three directors who were responsible for overseeing the service provision. The registered manager had been in post since 2018. There was a clear management structure with defined lines of responsibility. The registered manager had overall responsibility for coordinating the transport bookings, for the daily running of the service, provision of suitable staff and medical equipment. The transport manager had overall responsibility for the vehicles and the administration director was responsible for services included but not limited to the storing of patient records information management, invoicing, mail distribution, facilities and HR services.

The management team demonstrated responsiveness and care to the needs of the business and to the staff. They had reacted quickly to our concerns raised on our first visit, we noted on our return visit that these concerns had been rectified.

Staff told us the management team were visible and approachable.

Good

Patient transport services

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The services vision was to deliver a good patient experience focused on customer care, and to provide a professional patient transport service that exceeded expectations. Staff we spoke with were aware of the service's vision and strategy.

Managers told us told us they wanted the to maintain their reputation providing a quality service that they had achieved locally. They wanted to continue to grow the service in a measured way, only taking on contracts they had the capabilities and resources to deliver effectively.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke with told us they considered themselves to be part of a friendly and cooperative team. Staff felt supported and valued by the management and their colleagues.

Patients and families were able to provide feedback to the service in various ways, which the provider used to improve the service.

The culture of the company was positive and team-based. It was apparent that staff wanted to provide a caring transport service.

Governance

Leaders did not always operate effective governance processes, throughout the service. However, staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a governance structure with lines of responsibility and accountability, the day to day running of the service was managed by the registered manager, who was supported by the director of transport and the administration director.

Governance systems were not always established or effective. The service did not always control the risk of infection well. Staff equipment and control measures to protect patients, themselves and others from infection were inconsistent. Staff were unable to provide the inspection team with the assurances that they knew what cleaning strength solutions to use when required, nor was this evidenced in the services' infection and prevention control policy.

There were limited systems and processes to ensure the monitoring and oversight of consumables and equipment. We found a vehicle without a supply of aprons or masks; the automated external defibrillator did not have paediatric pads and the spare replacement battery instalment date showed February 2019.

Audits were undertaken but outcome information was limited. We reviewed audits for January 2020 that covered cleaning checks, equipment, customer satisfaction, and incidents. However, information recorded was limited. For example, the service had not documented how many records or items of equipment were checked. However, we did see changes made as a result of an audit, specifically around updating of the policy for patient deterioration.

Not all policies referenced national guidelines therefore we were not assured that the information within the policies was current and reflected evidenced based practice.

We reviewed the February 2020 minutes from the quarterly contract review held between the service provider and the clinical commissioning groups. Quality performance, activity, mandatory training serious incidents/near misses and complaints and compliments were agenda items and discussed.

We reviewed three sets of minutes from staff team meetings from August 2019 to January 2020. There were set agenda items for discussion, including but not limited to: training, any identified learning and development needs, complaints and learning outcomes.

Management of risks, issues and performance

Good

Patient transport services

Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues but did not regularly review the risks or identified actions to reduce their impact. However, the service had plans to cope with unexpected events.

The service monitored staff completion of vehicle checklists and vehicle cleaning processes. The service also monitored their collection times, drop off times and cancellations as a performance measure. The service did not compare their performance against similar services as this information was not widely available to independent patient transport services.

There was always a manager on duty to support staff.

Staff confirmed they received feedback on incidents and performance when attending team meetings or by email.

We reviewed the service's risk register and saw there were 10 risks. Each risk had mitigating actions and a responsible individual. The identified risk included a description of the risk and a score which identified the severity. Each risk was scored according to the impact and likelihood of occurrence. However, identified risks were not reviewed regularly, and there were no compliance dates. We were not assured that the service had oversight of its risks and the management of them.

The service had a major incident plan in place, which was version controlled and ratified in February 2020. The plan set out staff roles and responsibilities if a major incident was declared. The plan also defined the types of situations that constituted a major incident.

Information management

The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Computers and mobile phones were password protected. Secure email addresses were used to submit information to external organisations.

Paper invoices were kept in a locked room, within the location which had a 24-hour security system in place.

We saw the service was open and transparent in sharing their information with stakeholders. We saw the service had achieved full compliance for their key performance indicators.

Public and staff engagement

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

The service had regular engagement with their clinical commissioning providers to discuss activity and to work in collaboration in meeting the needs of the local population.

Managers engaged with staff daily through the routine activities. The service held bi-monthly staff meetings to discuss key messages.

The service's public website contained information for people in relation to what the service could offer.

The service's website had opportunities for the public to give feedback about the service.

Every year the service transports the local centenarians to a Centenarian Tea Party at no cost to the users.

Innovation, improvement and sustainability

The service used information from incidents and patient feedback to inform service improvements.

All staff were committed to continually learning and improving services.

Managers told us told us they wanted to maintain their reputation providing a quality service that they had achieved locally. They wanted to continue to grow the service in a measured way, only taking on contracts they had the capabilities and resources to deliver effectively.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that there is an effective governance framework in place. (Regulation 17 (2)(f)).
- The provider must ensure that the audit processes are effective. (Regulation 17 (2)(f)).
- The provider must ensure that the risk register is reviewed and there are compliance dates in place. (Regulation 17 (2)(b)).
- The provider must ensure that all policies are relevant, and evidence based. (Regulation 17 (2)(a)).
- The provider must ensure that there are effective processes in place to monitor and have oversight of consumables and equipment. (Regulation 17 (2)(b)).

Action the provider SHOULD take to improve

- The provider should make sure that there are systems and processes in place to support patients whose first language is not English and should consider using alternative ways so as not to use family members to translate for the patients
- The provider should complete the appraisals process for staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17, (1) (2) (a) (b) (f), Good governance,** **of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** Governance systems were not always established or effective. The service did not demonstrate it had a formal system in place to manage risks that had been identified and actions taken to mitigate risks and audits were not undertaken. There were limited systems and processes to ensure the monitoring and oversight of consumables and equipment. The service had a risk register in place with documented identified risks. However, they were not reviewed regularly. Therefore, we were not assured that the provider had oversight of its risks and the management of them. Not all policies referenced national guidelines therefore we were not assured that the information within the policies was current and reflected evidence based practice.