

Point to Point Services Limited

P2P Services Leominster

Inspection report

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Date of inspection visit: 12 may 2022
Date of publication: 17/06/2022

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

Ratings

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

Summary of findings

Overall summary

This was the first inspection of this service. We rated it as Good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. 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.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

This was the services first inspection. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. 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.

Summary of findings

Emergency and urgent care

Good



We rated this service as good because it was safe, effective, caring and responsive and outstanding in well led.

This was the first inspection of this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. 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.

Summary of findings

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Summary of this inspection

Background to P2P Services Leominster

P2P Services Leominster is operated by Point to Point Services Limited. This service offers a patient transport service and emergency event transfers.

The location was registered to provide the following regulated activities

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibilities for meeting the requirements set out in the Health and Social Care Act 2008.

The service was registered in August 2020 and had a registered manager in post. This was their first inspection.

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

Activity (April 2021 to May 2022)

- In the reporting period there were 4027 patient transport journeys undertaken.

The service employed a medical director, an operations manager, a director of operations, a clinical director and 16 patient transport drivers and 12 bank staff for events.

Track record on safety

- Zero Never events
- 29 incidents
- Zero serious injuries
- Two complaints

The main service provided by this service was Patient transport Services (PTS). Where our findings on PTS – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the PTS service.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised of two CQC lead inspectors, a new CQC inspector and a specialist advisor with expertise in PTS and Emergency Care.

The inspection team was overseen by Michelle Dunna, Inspection manager.

During the inspection, we visited the company headquarters in Leominster. We spoke with 10 staff, which included crews, managers and senior managers. We looked at four records of patient care, three vehicles, all staff records, two complaints, logs of incidents, minutes of meetings, board reports, training records and various audits and policies.

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

Outstanding practice

We found the following outstanding practice:

P2P were an equal opportunities employer. They had taken on four kickstart staff (The Kickstart Scheme is a government initiative that provides funding to employers to create jobs for 16 to 24 year olds on Universal Credit), they encouraged people in the local community aged between 18 and 24 who were unemployed and at risk of long-term unemployment to consider a role in PTS. They were employed and provided with training and mentorship. Three of the four staff remained in post. Two had gone on to progress with further recognised courses funded by the company and the third was now on an apprenticeship scheme.

Managers also employed a number of apprentices working with the local jobcentre and employment agency in order to offer as much back to the community as possible

Managers had supported staff back into work in alternative roles after prolonged sickness in order to ensure ongoing support to the staff members and their families.

Managers supported the learning and development needs of staff. A mentorship placement was provided to a member of staff currently undertaking their Level 4 health and social care degree via a local university. Senior staff held regular meetings with them and their course tutor to track development and ensure progression.

The service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advise and financial well-being. Staff could download the app and use as required.




Managers had identified a member of staff to attend Freedom to Speak up training with the Office of the National Guardians in order to ensure staff felt listened to.

Managers worked with the local community and had provided a number of events locally to support people. Including sponsoring football and rugby teams and providing a BBQ for students at a local school.






Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Outstanding 

Are Patient transport services safe?

Good 

This was the services first inspection. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. It was comprehensive and met the needs of patients and staff. Training included, but was not limited to, person centred care, conflict resolution, deteriorating patient, the Mental Capacity Act and Deprivation of Liberty Safeguards. Overall compliance rates for all mandatory training was 95%. The providers target for completion was 100%. Following our inspection, the registered manager sent evidence which showed staff who were not up to date on their mandatory training had booked to complete it by the end of May 2022.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The system alerted staff using a traffic light system to identify when training required renewing. The service were reviewing their training policy to ensure staff accessed training in a timely way when they were out of date.

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.

Staff received training specific for their role on how to recognise and report abuse.

Records showed 95% of all staff had completed safeguarding adults' level 3 training, and 95% of staff had completed safeguarding children level 3 training.

Managers made sure staff completed safeguarding training and monitored staff compliance.

Patient transport services

There was a dedicated safeguarding lead for the company who maintained oversight of all safeguarding matters. Safeguarding was discussed at the board governance meetings on a monthly basis. The safeguarding lead and the registered manager were trained to safeguarding level 4.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

There was a safeguarding policy which included information about adult and child safeguarding. The policy was in date and followed national guidance. Staff liaised with the local authority safeguarding team to safeguard patients. Staff had access to a designated safeguarding officer who was level four safeguarding trained, this was in line with current national safeguarding guidelines.

The provider had clear processes to ensure responsibilities for notification of safeguarding incidents were appropriately escalated when carrying out any subcontracted work. Staff demonstrated knowledge of safeguarding and told us how they would report incidents.

A process was in place for obtaining advice or making urgent referrals. For example, the service was a sub-contracted service and most notifications were made through the main contractors. Staff received feedback from the contract provider about safeguarding concerns they had raised. The service made six safeguarding referrals from August 2021 to May 2022. Examples of safeguarding referrals made included a patient in wet clothing and inadequate care package in place.

Recognised recruitment procedures were followed, which helped to ensure staff were safe and suitable to work with people or children who received care from the service. The provider's records and discussions with staff showed required employment checks were made before staff provided people's care. For example, checks of staff previous employment, work history and checks with the disclosure and barring service. This helped the provider to make safe recruitment decisions about an applicant's suitability and where necessary complete further risk assessments.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning equipment was safely stored and clearly labelled. The service performed enhanced and more frequent cleaning of all areas to prevent the spread of COVID-19 in line with national guidance.

Vehicles were visibly clean and had suitable furnishings which were clean and well-maintained. Vehicle checklists were completed at the start of each shift. This included ensuring vehicles were clean. Audit results for vehicle cleanliness were 100% in March and April 2022.

Patient transport services

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff carried out swab tests on every vehicle and vehicles were deep cleaned at least once every four weeks. There was a system in place to monitor vehicles due a four weekly clean and any safety checks required.

We witnessed staff cleaning equipment prior to the shift start including wheelchairs and stretchers.

The service employed a make ready technician who supported crews to ensure vehicles were ready for the shift start.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was stored in equipment bags which were taken on every patient transfer. Staff used PPE and followed national COVID-19 guidance. Hand washing posters demonstrating best practice in hand washing techniques were on display above sinks. Staff completed training on hand hygiene principles during their induction. Practice was observed during clinical supervision.

There was a hand hygiene station at the main entrance of the building which included a hand sanitiser, surgical masks and a bin to dispose of used surgical masks. Information on how to sanitise hands was readily available at the hand sanitising station for visitors to read.

All cleaning mops and brushes were colour coded and included; green for kitchen use, yellow for the ambulance, red for toilet use and blue for general use.

Clinical waste was stored on site at the ambulance station and was collected at prearranged times when necessary. Copies of waste disposal certificates were maintained. This meant clinical waste could not be removed from the bin therefore did not present a health and safety risk.

Spillage kits were readily available in ambulance vehicles and onsite. Crew staff used spillage kits to clean up blood, vomit or other bodily fluids safely. Soiled linen was placed in alginate laundry bags and washed separately. A washing machine was available onsite, and staff washed linen at 60 degree centigrade.

Staff washed their own uniforms on site. There was a uniform policy stating all uniforms had to be washed at 60 degree centigrade.

Environment and equipment

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

The design of the environment followed national guidance. There was clear access to fire doors and fire extinguishers were available with the next service date due in June 2022. The service managed day to day work from their location. There were areas for staff to take breaks, make drinks and hold meetings.

The station manager and the senior managers were responsible for monitoring all vehicles to ensure that Driver and Vehicle Licensing Agency (DVLA) requirements, insurance, MOTs and services were up to date. They maintained an electronic database and alerted team leaders of any maintenance that was required and by when. This included maintenance of equipment in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

All vehicles were stored securely at the registered location and keys were held in a key safe. The service had seven vehicles, we checked two vehicles which were ready for use, these could be used for event or patient journey's and were kept fully equipped.

Patient transport services

Staff that transported patients were required to have a full UK driving licence and report any endorsements to their line manager. The service maintained a copy of all employee driving licences on staff files. Team supervisors completed driving assessments for all staff during their probationary period. Their assessment details were stored in their files. The service deployed software to monitor staff driving behaviour such as vehicle speed and harsh braking.

Staff carried out daily safety checks of specialist equipment. Equipment bags were secured with tamper evident seals. The service had an equipment checklist. This included the date and time the bag was checked/restocked, including the bag identification number. We saw equipment had received maintenance and electrical safety checks completed.

The service had enough suitable equipment to help them to safely care for patients. Equipment was standardised on all ambulances. This included piped oxygen, half sized patient transfer board, curved transfer board, fire extinguisher, ramp, carry chair and stretcher. All staff were trained, and competency assessed to use all items of equipment. We saw evidence of this in staff files. Vehicles contained piped oxygen and individual small cylinders were available should they be required. All cylinders were secured in correct harnessing's within the vehicles. Oxygen piping in the vehicles was tested and approved. Oxygen regulators were tested in line with Medicines and Healthcare products Regulatory Agency (MHRA) Managing medical devices 2015 standard. The service had a risk assessment and policy in place for storage and transporting oxygen. This included potential hazards and harm, as well as control measures, recommendations and a risk level. The vehicles we inspected had appropriate badges displayed to show that gases may be transported.

The service maintained daily vehicle safety checklists and equipment checks before they were used each day. This included checks of the tyres, lights, wheelchair harness, heating and horn. We reviewed the checklist for two vehicles we inspected and saw that the entire checklist had been completed. Staff carried out monthly ambulance audits. We reviewed audits from September 2021 to April 2022 and found comments had been made around the lack of urine bottles and damaged vehicles. Staff ensured issues raised were sorted out at the time of audits. However, actions taken were not always recorded. We raised this with senior staff who showed us a new robust system which was being introduced and would enable staff to collate and demonstrate actions taken.

A first aid kit was available at the ambulance station. It was sealed with the expiry date May 2023. The station manager ensured it remained in date and untampered.

Child seating was available to transport a child. However, there were no paediatric ambulance harnesses available on one of the vehicles. We informed the management who provided us with evidence this had been addressed.

The ambulances had breakdown cover. If an ambulance had mechanical problems, the service would send another ambulance to ensure that the patient could continue their journey without excessive delay whilst the crew awaited breakdown assistance.

Staff were provided with satellite navigation systems for use on all journeys. They were updated to ensure they contained the most up to date maps and running system.

Staff used mobile phones with a dedicated application available from the primary provider which advised of journeys and patient information. Staff also used a mobile phone to access policies and procedures on the provider portal as necessary.

There were fire extinguishers kept in each vehicle we inspected, and we saw service dates and expiry dates were appropriately documented. The checking of these was included on the daily check sheet.

Patient transport services

Staff disposed of clinical waste safely. Waste management was handled appropriately with separate colour coded bins for general, clinical, medicinal and sharp waste to prevent the risk of infection. A general waste and clinical waste bin was available in the main entrance.

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

Staff completed risk assessments for each patient after any incident. We observed 'tour of duty' report forms identifying risks activity and patient safety including use of consumables.

Staff were trained in first aid and would assess the condition of a patient throughout the journey. If concerns were raised staff called 999 for emergency service support. This followed the deteriorating patient policy guidance available to all staff.

Staff knew about and dealt with any specific risk issues. A duty manager was available 24 hours per day. If patients deteriorated during transportation, the crew were able to provide emergency support as needed and would call emergency services on 999 for back up. All staff were trained in adult and paediatric basic life support.

The primary contractor risk assessed a patient's suitability for patient transport services (PTS). This information was then forwarded to the crew through the smart phone application. P2P staff completed their own visual assessment and enquired with nursing staff prior to moving the patient to ensure patient safety. If necessary, the patient would not be transferred before discussion with the P2P management team or the primary contractor. This meant that the approach to assessing and managing day-to-day risks to people who used services was proactive.

Dynamic risk assessments were completed by P2P staff. These followed the recognised task, individual, load and environment format.

Privately funded patients were risk assessed ahead of each journey. Staff assessed patients' eligibility to be suitable to use the service before accepting them for transfer. The risk assessment form captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers.

Staff were aware of the local and national guidance in relation to do not attempt cardiopulmonary resuscitation documentation and Respect forms. We were told staff both checked completed forms and questioned hospital staff with regard to the validity of the forms.

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.

The service had enough staff to keep patients safe.

P2P employed 16 staff on zero hour's or self-employed contracts due to the ad hoc nature of work. This included paid leave calculated pro rata on the hours worked over the previous weeks. At the time of inspection, the staffing levels met the needs of the company. However ongoing recruitment was carried out as required to ensure no shortfall in hours to cover the contracts they were currently working on.

Patient transport services

All crews were two person crews. Managers aimed to plan crews so that an experienced member of staff could accompany a less experienced member of staff. All staff spent the first month of employment working with a supervisor for training and extra support. All staff had an enhanced Disclosure and Barring Service (DBS) check. We observed enhanced risk assessments in order to ensure monitoring of all staff providing patient transport.

Senior staff told us in the last 18 months they had taken down two vehicles due to staff shortages. When this occurred, they sent a staff member to work with the primary contractors.

The company directors, one of which was the registered manager, operations and business support manager provided 24 hours on call support for crews.

Managers made sure all bank staff had a full induction and understood the service. All staff completed an induction checklist in their first week of employment. This included company policies, familiarisation with equipment, driving competency check, and health and safety.

Records

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

Patient notes were comprehensive, and all staff could access them easily.

Patient details were recorded on the ambulance documentation (tour of duty return). The sheets were paper records which contained number of transfers, safeguarding referrals and any incidents that may have occurred. Patient details were recorded on the reverse of the document using a patient reference number to identify the specific patient according to the electronic documentation held by the primary provider. Any untoward events were recorded in these records. This could include incidents or complaints, as well as actions taken. Any occasions where 999 had to be called because a patient became unwell were also recorded in the daily diary sheets. These were placed in vehicle specific folders and returned to the locked head office at the end of the shift.

All staff held an electronic device containing all patient information, including their name, pick up and drop off location, their mobility and whether they used the stretcher or sat for the journey.

We were told the primary provider held the electronic copy of the transfer according to their own guidelines. No records were left on the vehicle at the end of the shift. We reviewed the documentation on the returns sheet. It was fully completed and contained an accurate record of the patient and subsequent journey. Where information was different on the primary provider application the registered manager was informed by way of an incident form. For example, if a patient's capacity and diagnosis were inaccurate this could have led to mis management of the patient. Reporting this enabled the registered manager to inform the primary provider.

Staff transported patients who had a do not attempt cardiopulmonary resuscitation (DNACPR) orders in place. They were notified of this electronically.

The service had a resuscitation policy and there was further guidance in the staff handbook to support staff.

Records were stored securely in a locked cabinet at the ambulance station. The registered manager and clinical staff were the only people who had access to this. All records were retained according to the NHS Records Management Code of Practice 2021.

Patient transport services

P2P services provided a staff 'online portal', which was used to keep staff informed of policies and procedures. Operational staff could access the portal from their mobile phones.

Medicines

The service followed best practice when administering, recording and storing medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

The service had a policy for transporting portable and piped oxygen. The policy provided guidance for staff when transporting oxygen and notified them of the associated risks. Staff had been trained in basic oxygen use in order to connect patients to cylinders for the journey under the supervision of nursing staff using a doctor's patient specific prescription. Under the Health and Safety at Work Act 1974 and Health Technical Memorandum 02-01: Medical gas pipeline systems guidelines, it was the responsibility of the employer to train their employees on the recommended safeguards related to the handling of medical gases to ensure they understood and employed safe practices.

Oxygen was stored on vehicles and in a ventilated locker within the base garage. Hazard storage stickers were in place on the outer doors identifying which area the oxygen was stored should the fire service be required to enter the building in an emergency. Fire and oxygen storage risk assessments were in place locally and from the owners of the building.

The service did not supply or store any patient medication for PTS. Patient's take home medicines were kept safely with their belongings during transport. Should patients require medication on a long journey they had to be able to self-administer or be provided with an escort. Water was available to take medication if required.

Staff learned from safety alerts and incidents to improve practice. The service had systems to ensure staff knew about safety alerts and incidents. Information was communicated via newsletters.

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 and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Incidents were usually escalated to and completed by managers. All incidents were tracked in an 'incident records' folder.

Staff raised concerns and reported incidents and near misses in line with provider policy. The service had an incident policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.

Staff reported serious incidents clearly and in line with provider policy. There had been 29 incidents of low or no harm such as; patient injury, aggression and vehicle damage reported from August 2021 to May 2022.

We saw that incidents were reviewed, and learning was shared regularly through team emails, newsletters and general updates.

Patient transport services

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Duty of candour should be discharged if the level of harm to a patient is moderate or above. The manager told us they did not have any incidents of moderate or serious harm to a patient. We were not therefore, able to review compliance against the duty of candour policy.

If things went wrong, staff we spoke with said they would need to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored if appropriate.

All staff completed an e-learning module for being open and honest, it was completed as part of their induction. If an incident or event was deemed as a serious incident, managers advised an investigation would be undertaken, and the duty of candour policy would be followed. The service had a duty of candour policy which was in date and accessible to staff. All incidents were reviewed by the manager, who followed a process to determine if the duty of candour regulation needed to be applied. The management team understood the requirement to apply duty of candour when needed.

Managers investigated incidents thoroughly and shared lessons learned with the whole team. Monthly messages and key learning points from incidents, complaints and safeguarding reports, were disseminated through bulletins on the team brief, at team meetings and on the secure social media platform available only to current staff. This ensured all staff were immediately aware of any specific learning that may be required. The managers would inform the primary contractors of any incidents for their joint investigation.

Are Patient transport services effective?

Good 

This was the services first inspection. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policies and procedures on the intranet. All staff had to sign to say they had read and understood them.

The registered manager and other directors reviewed policies and standard operating procedures and signed them off. There was a formal monitoring process for updates to nationally available guidance in place and changes were made as and when management received information.

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. We reviewed policies, procedures and guidance information which

Patient transport services

referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and the Department of Health (DoH). All policies were P2P specific including the mental capacity policy and the being open and duty of candour policy. Staff knew how to access guidance. All the service's policies were available for staff to access via their work phones. This meant that staff had access to guidance while working remotely.

Staff who were remote working had access to advice on guidelines and protocols. If needing advice, staff would ring their company managers or the control centre of the ambulance service who had subcontracted the work to them. Staff we spoke with were aware of how to access support and guidance.

Nutrition and hydration

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

Due to the nature of the service provided, food was not routinely offered to patients. However, in the event of long journeys, staff would allow sufficient breaks to ensure patients could have their nutritional and hydration needs met. Staff told us, and we saw they kept bottles of water on the vehicles so that they could offer drinks to patients. Staff we spoke with also told us they asked ward staff for sandwiches if the patient was to be collected just prior to a meal.

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.

The service monitored the number of patient journeys they undertook. From April 2021 to May 2022, the service carried out a total of 4027 patient journeys.

The service monitored response times for journeys completed under their contract with the primary provider. Data was collected on all patient transfer logs and the primary providers mobile application, including the time of the request, time of pick up, time of drop off and any delay, however, the data was used to monitor patient journeys that were undertaken under the primary providers clinical commissioning group contract (CCG).

The service were not able benchmark against other providers due to the competitive nature of the business.

If the patient's pick up and turnaround was longer than ten minutes, crews had to contact the control desk to inform them of the delays. Delays to collection of patients were attributed to parking difficulties at the hospitals, long wait times to be let into wards, incomplete documentation on the wards and patient journeys cancelled or amended as the crews were attending the ward. These delays impacted on smooth discharge and turnaround of patients. Staff told us they would record this on the mobile application for the primary provider and complete incident records.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and 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. The service had comprehensive staff records. We reviewed 16 sets, and all contained for example; application forms, references, enhanced disclosure and barring system (DBS) and driving licence checks. All staff files had all the required information stipulated in the service policy.

Patient transport services

Managers gave all new staff a full induction tailored to their role before they started work. All new starters received a five days induction which included mandatory training and shadowing sessions. Staff had four one-to-one sessions within the first six months. The managers and the supervisor supported induction and supervision of staff. All staff worked with a supervisor until signed off as competent. This included an informal driving assessment.

Staff received an induction and ongoing training which was relevant to the service needs. Inductions included competency assessments, training courses, shadowing sessions where staff could observe experienced staff carrying out the roles and assessing staff competency in using the equipment on the ambulance.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an annual three-stage appraisal that included self-assessment, assessment by the supervisor and a sign off by the operations or registered manager.

Managers supported the learning and development needs of staff. A mentorship placement was provided to a member of staff currently undertaking their Level 4 health and social care degree via a local university. Senior staff held regular meetings with them and their course tutor to track development and ensure progression.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The 'In the loop' staff newsletter also provided a learning point each month for staff to read and ask questions. For example, sharing news about mental health awareness and sun safety. Incidents and safety notices were also identified for dissemination.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had three staff members on apprenticeship two more staff were due to start in the coming months. They worked with the local jobcentre and recruitment agency to provide work to those eligible but unemployed to ensure they offered as much back to their community. Staff who had experience of working in PTS but were new to the service were supported to attend training delivered by the company to ensure everyone was working at the same standard and following the same guidance. From the records we reviewed staff had the skills, knowledge, and experience to deliver effective care and treatment. The service had systems in place to manage effective staff recruitment process.

Managers documented levels of competency for each member of staff to ensure staff were used effectively in either or both services. For example, the registered manager could respond to all emergencies and was trained in using a 12-lead electrocardiograph, automatic and manual electronic defibrillator, using the National Early Warning Score (NEWS2) and undertaking blood sugar monitoring. Other staff's skills varied according to their substantive role and experience. The training package was extensive with all relevant modules aligned to the Core Skills Framework for Health. These involved taught and practical sessions. Feedback on training from staff was 100% positive.

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 and effective multidisciplinary meetings to discuss patients and improve their care. Managers worked effectively with commissioning and contracting services, to ensure they delivered the most appropriate care for the patients within the community

Patient transport services

Staff worked well with the primary contract holders to establish all the relevant information they needed in order to meet a patient's needs and transfer them safely. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.

The service worked with other agencies to enable patients with specific needs to be able to access the service. Where it was identified that the service could not meet the needs, they worked with other providers to ensure the patient received support for their needs. This included the potential attendance from the local NHS service. We saw that the registered manager was always available to offer support and advice to his staff

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 understood the relevant consent and decision making requirements of the Mental Capacity Act 2005. Staff were required to complete training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This training was incorporated into the safeguarding adult training and staff were required to complete it every year.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements involved under the MCA and DOLS and Children's Act 1989. Staff gained verbal consent to transfer patients to hospital.

There was an up to date consent policy for staff to follow which was last reviewed in December 2020 with a review date of 2024. The service had an up to date mental capacity policy which included best interest guidance and information about DoLS and the forthcoming change in the law to liberty protection safeguards (LPS).

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. All staff we spoke with were able to demonstrate an understanding of consent, capacity and best interests' decisions.

Are Patient transport services caring?

This was the services first inspection. We rated it as good.[HB1]

Compassionate care

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

We did not see staff treating patients during this inspection and we did not speak with any patients or their relatives during this inspection.

Patients said staff treated them well and with kindness. We reviewed patients' feedback on the provider's website which said staff were kind and thoughtful.

Patient transport services

Staff understood and respected the individual needs of each patient. Staff had extra blankets in the ambulance and used them to keep the individuals comfortable and respect their privacy and dignity during transport.

Staff told us they were mindful of patients' privacy and dignity whilst providing care and treatment.

We reviewed the patient feedback which the service had received recently. The service had received feedback from 15 patients. The feedback was overwhelmingly positive with all 15 patients (100%) stating they were satisfied with the treatment they received and that they were treated compassionately. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Patients were without exception pleased with the care they received. Comments provided included; "everything done with a smile", "Cheerful good care even remembered my name!", "extra kind" and "the service couldn't be better".

Emotional support

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

We did not see staff treating patients during this inspection and we did not speak with any patients or their relatives during this inspection.

However, patient feedback provided examples of where they had provided emotional support to patients and their families in previous events where patients were conveyed to hospital. One of the patients who completed the feedback form for the service provided additional details about the emotional support they had received from staff. "the staff always ease my anxiety and gave lots of reassurance.

Understanding and involvement of patients and those close to them

We were unable to assess if staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

We did not observe any care and treatment during this inspection. However, the patient feedback received identified staff included patients when making decisions, if appropriate. Staff told us that if patients were upset or confused, they would support and reassure them during the journey home.

Staff said they involved patients and their relatives in making decisions to convey patients to the hospital.

Are Patient transport services responsive?

This was the services first inspection. We rated it 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.

Patient transport services

The service was planned and designed to meet the needs of patients who were risk assessed as appropriate for the service. The service accepted bookings over the telephone or via email. The service also had two contracts in place to provide adhoc third party PTS transport across the West Midlands region and further afield as required. The service ran seven days a week with shifts commencing in the main at 9am until 8pm approximately. The contract mainly included routine services of patients requiring transport for regular hospital appointments or unplanned transportation. This included hospital discharges.

Whilst the service was not directly providing a service for the NHS and/or Clinical Commissioning Group they were monitored by the primary provider and expected to contribute towards key performance indicators (KPIs) around response times. The primary provider fed back to the registered manager as part of ongoing contract discussions. P2P had also requested further information from the primary providers in order to ensure they were able to consistently assess, monitor and improve quality and safety for all patients.

We reviewed evidence of contracts fulfilled at 100%. This identified the support P2P were providing to patients requiring discharge from hospital or timely transfers to appointments.

Bookings were responded to by crews as they came through on the mobile application and were actioned immediately. As each job was done and signed off a new job was raised. This was managed by the primary provider.

The service was flexible and could facilitate last minute requests for transport journeys. The operations manager told us that if they received a booking request that they were unable to meet, they would not accept it. This was a very rare occurrence and would mainly relate to mental health transfers.

The service had at least two ambulances operating each day. Each vehicle would complete between six and 20 patient journeys each day. The service provided double crewed vehicles and were able to convey both seated, stretcher and wheelchair patients. This flexibility was a key strength.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff received training on how to support people living with dementia or a learning disability during their mandatory training.

The service served a diverse population, with service users speaking a range of different languages. For those who did not speak English as their first language, staff accessed an application on their mobile phone in order to communicate effectively. Staff we spoke with told us this was very useful.

The booking process meant people's individual needs were identified and conveyed to the crews through a handheld device. For example, the process considered the level of support required, the person's family circumstances and communication needs. Staff also made an assessment on arrival at the hospital by communicating with the patient or carer.

Patient transport services

The service had information leaflets available in languages spoken by the patients and local community. Both ambulances we inspected contained a communication pack including pictures and words in an 'easy read format' for patients who may need support with communication. A multi-lingual book with different languages was available in both ambulances.

Staff had access to communication aids to help patients become partners in their care and treatment. All vehicles contained a pen and writing pad for use by patients with difficulty speaking. The service had an equality and diversity policy that covered all the protected characteristics of the Equality Act. Staff had knowledge of the policy and told us that equality and diversity was part of their mandatory training.

Bariatric equipment was available in the ambulances we inspected.

Ambulances had different points of entry, including sliding doors, steps and a ramp so that people who were ambulant or in wheelchairs could enter safely.

Staff told us they would transport a patient in their own wheelchair if possible, rather than transferring them to a trolley, so they were more comfortable.

At the time of booking, staff recorded any additional needs in the booking form if this was a private patient. However, if the patient details were from the primary provider the staff would complete their own assessment of needs on arrival and document them on the 'tour of duty sheet'. This was so that crews were prepared for making any reasonable adjustments when collecting patients. The form collected information on patient's disability, mobility and mental health.

Those with additional needs such as dementia could be accompanied by their carer. At booking, details of any additional needs were taken and passed to crews so that reasonable adjustments could be made. Crews explained that they would always do their best to help the patient.

Staff were experienced with supporting patients living with dementia. Staff told us that they explained things clearly to patients, reassured them that they were safe, held their hand and encouraged them to share any concerns they had where possible. All staff received training in dementia awareness.

The service patient transport form provided information to ensure that any communication needs were identified. This ensured that staff were aware if patients were living with dementia or a learning disability. Staff had the necessary information available to allow them to respond to individual needs in the event of transporting a patient living with dementia or a learning disability.

Access and flow

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

Staff supported patients when they were transferred between services.

Patient transport services

The service reported of the 4027 patient journeys carried out between April 2021 and March 2022 they had not cancelled any. When patients required transport from or to hospital, these bookings were referred to the provider via a primary service. This meant the provider was not always given information about how long the patient had been waiting prior to the booking or prior to being picked up. To ensure all bookings were met an extra vehicle could be available at short notice as necessary. During our inspection there were two vehicles in use. The service operated seven days a week.

The service operated two shifts a day depending on demand from the main contract. Transport services were subcontracted to P2P as third-party providers. Turnaround times were monitored by the primary provider and crews reported to both them and the P2P managers any concerns with delays. The primary provider allowed a 10-minute turnaround time. However, during our inspection staff explained that this was not always possible as every patient had individual requirements for example an end of life patient or a patient living with dementia. All crews reported that they did not rush the patients or relatives in order to meet the target.

The information given to staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.

Managers confirmed that patient transport services did not undertake emergency transfers. Patients transported were clinically stable. However, the service were able to provide specific high dependency care on named patient basis due to the provision of the emergency care side of the business (see EUC report for details of staff competence).

If a journey was running late the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.

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. All vehicles carried feedback cards for patients to complete. The feedback cards included information for patients and carers on how to complain about the service, which directed them to the service's website

The service clearly displayed information about how to raise a concern in ambulances we inspected. Each ambulance provided patient feedback forms highlighting how to leave feedback and how to make a complaint.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service reported that they received two formal complaints from April 2021 to March 2022 from patients or carers who used the service. The complaints were dealt with in a timely way and followed the service policy. Complaints were logged on a customer's complaints form and included; staff attitude and poor moving and handling technique. Complaints were dealt with within 25 working days.

Staff we spoke with explained that if the patient or relative complained directly to them during the journey they would immediately apologise and attempt to deal with the complaint. They would then feed back to the management team for follow up as necessary.

Patient transport services

The service had a clear, up to date complaints policy in place which provided staff with guidance on the complaints process. The staff induction checklist monitored that staff were aware of the complaints process.

Staff understood the policy on complaints and knew how to handle them. They had access to the complaints policy on the intranet.

The director of operations investigated complaints and identified themes. Senior management explained how complaints would be investigated and learning fed back to staff if they occurred.

Are Patient transport services well-led?

Outstanding



This was our first inspection of this service. We rated it as outstanding.

Leadership

Leaders had high levels of skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff to assure the delivery of high-quality person-centred care. They fully supported staff to develop their skills and take on more senior roles.

The service was led by a managing director who was supported by a sales director, an operational director and a clinical director.

The leaders demonstrated high levels of experience and appeared to be compassionate and inclusive of all staff. There was a CQC registered manager in post, who was responsible for the daily running of the service, provision of staff, equipment and booking all work. The manager was fully aware of the Care Quality Commission registration requirements for the service.

The service employed a pharmacist who was responsible for reviewing patient group directives. A station manager and two supervisors were in post.

The manager was fully aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked for.

Leaders had a deep understanding of issues challenges and priorities in their service.

Leaders understood and managed the priorities and issues the service faced. Staff said they were visible, approachable and supportive in developing their skills so that they could take on more senior roles.

Leaders understood the challenges to quality and sustainability, and identified the actions needed to address them. For example, leaders were regularly reviewing and tendering for contracts. This was to ensure continued staff recruitment in order to provide a sustainable service.

Leaders were visible and approachable. Staff were encouraged to come into the office daily when they signed in for the shift and collected the keys.

Patient transport services

Supervisors performed appraisals and were available to offer one to one daily support. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. For example, the provider offered development programmes to crews which included training opportunities in order to develop their role and maintain engagement.

Staff we spoke with were clear about the roles and responsibilities of the leaders of the service, and told us that they were visible, approachable and supportive.

We spoke with 10 members of staff who all told us that they felt confident they would be able to raise concerns with their management if required. They told us that the management were receptive to feedback and continually wanted to improve the service.

The leaders were aware of the main challenges to the service, which they identified as the unpredictable demand on the service and the inability to offer their staff regular hours of work.

Feedback cards told us staff treated patients with respect and adapted to the patient's needs. They described the teams as open and honest in their approach to how their service was provided.

Vision and Strategy

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

Point to point Services had a vision to be an outstanding ambulance service with the following core values;

- Empathy – To prioritize having healthy conversations about what is going well and where they need to improve as part of their culture.
- Accountable – Being accountable means that they are answerable for their actions and the actions of their teams.
- Teamwork – The strength of their team does not only lie in their combined experience and expertise but their ability to trust each other, no matter the circumstances.
- Passionate – Having a joy not just for the work itself but also the people around them, so that everyone can be bold, innovative and creative.
- Dynamic – They are committed to recruiting the best people and focus on developing and growing their talent so that each employee can reach their full potential.

To achieve these goals, the service aimed to support and develop their staff by ensuring staff had the knowledge, vehicles and equipment to fulfil their roles to the highest of standards.

Staff we spoke with told us they had been part of developing these values and were able to explain them in depth. They were very proud of the work they had put in and how important it was to the patients they cared for.

The mission of Point to Point Services was to provide a cost-effective, professional service with high quality standards and exceptional customer care.

The service had a 'Quality Policy & Objectives' plan with the aim to;

- Maintain effective Quality Assurance

Patient transport services

- Achieve and maintain a standard of quality that maintains and enhances Point to Point Services reputation with customers and regulators as well as within the wider safety industry;
- Ensure compliance with relevant statutory, regulatory and safety requirements;
- Identify and manage risks;
- Maximise customer satisfaction with the services provided; and
- Apply Quality Assurance processes to all activities of Point to Point Services.

P2P aimed to consolidate its position as the preferred third party provider for primary providers in the area and to become the preferred provider for other NHS trust primary contract holders. The company had achieved this so far by ensuring all patient needs were met and they were treated professionally, safely and with the utmost respect.

Staff we spoke with were aware of the patient focussed values of the service. They also told us that the service leaders continually updated them on any potential changes to the service

Culture

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

We spoke with 10 members of staff, who all spoke extremely highly of the culture of teamwork within the service. Staff reported feeling encouraged and motivated by the managers, describing them as supportive and valuing their contributions.

Staff felt proud to work for the organisation and felt that they were valued. During our inspection the pride and attention to detail was evident. Staff were able to explain in detail the importance of compassion, care and candour for the patients and relatives in their care.

The clinical director had also enrolled for national guardians training in order to develop a freedom to speak up process, and two mentors had undertaken mental health first aid training in order to identify and support anyone who may be suffering from mental ill health.

Staff were consistently positive of each another and their teamwork, and stated they had close working relationships and always supported one another.

Leaders welcomed staff comments and strive to motivate staff to succeed. The service provided further training and development opportunities for all staff. The staff survey was completed by all staff. In the question “how would you rate working for P2P” 100% of staff rated the service fantastic or good.

Governance

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



Patient transport services

The service had implemented health and safety, infection control, employment and a whistle blowing policy. Staff did not hold formal governance meetings due to the small size of the service. The management team held formal governance group meetings at least monthly, which all four senior staff attended. In addition to this, there were monthly team updates which were shared with staff to update them on the current business arrangements and provide feedback from complaints or incidents.

The service had up to date policies for staff to follow. These were written by the managers and reviewed during governance meetings as necessary. The service had introduced a board which provided staff with quick access to policies and procedures for example complaints management and the grievance procedure. Staff at all levels were clear about their roles and responsibilities and what they were accountable for. All staff signed to say they had read new policies.

We observed team updates which were kept in a file for all staff to read. They were also available electronically.

We reviewed 16 staff personal files (randomly selected). We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service also had an in-date recruitment policy and staff handbook to ensure all staff adhered to the requirements.

The service followed correct recruitment processes through ensuring staff had an enhanced Disclosure and Barring Service (DBS) check as part of the recruitment process. We reviewed the files held for the registered manager /managing director. We were assured that they were compliant with the requirements of the Fit and Proper Persons regulations in relation to directors. The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role. The files held included curriculum vitae (CV) and DBS.

We saw from the team brief that incidents involving equipment and training compliance rates were reviewed. All staff were required to have a full UK manual driving licence to drive the ambulance vehicles. License checks were carried out to confirm details. Details of driver's licences were monitored on a spreadsheet. Staff were required to undertake an enhanced Disclosure and Barring Service check as part of the recruitment process, and the service requested a copy of the check once received.

The service had an incident reporting log and a complaints log which provided a framework for monitoring any incidents and complaints. The complaints log was designed to enable managers have oversight of whether they responded within appropriate time frames. The complaints log also included sections for lessons learnt and how learning was shared. We saw evidence of lessons learned and shared in the team brief on a monthly basis. If there was a more urgent concern it would be shared immediately through the team social media group.

In addition, we saw that two primary providers had inspected the service, to ensure they were safe to transport their contracted patients. The registered managers said these inspections were welcomed and saw them as another layer of governance. For example, we saw the service had ensured senior managers immediately notified the primary provider if the incident involved an accident when transporting their patient. The senior management team met on a monthly basis to review core compliance against training, fleet and equipment maintenance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance and demonstrated commitment to best practice. They readily reviewed, identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Patient transport services

The service had a risk register in place. The risk register contained risks such as; failure of IT systems, vehicle breakdown, fire and patient/staff injury. Each risk contained controls that were in place to mitigate the risk. They were also graded based on the likelihood and severity of harm. Review dates were yearly unless a change of circumstances required an earlier update. The management team discussed the risk register at monthly governance meetings. The service had a process in place for managing incidents. The service carried out a risk assessment ahead of every patient journey. The risk assessment captured any manual handling needs, communication needs and any challenging behaviour. This was supported by the use of the 'tour of duty return' which captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers. These records were stored securely for eight years. The records we reviewed were completed correctly and in full by each crew.

Each vehicle was installed with a digital monitoring system which allowed managers to monitor individual drivers driving behaviour. For example, how they were braking and accelerating. By collecting this data, senior managers were able to monitor any risks whilst driving. The information was provided to the registered manager in order that he could investigate any patient safety concerns related to driving incidents. We were able to review these during the inspection.

The provider had a business continuity plan. The plan identified equipment, infrastructure, staffing and a recovery phase in order to ensure business as usual was returned as soon as possible after any incident.

Information Management

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

Electronic databases were password protected; information could only be accessed by staff. Managers only had access to performance management data such as staff details, vehicle servicing information, audits, training and human resource processes. This enabled managers to monitor the services they offered.

The IT systems used by the service supplied reliable data to enable them to submit data as required. The service monitored obtaining patient consent, incidents, near misses, referrals to social care and safeguarding referrals.

Records of journeys containing person identifiable data were paper based records stored in a locked cabinet and retained for a period of eight years for patient transport records and patient report forms for events for eight years for adults and until age 25 for children under 18.

The service's policies and procedures were available for staff to access online and in paper on the notice board. They were able to access them through a staff portal on the service website.

The registered manager was the information governance (IG) lead who supported the service to ensure information was managed appropriately. The IG lead ensured systems and processes were compliant with the General Data Protection Regulation (GDPR) introduced in May 2018. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

Engagement

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

Patient transport services

The service engaged with other organisations to plan and manage patient transfers effectively. The registered manager would call each day when they were not on site, in order to engage with staff.

Staff told us they were actively encouraged to feedback any ideas for improvements. We saw evidence of staff suggestions being supported by managers and implemented. These included combining the items in the vehicle in one bag, using a vehicle folder for patient notes and supplying all staff with a torch for identifying house numbers from the ambulance.

Patient feedback leaflets were available in the ambulances in easy read format. Staff were able to use a translation application on their smart phones if required for patients whose first language was not English. Patient feedback was relayed to the appropriate member of staff.

Staff and managers all described the desire and plan to have face to face team meetings. Due to the size of the service this had not been possible without reducing service delivery. Team briefings in the form of a poster and email had been an introduced.

Leaders and staff told us that staff were engaged in any potential developments in the service. The service sought feedback from providers in the community that used the service. We reviewed feedback on the patient feedback forms specifically about crews. The responses were positive throughout and stated that the service was reliable, flexible and accommodated the needs of patients. The service sought feedback from patients and carers and provided feedback cards when appropriate for them to complete. They could also share feedback via the website.

Managers and staff were without exception proud of the work they did to support each other and the local community. Managers were willing to support staff to improve skills and complete training in order to encourage them with career progression and development.

The management team strove to provide opportunities for people that otherwise may have struggled to find work.

P2P were an equal opportunities employer. They had taken on four kickstart staff (The Kickstart Scheme is a government initiative that provides funding to employers to create jobs for 16 to 24 year olds on Universal Credit), they encouraged people in the local community aged between 18 and 24 who were unemployed and at risk of long-term unemployment to consider a role in PTS. They were employed and provided with training and mentorship. Three of the four staff remained in post. Two had gone on to progress with further recognised courses funded by the company and the third was now on an apprenticeship scheme.

Managers also employed a number of apprentices working with the local jobcentre and employment agency in order to offer as much back to the community as possible.

Managers had supported staff back into work in alternative roles after prolonged sickness in order to ensure ongoing support to the staff members and their families.

Managers supported the learning and development needs of staff. A mentorship placement was provided to a member of staff currently undertaking their Level 4 health and social care degree via a local university. Senior staff held regular meetings with them and their course tutor to track development and ensure progression.

Patient transport services

The service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advise and financial well-being. Staff could download the app and use as required

Managers work with the local community and have provided a number of events locally to support people. Including sponsoring football and rugby teams and providing a BBQ for students at a local school.

We reviewed staff survey results carried out in March 2022 and the results were overwhelmingly positive with 100% of staff saying they had enough equipment to enable them carry out their job and 100% felt they could openly speak to and request for support from the management team.

Learning, continuous improvement and innovation

All staff were fully committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to develop and use them. Leaders encouraged innovation and celebrated it.

The service was proud of their patient centred approach and was not willing to allow changes to the service that could compromise it. The service provided escorts who accompanied every patient journey. Feedback from patients and carers about the way the service was delivered was positive; they stated that they felt safe and reassured throughout their journeys.

The service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advise and financial well-being. Staff could download the app and use as required.

The service was in the process of developing a freedom to speak up process and one of their staff members was awaiting a place on the national guardians training.

Two mentors within the service had undertaken a mental health first aid training to enable them spot and support anyone who may be suffering from mental ill health.

All staff were committed to continually learning and improving services. P2P Staff prided themselves on being flexible and providing an excellent caring service.

Managers of the service were aware that they could only grow the service with long term contracts. The managers were seeking new opportunities to gain contracts from other providers. Since registration in August 2020 the service continued to grow and identify new contracts to tender for. This would lead to increased staffing, improvements in vehicles and a year on year growth of patient transfers.

Emergency and urgent care

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

Are Emergency and urgent care safe?

Good 

This was our first inspection of this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection, the average completion rate for all staff was at 95%; the provider's target for mandatory training completion was 100%. Following our inspection, the registered manager sent evidence which showed staff who were not up to date on their mandatory training had booked to complete it by the end of May 2022.

Managers monitored mandatory training and alerted staff when they needed to update their training. A traffic light system was in place to alert staff of when their training was due. The service had also employed a member of staff to oversee compliance with mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training programme included a range of modules covering subjects such as, but not limited to, fire safety, manual handling, information governance, infection prevention and control, conflict resolution, basic life support, safeguarding adults and children and vehicle familiarisation and driving observation.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Staff received copies of the provider's policies via an online system and signed a document to confirm they had read the policies and agreed to abide by the guidelines.

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.

Emergency and urgent care

Staff received training specific for their role on how to recognise and report abuse. This was in the form of e-learning, covering safeguarding children and adult awareness. At the time of our inspection, 95% staff had completed this training.

Staff received training specific for their role on how to recognise and report abuse. Records showed staff had completed safeguarding adults' level 3 training and safeguarding children level 3 training. The nominated safeguarding lead had completed designated safeguarding lead training at level 4.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There was a safeguarding policy which included information about adult and child safeguarding. The policy was in date and followed national guidance. Staff liaised with the local authority safeguarding team to safeguard patients.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding lead, who managed any safeguarding alerts that needed to be made to the local authority. Staff knew how to contact the safeguarding lead and who to inform if they had concerns.

A process was in place for obtaining advice or making urgent referrals. For example, the service was a sub-contracted service and most notifications were made through the main contractors. Staff received feedback from the contract provider about safeguarding concerns they had raised. The service made six safeguarding referrals from August 2021 to May 2022. Examples of safeguarding referrals made included a patient in wet clothing and inadequate care package in place.

Recognised recruitment procedures were followed, which helped to ensure staff were safe and suitable to work with people or children who received care from the service. The provider's records and discussions with staff showed required employment checks were made before staff provided people's care. For example, checks of staff previous employment, work history and checks with the disclosure and barring service. This helped the provider to make safe recruitment decisions about an applicant's suitability and where necessary complete further risk assessments.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning equipment was safely stored and clearly labelled.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned the vehicle and equipment after use, which was in line with guidelines. Staff carried out swab tests on every vehicle and vehicles were deep cleaned at least once every four weeks. There was a system in place to monitor vehicles due a four weekly clean and any safety checks required.

Staff followed infection control principles including the use of personal protective equipment (PPE) such as gloves and face masks which were readily available. Staff were bare below the elbows. Staff did not carry out any hand hygiene audits. However, compliance was monitored by supervisors when they accompanied the crew during transfers. Hand washing was included in the robust five days induction programme the service had implemented.

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There was a hand hygiene station at the main entrance of the building which included a hand sanitiser, surgical masks and a bin to dispose of used surgical masks. Information on how to sanitise hands was readily available at the hand sanitising station for visitors to read.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used chlorine-based products to clean medical equipment and surfaces.

Hand washing posters demonstrating best practice in hand washing techniques were on display above sinks. Staff completed training on hand hygiene principles during their induction. Practice was observed during clinical supervision and monitored as part of their appraisal process.

All cleaning mops and brushes were colour coded and included; green for kitchen use, yellow for the ambulance, red for toilet use and blue for general use.

Clinical waste was stored on site at the ambulance station and was collected at prearranged times when necessary. Copies of waste disposal certificates were maintained. This meant clinical waste could not be removed from the bin therefore did not present a health and safety risk.

Spillage kits were readily available in ambulance vehicles and onsite. Crew staff used spillage kits to clean up blood, vomit or other bodily fluids safely. Soiled linen was placed in alginate laundry bags and washed separately. A washing machine was available onsite, and staff washed linen at 60 degree centigrade.

Staff washed their own uniforms. There was a uniform policy stating all uniforms had to be washed at 60 degree centigrade.

Environment and equipment

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

The design of the environment followed national guidance. There was clear access to fire doors and fire extinguishers were available with the next service date due in June 2022. Senior management had systems in place to ensure that vehicles had a current MOT, were taxed, serviced regularly and properly insured.

All vehicles were stored securely at the registered location and keys were held in a key safe. The service had seven vehicles, we checked two vehicles which were ready for use, these could be used for event or patient journey's and were kept fully equipped.

Staff carried out daily safety checks of specialist equipment. Equipment bags were secured with tamper evident seals. The service had an equipment checklist. This included the date and time the bag was checked/restocked, including the bag identification number. We saw equipment had received maintenance and electrical safety checks completed.

The service had suitable facilities to meet the needs of patients' families. Each of the two out of seven vehicles we inspected had appropriate equipment that included first aid equipment, personal protective equipment, blankets and suction equipment.

The service maintained daily vehicle safety checklists and equipment checks before they were used each day. This included checks of the tyres, lights, wheelchair harness, heating and horn. We reviewed the checklist for two vehicles we

Emergency and urgent care

inspected and saw that the entire checklist had been completed. Staff carried out monthly ambulance audits. We reviewed audits from September 2021 to April 2022 and found comments had been made around the lack of urine bottles and damaged vehicles. Staff ensured issues raised were sorted out at the time of audits. However, actions taken were not always recorded. We raised this with senior staff who showed us a new robust system which was being introduced and would enable staff to collate and demonstrate actions taken.

The service had enough suitable equipment to help them to safely care for patients. Equipment was standardised on all ambulances. This included piped oxygen, half sized patient transfer board, curved transfer board, fire extinguisher, ramp, carry chair and stretcher. All staff were trained, and competency assessed to use all items of equipment. We saw evidence of this in staff files.

Vehicles contained piped oxygen and individual small cylinders were available should they be required. All cylinders were secured in correct harnessing's within the vehicles. Oxygen piping in the vehicles was tested and approved. Oxygen regulators were tested in line with Medicines and Healthcare products Regulatory Agency (MHRA) Managing medical devices 2015 standard. The service had a risk assessment and policy in place for storage and transporting oxygen. This included potential hazards and harm, as well as control measures, recommendations and a risk level. The vehicles we inspected had appropriate badges displayed to show that gases may be transported.

Staff disposed of clinical waste safely. Waste management was handled appropriately with separate colour coded bins for general, clinical, medicinal and sharp waste to prevent the risk of infection. A general waste and clinical waste bin was available in the main entrance.

Child seating was available to transport a child. However, there were no paediatric ambulance harnesses available on one of the vehicles. We informed the management who provided us with evidence this had been addressed.

The service had a fire safety logbook in place and this was checked weekly. They had four fire safety staff who were responsible for the maintenance of the fire extinguisher and training.

The ambulances had breakdown cover. If an ambulance had mechanical problems, the service would send another ambulance to ensure that the patient could continue their journey without excessive delay whilst the crew awaited breakdown assistance.

Staff were provided with satellite navigation systems for use on all journeys. They were updated to ensure they contained the most up to date maps and running system.

Staff used mobile phones with a dedicated application available from the primary provider which advised of journeys and patient information. Staff also used a mobile phone to access policies and procedures on the provider portal as necessary.

There were fire extinguishers kept in each vehicle we inspected, and we saw service dates and expiry dates were appropriately documented. The checking of these was included on the daily check sheet.

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.

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Staff completed risk assessments for each patient after any incident. We reviewed four events patient report forms and they contained a full medical history identifying risks prior to transferring patients to hospital.

Staff knew about and dealt with any specific risk issues. A duty manager was available 24 hours per day. If patients deteriorated during transportation, the crew were able to provide emergency support as needed and would call emergency services on 999 for back up. All staff were trained in adult and paediatric basic life support.

The service had a deteriorating patient policy in place which detailed the management of patients at risk of deterioration while receiving care at an event or during transport to hospital from an event. It ensured all staff identified and responded to seriously ill patients and those at risk of deterioration in line with National Institute for Care Excellence guidance of recognising seriously ill patients and NHS Improvement Patient Safety Alert. All clinicians onsite reviewed patients and made a clinical decision to transfer patients.

All staff that drove vehicles were blue light trained and were therefore able to transfer patients to hospital in an emergency situation.

Staff shared key information to keep patients safe when handing over their care to others. The service provided patient transfers from events to hospital. Staff ensured that the hospital had a handover, and where possible would record a handover in the patients' notes.

Staffing

The service had enough staff for the current workload, with the right qualifications, skills, 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.

The service had enough staff to keep patients safe. The service employed four directors but did not directly employ any substantive members of staff to transfer patients from events to hospital. They had 12 bank staff and the staffing roles included ambulance care assistants, paramedics and doctors. All staff had an enhanced Disclosure and Barring Service (DBS) check.

Management assessed the number of staff and competencies required depending on the event they were supporting. The four directors who had a background as paramedics and ambulance technicians were supernumerary at events and for transfers so could backfill in case of staff sickness.

The company directors, one of which was the registered manager, operations and business support manager provided 24 hours on call support for crews. The registered manager was an ambulance technician and could step in to support with patient transfer journeys if required.

Managers made sure all bank and agency staff had a full induction and understood the service. All staff completed an induction checklist in their first week of employment. This included company policies, familiarisation with equipment, driving competency check, and health and safety.

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.

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Patient notes were comprehensive and all staff could access them easily. Staff completed paper records when transferring patients from an event to hospital. These records were photocopied at the hospital to ensure the service maintained a copy.

Records were stored securely in a locked cabinet at the ambulance station. The registered manager and clinical staff were the only people who had access to this.

We reviewed four patient records and found they all contained a detailed medical history to alert staff to pre-existing conditions and safety risks including medications currently taken. All were completed clearly, signed and dated. All records were retained according to the NHS Records Management Code of Practice 2021.

P2P services provided a staff 'online portal', which was used to keep staff informed of policies and procedures. Operational staff could access the portal from their mobile phones.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had a policy for transporting portable and piped oxygen. The policy provided guidance for staff when transporting oxygen and notified them of the associated risks. Staff had been trained in basic oxygen use in order to connect patients to cylinders for the journey under the supervision of nursing staff using a doctor's patient specific prescription. Under the Health and Safety at Work Act 1974 and Health Technical Memorandum 02-01: Medical gas pipeline systems guidelines, it was the responsibility of the employer to train their employees on the recommended safeguards related to the handling of medical gases to ensure they understood and employed safe practices. The registered manager was also discussing with an outside service to provide more in-depth training to increase staff awareness of the possible dangers related to oxygen storage and usage.

Oxygen was stored on vehicles and in a ventilated room within the base garage. Hazard storage stickers were in place on the outer doors identifying which area the oxygen was stored should the fire service be required to enter the building in an emergency. Fire and oxygen storage risk assessments were in place locally and from the owners of the building.

The service did not store controlled drugs (which are medicines that require an extra level of safekeeping and handling).

Staff completed medicines records accurately and kept them up-to-date. The service provided a small stock of medications for events only. Medications used included Salbutamol (for difficulty in breathing), Paracetamol for pain relief and adrenaline (for severe anaphylaxis reactions). The responsible member of staff explained that these were stocked according to the nature of the event and adrenaline could only be administered by a paramedic. Medicines required by paramedics were stored on site in sealed grab bags. An automated system was available to monitor expiration dates for medicines.

Medication bags were allocated to clinical staff who had received appropriate training and recognition on the Patient Group Directions (PGDs). PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. The medication bags were signed out by the person taking control of the medication and signed back in at the end of their duty.

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The service had an audit schedule and policy in place which was issued in May 2022 and required staff to conduct a monthly audit of medicines within Point to Point Services and to check the expiry dates, restock and undertake a stock count of all medications. We found staff had a record of audits during our inspection.

Staff stored and managed all medicines and prescribing documents safely. Staff segregated medical oxygen cylinders from non-medical gas cylinders.

Staff learned from safety alerts and incidents to improve practice. The service had systems to ensure staff knew about safety alerts and incidents. Information was communicated via newsletters.

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 and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Incidents were usually escalated to and completed by managers. All incidents were tracked in 'incident records' folder.

Staff raised concerns and reported incidents and near misses in line with provider policy. The service had an incident policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.

Staff reported serious incidents clearly and in line with trust policy. There had been 29 incidents of low or no harm such as; patient injury, aggression and vehicle damage reported from August 2021 to May 2022. We saw that incidents were reviewed, and learning was shared regularly through team emails, newsletters and general updates.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Duty of candour should be discharged if the level of harm to a patient is moderate or above. The manager told us they did not have any incidents of moderate or serious harm to a patient. We were not therefore, able to review compliance against the duty of candour policy.

If things went wrong, staff we spoke with said they would need to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored if appropriate.

All staff completed an e-learning module for being open and honest, it was completed as part of their induction. If an incident or event was deemed as a serious incident, managers advised an investigation would be undertaken, and the duty of candour policy would be followed. The service had a duty of candour policy which was in date and accessible to staff. All incidents were reviewed by the manager, who followed a process to determine if the duty of candour regulation needed to be applied. The management team understood the requirement to apply duty of candour when needed.

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Managers investigated incidents thoroughly and shared lessons learned with the whole team. Monthly messages and key learning points from incidents, complaints and safeguarding reports, were disseminated through bulletins on the team brief, at team meetings and on the secure social media platform available only to current staff. This ensured all staff were immediately aware of any specific learning that may be required. The managers would inform the primary contractors of any incidents for their joint investigation.

The service had an accident book in place for staff to record all incidents which had happened on the station. At the time of our inspection, no incidents had been recorded.

Are Emergency and urgent care effective?

Good 

This was our first inspection of this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policies and procedures on the intranet. All staff had to sign to say they had read and understood them.

The registered manager and other directors reviewed policies and standard operating procedures and signed them off. There was a formal monitoring process for updates to nationally available guidance in place and changes were made as and when management received information.

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. We reviewed policies, procedures and guidance information which referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and the Department of Health (DoH). All policies were P2P specific including the mental capacity policy and the being open and duty of candour policy. Staff knew how to access guidance. All the service's policies were available for staff to access via their work phones. This meant that staff had access to guidance while working remotely.

Staff who were remote working had access to advice on guidelines and protocols. If needing advice, staff would ring their company managers or the control centre of the ambulance service who had subcontracted the work to them. Staff we spoke with were aware of how to access support and guidance.

The service had protocols in place to ensure patients were taken to the appropriate hospital. Staff attending events had pre-alert numbers for various hospitals and alerted hospitals of the trauma type such as a stroke or suspected heart attack prior to transporting the patient to the hospital.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Emergency and urgent care

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients with acute pain received medicines appropriate to their clinical condition to relief pain.

Staff prescribed, administered and recorded pain relief accurately. Staff had access to medical gases such as Entonox and administered it to patients as required during their journey to hospital. Entonox relieves pain when inhaled and is a mixture consisting of 50% nitrous oxide and 50% oxygen. Paracetamol was also readily available if required.

Nutrition and hydration

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

Due to the nature of the service provided, food was not routinely offered to patients. Staff provided water for patients when needed. They kept bottles of water on the vehicles so that they could offer drinks to patients.

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.

The service monitored the number of patient journeys they undertook. From August 2021 to May 2022 the service carried out a total of ten patient journeys from events to hospital. The service had an online tracker which monitored the number of patients transferred from events to hospital.

There was a system in place to track journeys and staff ensured they left the event site on time and arrived the hospital on time to ensure patients received treatment in a timely manner.

Managers and staff used the results to improve patients' outcomes. The service had key performance dashboards in place which monitored patient journeys including lateness. Individual key performance indicators was monitored by primary commissioners but was not shared with the provider. This was evidenced in the minutes we reviewed.

Staff carried out Patient Report Form (PRF) audits quarterly. We reviewed audit done in March 2022 and found staff randomly selected six PRFs from files and audited them. Following the audit, staff provided feedback on the importance of documenting handover to crew members.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and 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. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We checked 16 staff files, they all had enhanced DBS checks and DVLA checks where required.

The service employed two doctors on zero hours contract for events. They checked their registration with the General Medical Council and ensured they had the necessary skills and competencies to enable them carry out their role. Doctors did not have to leave the events site but ensured a suitably qualified paramedic was available if a patient needed to be transferred to hospital.

Emergency and urgent care

Managers gave all new staff a full induction tailored to their role before they started work. All new starters received a five days induction which included mandatory training and shadowing sessions. The service followed a comprehensive induction procedure for staff undertaking 999 work. Staff had four one-to-one sessions within the first six months.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an annual three-stage appraisal that included self-assessment, assessment by the supervisor and a sign off by the operations or registered manager.

Managers supported the learning and development needs of staff. A mentorship placement was provided to a member of staff currently undertaking their Level 4 health and social care degree via a local university. Senior staff held regular meetings with them and their course tutor to track development and ensure progression.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The 'In the loop staff newsletter' also provided a learning point each month for staff to read and ask questions. For example, sharing news about mental health awareness and sun safety. Incidents and Safety notices were also identified for dissemination.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had three staff members on apprenticeship two more staff were due to start in the coming months. They worked with the local jobcentre and recruitment agency to provide work to those eligible but unemployed to ensure they offered as much back to their community.

Managers documented levels of competency for each member of staff to ensure staff were used effectively in either or both services. For example, the registered manager could respond to all emergencies and was trained in using a 12-lead electrocardiograph, automatic and manual electronic defibrillator, using the National Early Warning Score (NEWS2) and undertaking blood sugar monitoring. Other staff's skills varied according to their substantive role and experience. The training package was extensive with all modules aligned to the Core Skills Framework for Health. These involved taught and practical sessions. Feedback on training from staff was 100% positive.

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 and effective multidisciplinary meetings to discuss patients and improve their care. Managers worked effectively with commissioning and contracting services, to ensure they delivered the most appropriate care for the patients within the community.

Staff worked well with the primary contract holder to establish all the relevant information they needed in order to meet a patient's needs and transfer them safely. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.

Managers had regular contact with event organisers and health and safety staff to ensure they had the required information to transport the patient safely. This meant that support was in place to ensure that patients received the appropriate care. The service identified the relevant hospital for patient transfer according to the event location. The registered manager had also collated pre alert numbers for all relevant hospitals should they need to alert hospital staff of a certain type of patient for example a stroke patient needing time sensitive treatment.

Emergency and urgent care

Staff worked across health care disciplines when required to care for patients. Staff informed the hospital staff ahead of their arrival and provided a thorough verbal and written handover for all patients they transferred.

The service worked with other agencies to enable patients with specific needs to be able to access the service. Where it was identified that the service could not meet the needs, they worked with other providers to ensure the patient received support for their needs. This included the potential attendance from the local NHS service. We saw that the registered manager was always available to offer support and advice to his staff.

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. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood the relevant consent and decision-making requirements of the Mental Capacity Act (MCA) 2005. Staff were required to complete training in the MCA and Deprivation of Liberty Safeguards (DoLS). This training was incorporated into the safeguarding adult training and staff were required to complete it every year.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements involved under the MCA and DOLS and Children's Act 1989. Staff gained verbal consent to transfer patients to hospital and carry out treatment.

There was an up to date consent and mental capacity policy for staff to follow which was last reviewed in December 2020 with the next review date in 2024. The policy included best interest guidance and information about people who lack capacity to consent but require emergency medical treatment to save their life or prevent them from serious harm.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. All staff we spoke with were able to demonstrate an understanding of consent, capacity and best interests' decisions.

Are Emergency and urgent care caring?

Insufficient evidence to rate 

This was our first inspection of this service. We did not gather sufficient information to rate the caring domain.

Compassionate care

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

We were unable to observe care as the main service provided was event support, only transferring patients to hospital if their condition required it.

Emergency and urgent care

Patients said staff treated them well and with kindness. We reviewed patients' feedback on the provider's website and a said staff were kind and thoughtful. However it was not clear this feedback was from patients transferred to hospital from events.

Staff told us they understood and respected the individual needs of each patient. Staff had extra blankets in the ambulance and used them to keep the individuals comfortable and respect their privacy and dignity during transport.

Staff told us they understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had training in equality and diversity. However we were not able to evidence this during inspection.

Emotional support

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

We did not see staff treating patients during this inspection and we did not speak with any patients or their relatives during this inspection.

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.

We did not observe any care and treatment during this inspection. However, the patient feedback received identified staff included patients when making decisions, if appropriate. Staff told us that if patients were upset or confused, they would support and reassure them during the journey home.

Staff said they involved patients and their relatives in making decisions to convey patients to the hospital.

Are Emergency and urgent care responsive?

This was our first inspection of this service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. They worked with the primary commissioners to ensure the service provided met the needs of patients who needed to be transferred.

Vehicles carried bottled water, urine bottles and vomit bowls for patient use if required.

Emergency and urgent care

Facilities and premises were appropriate for the services being delivered. Vehicles were equipped with wheelchairs, accessible ramps, stretchers, passenger seats and wheelchair restraints that could secure standard electric and bariatric wheelchairs.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff covering events had pre-alert telephone numbers to enable them transport patients to the appropriate service based on their needs.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff received training on how to support people living with dementia or a learning disability during their mandatory training.

The service served a diverse population, with service users speaking a range of different languages. For those who did not speak English as their first language, staff accessed an application on their mobile phone in order to communicate effectively. Staff we spoke with told us this was very useful.

The service had information leaflets available in languages spoken by the patients and local community. Both ambulances we inspected contained a communication pack including pictures and words in an 'easy read format' for patients who may need support with communication. A multi-lingual book with different languages was available in both ambulances.

Bariatric equipment was available in the ambulances we inspected.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff were experienced with supporting patients living with dementia. Staff told us that they explained things clearly to patients, reassured them that they were safe, held their hand and encouraged them to share any concerns they had where possible. All staff received training in dementia awareness.

Ambulances had different points of entry, including sliding doors, steps and a ramp so that people who were ambulant or in wheelchairs could enter safely.

The service served a diverse population, with service users speaking a range of different languages. For those who did not speak English as their first language, staff accessed an application on their mobile phone in order to communicate effectively. Staff we spoke with told us this was very useful.

The service patient transport form provided information to ensure that any communication needs were identified. This ensured that staff were aware if patients were living with dementia or a learning disability. Staff had the necessary information available to allow them to respond to individual needs in the event of transporting a patient living with dementia or a learning disability.

Access and flow

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

Emergency and urgent care

Staff supported patients when they were transferred between services. Most patients received care and treatment at the events avoiding the need to transfer to hospital. Patients were transferred immediately to hospital if their condition required it.

Patients who needed to be transferred to hospital were transferred without delay. Staff kept patients informed if there was a delay in handing them over to hospital staff.

Managers confirmed that patient transport services did not undertake emergency transfers. Patients transported were clinically stable. However, the service were able to provide specific high dependency care on named patient basis due to the provision of the emergency care side of the business.

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. All vehicles carried feedback cards for patients to complete. The feedback cards included information for patients and carers on how to complain about the service, which directed them to the service's website.

The service clearly displayed information about how to raise a concern in ambulances we inspected. Each ambulance provided patient feedback forms highlighting how to leave feedback and how to make a complaint.

Staff we spoke with explained that if the patient or relative complained directly to them during the journey they would immediately apologise and attempt to deal with the complaint. They would then feed back to the management team for follow up as necessary.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service reported that they received two formal complaints from April 2021 to March 2022 from patients or carers who used the service. The complaints were dealt with in a timely way and followed the service policy. Complaints were logged on a customer's complaints form and included; staff attitude and poor moving and handling technique. Complaints were dealt with within 25 working days.

Staff understood the policy on complaints and knew how to handle them. They had access to the complaints policy on the intranet.

The director of operations investigated complaints and identified themes. Senior management explained how complaints would be investigated and learning fed back to staff if they occurred.

Are Emergency and urgent care well-led?

Outstanding



This was our first inspection of this service. We rated it as outstanding.

Leadership

Emergency and urgent care

Leaders had high levels of skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff to assure the delivery of high-quality person-centred care. They fully supported staff to develop their skills and take on more senior roles.

The service was led by a managing director who was supported by a sales director, an operational director and a clinical director. The leaders demonstrated high levels of experience and appeared to be compassionate and inclusive of all staff. There was a CQC registered manager in post, who was responsible for the daily running of the service, provision of staff, equipment and booking all work. The manager was fully aware of the Care Quality Commission registration requirements for the service.

The service employed a pharmacist who was responsible for reviewing patient group directives. A station manager and two supervisors were in post.

The manager was fully aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked for. Leaders had a deep understanding of issues challenges and priorities in their service.

Leaders understood and managed the priorities and issues the service faced. Staff said they were visible, approachable and supportive in developing their skills so that they could take on more senior roles.

Leaders understood the challenges to quality and sustainability, and identified the actions needed to address them. For example, leaders were regularly reviewing and tendering for contracts. This was to ensure continued staff recruitment in order to provide a sustainable service.

Leaders were visible and approachable. Staff were encouraged to come into the office daily when they signed in for the shift and collected the keys.

Supervisors performed appraisals and were available to offer one to one daily support. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. For example, the provider offered development programmes to crews which included training opportunities in order to develop their role and maintain engagement.

Staff we spoke with were clear about the roles and responsibilities of the leaders of the service, and told us that they were visible, approachable and supportive.

We spoke with 10 members of staff who all told us that they felt confident they would be able to raise concerns with their management if required. They told us that the management were receptive to feedback and continually wanted to improve the service.

The leaders were aware of the main challenges to the service, which they identified as the unpredictable demand on the service and the inability to offer their staff regular hours of work.

Feedback cards told us staff treated patients with respect and adapted to the patient's needs. They described the teams as open and honest in their approach to how their service was provided.

Emergency and urgent care

Vision and Strategy

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

Point to point Services had a vision to be an outstanding ambulance service with the following core values;

- Empathy – To prioritize having healthy conversations about what is going well and where they need to improve as part of their culture.
- Accountable – Being accountable means that they are answerable for their actions and the actions of their teams.
- Teamwork – The strength of their team does not only lie in their combined experience and expertise but their ability to trust each other, no matter the circumstances.
- Passionate – Having a joy not just for the work itself but also the people around them, so that everyone can be bold, innovative and creative.
- Dynamic – They are committed to recruiting the best people and focus on developing and growing their talent so that each employee can reach their full potential.

To achieve these goals, the service aimed to support and develop their staff by ensuring staff had the knowledge, vehicles and equipment to fulfil their roles to the highest of standards.

Staff we spoke with told us they had been part of developing these values and were able to explain them in depth. They were very proud of the work they had put in and how important it was to the patients they cared for.

The mission of Point to Point Services was to provide a cost-effective, professional service with high quality standards and exceptional customer care.

The service had a 'Quality Policy & Objectives' plan with the aim to;

- Maintain effective Quality Assurance
- Achieve and maintain a standard of quality that maintains and enhances Point to Point Services reputation with customers and regulators as well as within the wider safety industry;
- Ensure compliance with relevant statutory, regulatory and safety requirements;
- Identify and manage risks;
- Maximise customer satisfaction with the services provided; and
- Apply Quality Assurance processes to all activities of Point to Point Services.

P2P aimed to consolidate its position as the preferred third party provider for primary providers in the area and to become the preferred provider for other NHS trust primary contract holders. The company had achieved this so far by ensuring all patient needs were met and they were treated professionally, safely and with the utmost respect.

Staff we spoke with were aware of the patient focussed values of the service. They also told us that the service leaders continually updated them on any potential changes to the service



Emergency and urgent care

Culture

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

We spoke with 10 members of staff, who all spoke extremely highly of the culture of teamwork within the service. Staff reported feeling encouraged and motivated by the managers, describing them as supportive and valuing their contributions.

Staff felt proud to work for the organisation and felt that they were valued. During our inspection the pride and attention to detail was evident. Staff were able to explain in detail the importance of compassion, care and candour for the patients and relatives in their care.

The clinical director had also enrolled for national guardians training in order to develop a freedom to speak up process, and two mentors had undertaken mental health first aid training in order to identify and support anyone who may be suffering from mental ill health.

Staff were consistently positive of each another and their teamwork, and stated they had close working relationships and always supported one another.

Leaders welcomed staff comments and strive to motivate staff to succeed. The service provided further training and development opportunities for all staff. The staff survey was completed by all staff. In the question “how would you rate working for P2P” 100% of staff rated the service fantastic or good.

Governance

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

The service had implemented health and safety, infection control, employment and a whistle blowing policy. Staff did not hold formal governance meetings due to the small size of the service. The management team held formal governance group meetings at least monthly, which all four senior staff attended. In addition to this, there were monthly team updates which were shared with staff to update them on the current business arrangements and provide feedback from complaints or incidents.

The service had up to date policies for staff to follow. These were written by the managers and reviewed during governance meetings as necessary. The service had introduced a board which provided staff with quick access to policies and procedures for example complaints management and the grievance procedure. Staff at all levels were clear about their roles and responsibilities and what they were accountable for. All staff signed to say they had read new policies.

We observed team updates which were kept in a file for all staff to read. They were also available electronically.

We reviewed 16 staff personal files (randomly selected). We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service also had an in-date recruitment policy and staff handbook to ensure all staff adhered to the requirements.

Emergency and urgent care

The service followed correct recruitment processes through ensuring staff had an enhanced Disclosure and Barring Service (DBS) check as part of the recruitment process. We reviewed the files held for the registered manager /managing director. We were assured that they were compliant with the requirements of the Fit and Proper Persons regulations in relation to directors. The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role. The files held included curriculum vitae (CV) and DBS.

We saw from the team brief that incidents involving equipment and training compliance rates were reviewed. All staff were required to have a full UK manual driving licence to drive the ambulance vehicles. License checks were carried out to confirm details. Details of driver's licences were monitored on a spreadsheet. Staff were required to undertake an enhanced Disclosure and Barring Service check as part of the recruitment process, and the service requested a copy of the check once received.

The service had an incident reporting log and a complaints log which provided a framework for monitoring any incidents and complaints. The complaints log was designed to enable managers have oversight of whether they responded within appropriate time frames. The complaints log also included sections for lessons learnt and how learning was shared. We saw evidence of lessons learned and shared in the team brief on a monthly basis. If there was a more urgent concern it would be shared immediately through the team social media group.

In addition, we saw that two primary providers had inspected the service, to ensure they were safe to transport their contracted patients. The registered managers said these inspections were welcomed and saw them as another layer of governance. For example, we saw the service had ensured senior managers immediately notified the primary provider if the incident involved an accident when transporting their patient. The senior management team met on a monthly basis to review core compliance against training, fleet and equipment maintenance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance and demonstrated commitment to best practice. They readily reviewed, identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register in place. The risk register contained risks such as; failure of IT systems, vehicle breakdown, fire and patient/staff injury. Each risk contained controls that were in place to mitigate the risk. They were also graded based on the likelihood and severity of harm. Review dates were yearly unless a change of circumstances required an earlier update. The management team discussed the risk register at monthly governance meetings. The service had a process in place for managing incidents. The service carried out a risk assessment ahead of every patient journey. The risk assessment captured any manual handling needs, communication needs and any challenging behaviour. This was supported by the use of the 'tour of duty return' which captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers. These records were stored securely for eight years. The records we reviewed were completed correctly and in full by each crew.

Each vehicle was installed with a digital monitoring system which allowed managers to monitor individual drivers driving behaviour. For example, how they were braking and accelerating. By collecting this data, senior managers were able to monitor any risks whilst driving. The information was provided to the registered manager in order that he could investigate any patient safety concerns related to driving incidents. We were able to review these during the inspection.

The provider had a business continuity plan. The plan identified equipment, infrastructure, staffing and a recovery phase in order to ensure business as usual was returned as soon as possible after any incident.

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Information Management

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

Electronic databases were password protected; information could only be accessed by staff. Managers only had access to performance management data such as staff details, vehicle servicing information, audits, training and human resource processes. This enabled managers to monitor the services they offered.

The IT systems used by the service supplied reliable data to enable them to submit data as required. The service monitored obtaining patient consent, incidents, near misses, referrals to social care and safeguarding referrals.

Records of journeys containing person identifiable data were paper based records stored in a locked cabinet and retained for a period of eight years for patient transport records and patient report forms for events for eight years for adults and until age 25 for children under 18.

The service's policies and procedures were available for staff to access online and in paper on the notice board. They were able to access them through a staff portal on the service website.

The registered manager was the information governance (IG) lead who supported the service to ensure information was managed appropriately. The IG lead ensured systems and processes were compliant with the General Data Protection Regulation (GDPR) introduced in May 2018. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

Engagement

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

The service engaged with other organisations to plan and manage patient transfers effectively. The registered manager would call each day when they were not on site, in order to engage with staff.

Staff told us they were actively encouraged to feedback any ideas for improvements. We saw evidence of staff suggestions being supported by managers and implemented. These included combining the items in the vehicle in one bag, using a vehicle folder for patient notes and supplying all staff with a torch for identifying house numbers from the ambulance.

Patient feedback leaflets were available in the ambulances in easy read format. Staff were able to use a translation application on their smart phones if required for patients whose first language was not English. Patient feedback was relayed to the appropriate member of staff.

Staff and managers all described the desire and plan to have face to face team meetings. Due to the size of the service this had not been possible without reducing service delivery. Team briefings in the form of a poster and email had been introduced.

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Leaders and staff told us that staff were engaged in any potential developments in the service. The service sought feedback from providers in the community that used the service. We reviewed feedback on the patient feedback forms specifically about crews. The responses were positive throughout and stated that the service was reliable, flexible and accommodated the needs of patients. The service sought feedback from patients and carers and provided feedback cards when appropriate for them to complete. They could also share feedback via the website.

Managers and staff were without exception proud of the work they did to support each other and the local community. Managers were willing to support staff to improve skills and complete training in order to encourage them with career progression and development.

The management team strove to provide opportunities for people that otherwise may have struggled to find work.

P2P were an equal opportunities employer. They had taken on four kickstart staff (The Kickstart Scheme is a government initiative that provides funding to employers to create jobs for 16 to 24 year olds on Universal Credit), they encouraged people in the local community aged between 18 and 24 who were unemployed and at risk of long-term unemployment to consider a role in PTS. They were employed and provided with training and mentorship. Three of the four staff remained in post. Two had gone on to progress with further recognised courses funded by the company and the third was now on an apprenticeship scheme.

Managers also employed a number of apprentices working with the local jobcentre and employment agency in order to offer as much back to the community as possible.

Managers had supported staff back into work in alternative roles after prolonged sickness in order to ensure ongoing support to the staff members and their families.

Managers supported the learning and development needs of staff. A mentorship placement was provided to a member of staff currently undertaking their Level 4 health and social care degree via a local university. Senior staff held regular meetings with them and their course tutor to track development and ensure progression.

The service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advice and financial well-being. Staff could download the app and use as required.

Managers work with the local community and have provided a number of events locally to support people. Including sponsoring football and rugby teams and providing a BBQ for students at a local school.

We reviewed staff survey results carried out in March 2022 and the results were overwhelmingly positive with 100% of staff saying they had enough equipment to enable them carry out their job and 100% felt they could openly speak to and request for support from the management team.

Learning, continuous improvement and innovation

All staff were fully committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to develop and use them. Leaders encouraged innovation and celebrated it.

Emergency and urgent care

The service was proud of their patient centred approach and was not willing to allow changes to the service that could compromise it. The service provided escorts who accompanied every patient journey. Feedback from patients and carers about the way the service was delivered was positive; they stated that they felt safe and reassured throughout their journeys.

The service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advise and financial well-being. Staff could download the app and use as required.

The service was in the process of developing a freedom to speak up process and one of their staff members was awaiting a place on the national guardians training.

Two mentors within the service had undertaken a mental health first aid training to enable them spot and support anyone who may be suffering from mental ill health.

All staff were committed to continually learning and improving services. P2P Staff prided themselves on being flexible and providing an excellent caring service.

Managers of the service were aware that they could only grow the service with long term contracts. The managers were seeking new opportunities to gain contracts from other providers. Since registration in August 2020 the service continued to grow and identify new contracts to tender for. This would lead to increased staffing, improvements in vehicles and a year on year growth of patient transfers.