

Medexpress Ltd

Medexpress

Quality Report

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	
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Summary of findings

Letter from the Chief Inspector of Hospitals

Services we do not rate

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

We found the following areas of good practice:

- Staff received a comprehensive range of training to maintain their competencies and skills in relation to supporting patients effectively.
- Client and patient feedback in relation to the quality of the service was consistently positive.
- The service maintained good records in relation to staff appraisal and training.
- The service followed effective recruitment processes, for example, Disclosure & Barring Service checks and obtained appropriate references prior to staff commencing employment.

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

- Vehicle observations during our inspection identified a number of concerns in relation to cleanliness, maintenance of on board equipment, and vehicle fittings. The provider had addressed these concerns at the time of our follow on visit to the service on 6 April 2017.
- The provider held no central quality assurance or risk rating system for the service.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements to help the service improve. We also issued the provider with one requirement notice that affected well-led. Details are at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

We inspected but did not rate this service, however we found:

Staff knew how to report incidents and good knowledge of safeguarding adults and children, and how to raise a safeguarding alert.

MedExpress had an 'Incident and Risk Assessment Policy' that we reviewed prior to inspection. However, the provider reported no incidents between March 2016 and March 2017.

At the time of our inspection, all staff had completed their mandatory training.

The service had no policy for the treatment of deteriorating patients.

The registered manager discussed the needs of patients when taking individual bookings and fully briefed staff on any individual patient's needs.

We reviewed the personnel files for 11 staff. All staff had an appraisal within the last 12 months. The appraisal process focussed on staff wellbeing, any training requirements, and general discussions on the operation of the business.

We spoke with three staff who all said that training provided by the service was excellent.

We reviewed eight client satisfaction surveys, specifically in relation to service response times. One of the eight showed a response time of under an hour from the initial request for a transfer. A further six were one to two hours, and one was two to three hours.

We reviewed 20 patient comment and complaint forms collected by the provider over the last three months. Comments from patients included, "I would like this driver to take me back" and "Staff are positive and efficient."

Staff gave us examples of supporting patients who became distressed during a journey. Staff explained how they used their skills and experience to provide reassurance to the patient.

Summary of findings

The registered manager had developed good working relationships with other providers and had regular contact with NHS trusts to maintain relationships and seek opportunities to sustain the business income.

All staff completed training modules to improve their knowledge and skills of communication to reduce barriers when communicating with patients with communication difficulties.

The registered manager monitored all journeys and maintained regular contact with vehicle crews to monitor timescales for journeys and turnaround times.

The service had a complaints process in place. However, the service had not recorded any complaints in relation to its service and the majority of feedback in relation to its service from clients and patients was very positive.

We spoke with three members of staff who unanimously told us that the registered manager was extremely approachable and willing to help them in their respective roles.

The service offered client satisfaction surveys to the services it served. We reviewed eight of these and found the majority of feedback to be excellent, with the remainder being good.

Staff told us that the registered manager would give positive feedback on performance but was not afraid to speak to them when something went wrong.

However we also found:

We found out of date consumables within the first aid kits on both vehicles we inspected.

We inspected two patient transport vehicles and found issues with cleanliness and infection control in both. We carried out a follow up inspection on the 6 April 2017 and found the provider had rectified all the issues we had found on the vehicles we inspected.

Policies and procedures were not dated or reviewed.

The service held no formal risk register or business continuity plan.

There were no formal processes in place for managing quality with other providers.

The service held no central quality monitoring system.

Medexpress

Detailed findings

Services we looked at

Patient Transport Services (PTS)

Detailed findings

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Background to Medexpress

MedExpress was established in September 2009. It operates a 24 hours a day, 365 days a year non-emergency patient transport services (PTS). The provider's location is in Huntingdon, Cambridgeshire and offers NHS hospitals on the day and adhoc requests for PTS. The service has five patient transport vehicles and one car in its vehicle fleet and has had the same registered manager in post since its registration.

MedExpress registered manager its last inspection in November 2013, and we found that the provider was compliant with all of the outcomes we assessed.

The majority of MedExpress service demand comes from NHS hospitals across East Anglia. However, MedExpress travel anywhere across the country, and often at very short notice dependent of demand for the service. The service had no formal contracts in place with any of its NHS clients and worked on a word of mouth and reputational basis to secure new and on-going business.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, one with specific knowledge and skills in relation to ambulance and emergency care services. Fiona Allinson, Head of Hospital Inspection, oversaw the inspection team.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 27 March 2017, along with a follow on visit to the service on 6 April 2017.

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

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

We spoke with six staff including the registered manager, company secretary, a shareholder, and three ambulance attendants. Due to the adhoc nature of the service, we

Detailed findings

were unable to see any patient records or speak directly to patients. However, during our inspection we reviewed 20 patient feedback and complaint forms and eight client satisfaction forms as part of our documentary review.

Facts and data about Medexpress

The main service provided between 100 to 150 non-emergency patient transfers each month.

There were 1,445 patient transport journeys undertaken between March 2016 and March 2017.

The service was led by the director of the business, with support of two shareholders and employed 12 ambulance attendants, on zero hour contracts to meet the needs of the adhoc nature of the service.

Track record on safety:

- No Never events
- No clinical incidents
- No serious injuries
- No complaints

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

MedExpress was established in September 2009.

The service is registered to provide the following regulated activities, transport services, triage, and medical advice provided remotely.

MedExpress operates a 24 hours a day, 365 days a year non-emergency patient transport services (PTS). The provider's location is in Huntingdon, Cambridgeshire and offers NHS hospitals on the day and adhoc requests for PTS. The service has five patient transport vehicles and one car in its vehicle fleet and has had the same registered manager in post since its registration.

MedExpress registered manager its last inspection in November 2013, and we found that the provider was compliant with all of the outcomes we assessed. The service was led by the registered manager, with support of two shareholders and employed 12 ambulance attendants, on zero hour contracts to meet the needs of the adhoc nature of the service.

The majority of MedExpress service demand comes from NHS hospitals across East Anglia. However, MedExpress travel anywhere across the country, and often at very short notice dependent of demand for the service. The service had no formal contracts in place with any of its NHS clients and worked on a word of mouth and reputational basis to secure new and on-going business.

Summary of findings

Overall we have not rated patient transport services at MedExpress because we are not committed to rating independent providers of ambulance service at the time of this inspection.

We found that:

- Staff knew how to report incidents and good knowledge of safeguarding adults and children, and how to raise a safeguarding alert.
- MedExpress had an 'Incident and Risk Assessment Policy' that we reviewed prior to inspection. However, the provider reported no incidents between March 2016 and March 2017.
- At the time of our inspection, all staff had completed their mandatory training.
- The service had no policy for the treatment of deteriorating patients.
- The registered manager discussed the needs of patients when taking individual bookings and fully briefed staff on any individual patient's needs.
- We reviewed the personnel files for 11 staff. All staff had an appraisal within the last 12 months. The appraisal process focussed on staff wellbeing, any training requirements, and general discussions on the operation of the business.
- We spoke with three staff who all said that training provided by the service was excellent.
- We reviewed eight client satisfaction surveys, specifically in relation to service response times. One of the eight showed a response time of under an hour from the initial request for a transfer. A further six were one to two hours, and one was two to three hours.

Patient transport services (PTS)

- We reviewed 20 patient comment and complaint forms collected by the provider over the last three months. Comments from patients included, “I would like this driver to take me back” and “Staff are positive and efficient.”
- Staff gave us examples of supporting patients who became distressed during a journey. Staff explained how they used their skills and experience to provide reassurance to the patient.
- The registered manager had developed good working relationships with other providers and had regular contact with NHS trusts to maintain relationships and seek opportunities to sustain the business income.
- All staff completed training modules to improve their knowledge and skills of communication to reduce barriers when communicating with patients with communication difficulties.
- The registered manager monitored all journeys and maintained regular contact with vehicle crews to monitor timescales for journeys and turnaround times.
- The service had a complaints process in place. However, the service had not recorded any complaints in relation to its service and the majority of feedback in relation to its service from clients and patients was very positive.
- We spoke with three members of staff who unanimously told us that the registered manager was extremely approachable and willing to help them in their respective roles.
- The service offered client satisfaction surveys to the services it served. We reviewed eight of these and found the majority of feedback to be excellent, with the remainder being good.
- Staff told us that the registered manager would give positive feedback on performance but was not afraid to speak to them when something went wrong.

However we also found:

- We found out of date consumables within the first aid kits on both vehicles we inspected.

- We inspected two patient transport vehicles and found issues with cleanliness and infection control in both. We carried out a follow up inspection on the 6 April 2017 and found the provider had rectified all the issues we had found on the vehicles we inspected.
- Policies and procedures were not dated or reviewed.
- The service held no formal risk register or business continuity plan.
- There were no formal processes in place for managing quality with other providers.
- The service held no central quality monitoring system.

Patient transport services (PTS)

Are patient transport services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff knew how to report incidents and good knowledge of safeguarding adults and children, and how to raise a safeguarding alert.
- MedExpress had an 'Incident and Risk Assessment Policy' that we reviewed prior to inspection. However, the provider reported no incidents between March 2016 and March 2017.
- At the time of our inspection, all staff had completed their mandatory training.

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

- We found out of date consumables within the first aid kits on both vehicles we inspected.
- We inspected two patient transport vehicles and found concerns with cleanliness and infection control in both.
- The service had no policy for the treatment of deteriorating patients.

On our re-inspection, all the issues we had identified were corrected and we found the vehicles, equipment, and cleanliness of a good standard.

Incidents

- MedExpress had an 'Incident and Risk Assessment Policy' that we reviewed prior to inspection. However, the provider reported no incidents between March 2016 and March 2017.
- Never Events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. The service had reported no never events in the twelve months prior to our inspection.
- The provider had a policy in relation to the Duty of Candour that clearly set out the provider's responsibility and expectations of staff to acknowledge and report

when something went wrong. Staff we spoke with knew their responsibilities in terms of the duty of candour. However, the provider had never had an event that met the requirements of the policy.

- We spoke to three staff and all knew the process for reporting incidents. None of the staff we spoke with had completed an incident report.

Cleanliness, infection control, and hygiene

- We inspected two patient transport vehicles and found issues with cleanliness and infection control in both.
- In one vehicle, we found a chair torn and covered with tape and holes in a mattress with exposed webbing. This meant staff could not clean the mattress effectively posing an infection control risk.
- Other equipment in the vehicle including the trolley mechanism was dirty, grip tape covered the carry chair grips, and we found unclean linen left on the vehicle.
- The vehicle had a 'head block' usually used for patients, attached to the vehicle rear door, to stop the door vibrating during transport. The head block was visibly unclean and required cleaning or replacement. We found the driver's seat torn posing an infection control risk due to the exposure of the interior fabric, this meant staff could not clean this area thoroughly.
- In another vehicle, we found the rear chair fabric torn and the exposure of the interior fabric. This meant staff could not clean this area thoroughly posing an infection control risk.
- We also found splits in the mattress this meant staff could not clean this area thoroughly, which posed an infection control risk.
- We carried out a follow up inspection on the 6 April 2017 and found the provider had rectified all the issues we had found on the vehicles we inspected. Vehicles were visibly clean and equipment stored appropriately. Where tears had been visible in the mattress, and chairs, the provider had purchased specialist washable, heat, and water resistant mattress and seat covers. The provider was using these until the vehicle service date in May 2017, at which point permanent repairs or replacement would take place.
- The registered manager had a process in place to enable ambulance attendants to carry out vehicle

Patient transport services (PTS)

checks to ensure they were safe for use. We reviewed three sets of vehicle checks and found all were completed and dated prior to vehicle use. Staff reported any areas of concern directly to the registered manager for action if there were compliance issues.

- All vehicles were deep cleaned once a month by the providers own staff team and vehicles were cleaned at the end of each working shift to ensure they were fit for use the next day.
- The registered manager completed annual staff uniform audits and recorded the outcomes in the staff member's personnel file. Staff gained feedback from the audit during their appraisal and the registered manager monitored staff to ensure they were fully compliant with uniform requirements on an ongoing basis.
- The vehicles exterior was routinely jet washed by a local business, and if necessary, the interior was jet washed.
- We spoke with three staff; all explained the process for cleaning vehicles and ensuring that they were fit for use. Staff told us they checked vehicles at the beginning and end of every shift for cleanliness and used antibacterial wipes to clean down any equipment prior to use.
- Staff explained they exchanged dirty linen at the various NHS locations they visited and always ensured linen was clean for the next patient to use.

Environment and equipment

- We found out of date bandages and plasters within the first aid kits on both vehicles we inspected.
- In one vehicle, we found the clinical waste bin unsecure and no service dates on wheel chair clamps. The routine service of wheelchair clamps and runners for their safety compliance had not taken place on the vehicles we inspected. The registered manager stated that a company that carried out routine maintenance on the vehicles did a visual check on equipment, but it was never specifically checked for safety compliance or certificated.
- In another vehicle, we found a clinical waste bin not secure, the handgrip frayed on a carry chair, a fire extinguisher unsecure and a broken wheel chair clamp.

- We found the electric window surround on the passenger door secured with grip tape. The provider assured us the vehicle was in for a service directly following the inspection.
- We carried out a follow up inspection on the 6 April 2017 and found the provider had rectified all the equipment issues we had found on the vehicles we inspected.
- Following our inspection the provider had taken out a service agreement with a specialist mobility company to carry out annual service on all wheelchair clamps, clamp runners, and associated equipment.
- We inspected the wheelchair clamps on the vehicles and all were service date stamped. The registered manager provided a receipt showing all wheelchair equipment in the provider's fleet serviced in April 2017 and due for review in April 2018.
- The provider used a company to replenish vehicles and replace any stock as and when required. Staff informed the registered manager if stock was getting low on vehicles and arrangements made to replenish the vehicle. However, we did find equipment out of date at the time of our inspection.
- Ambulance attendants kept vehicles at their home addresses overnight. However, the addresses of the attendants were in a location inside a secure compound that limited public access, as it was a secured area.
- We checked the service records in relation to two patient transport vehicles and found both serviced and Ministry of Transport certification in line with specified requirements. Vehicles received a service every 10,000 miles and the registered manager used an electronic calendar to monitor details of insurance and vehicle service dates.
- We spoke with three staff who clearly understood how to report any defects with the vehicles and the process to follow in a vehicle break down situation.
- The service maintained a contract with an auto recovery service to support any breakdowns. All staff knew how to report a breakdown and said that a replacement vehicle was usually sent out very quickly, or the breakdown service would attend.

Medicines

Patient transport services (PTS)

- Vehicles were equipped with piped oxygen, oxygen cylinders were within service date and secured appropriately on the vehicles we inspected.
- The provider utilised an external provider to replenish oxygen cylinders directly onto vehicles, so there was no requirement to store oxygen at the provider's location.

Records

- Each vehicle had a daily running sheet allocated to the crew that included patient information. Details recorded included the patient's name, the location of pick up and drop off, and if the patient had any specific needs, for example wheel chair user or an escort required.
- Staff kept the records in a closed plastic folder inside the vehicle and the registered manager collected these on a weekly basis. The records were then used to collate a business invoice and then shredded for disposal.
- Records were not stored in a locked compartment during transit; however, the plastic folder meant the records were impossible to read without opening the folder, protecting any private patient details held within.

Safeguarding

- The provider had a joint policy for safeguarding children and adults. The policy clearly identified various types of abuse and how to recognise them including female genital mutilation (FGM), migrant abuse, and human trafficking, social media, concealed pregnancy, forced marriage and domestic violence amongst others. However, none of the provider's policies or procedures were dated or had a lead person responsible for their review.
- The safeguarding policy sign posted staff to the provider's staff handbook that included a clear process for staff to follow if they recognised or received a disclosure of abuse.
- The safeguarding policy also gave guidance on how to deal with allegations against the providers own staff and those staff the service may come into contact with, for example NHS staff.
- The provider accesses an external training company to train its staff in safeguarding adults and children, training included specific details in relation to Deprivation of Liberties Safeguards (DoLS).

- At the time of our inspection all staff were up to date with safeguarding adults and children training at level two.
- We spoke with three staff who all knew the process for reporting both adult and child safeguarding referrals. One staff member gave an example where they took a patient to their home address and the patient received verbal aggression from a family member who refused to accept the patient home. The staff reported the issue to their line manager, staff returned the patient to their original location, and reported the incident to the hospital safeguarding team.

Mandatory training

- At the time of our inspection, all staff had completed their mandatory training.
- We spoke to three staff who all said that training provided by the service was excellent. Training was usually on line and covered a wide range of subjects relevant to their respective roles.
- Ambulance attendants received training in a wide range of subjects relevant to their role, this included Basic Life Support/Resuscitation, First Aid in the Workplace, Handling Violence and Aggression, Health & Safety, Falls Prevention and Infection Control, amongst others.
- An external training company provided training to all staff and provided skills updates as required. The registered manager recorded training outcomes in the staff member's appraisal and held copies of certificates in individual personnel files.

Assessing and responding to patient risk

- The service had no policy for the treatment of deteriorating patients.
- The registered manager explained that if a patient deteriorated during transport ambulance attendants would call 999 for emergency support and make their way to the nearest hospital.
- All ambulance attendants received training to administer first aid and basic life support to patients in order to support patients who may deteriorate during transit.
- We spoke with three staff, all knew how to deal with a deteriorating patient and escalate their concerns. They

Patient transport services (PTS)

clearly understood the escalation process and described the actions they would take including providing first aid, administering oxygen where appropriate and calling the emergency service whilst making their way to the nearest hospital.

Staffing

- MedExpress employed 12 ambulance attendants on zero hour contracts to meet the needs of the service. The service never used bank or agency staff.
- PTS vehicles were always double crewed, with the exception of the car, which could be single crewed.
- The registered manager managed and led the business with the support of a business secretary. The registered manager deployed staff on a daily basis based on the service demand from NHS trusts. Staff gave their shift availability in an availability book, which the registered manager used to contact staff and deploy them to the various shifts required.
- The service had no vacancies at the time of our inspection. The existing team had been in place for many years and the registered manager described a family run business that relied on trust and the employee's willingness to be flexible in their working hours.
- Sickness absence was not an issue for the provider due to the size of the team and willingness to be flexible around shift allocation. In the last twelve months, the service had recruited one new member of staff and had only minor episodes of staff sickness absence.
- Staff working hours were monitored by the registered manager to ensure that staff take rest breaks and do not work excessively long shifts
- At the time of our inspection, there were no plans to expand the size of the staff team and the registered manager explained they would turn down work or redirect this, rather than place any burden on their existing staff team.
- If the registered manager was absent, an experienced and appropriately skilled member of the staff team supported the day-to-day management of the service.

Are patient transport services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The registered manager discussed the needs of patients when taking individual bookings and fully briefed staff on any individual patient's needs.
- We reviewed the personnel files for 11 of the twelve staff. All staff had an appraisal within the last 12 months. The appraisal process focussed on staff wellbeing, any training requirements, and general discussions on the operation of the business.
- We spoke with three staff who said that training provided by the service was excellent. We reviewed eight client satisfaction surveys, specifically in relation to service response times. One of the eight showed a response time of under an hour from the initial request for a transfer. A further six were one to two hours, and one was two to three hours.

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

The provider's policies and procedures were not dated or reviewed and had no named person responsible for review.

Evidence-based care and treatment

- The registered manager would book all journeys and establish if they were able to meet the patient's needs. There was no specific exclusion criterion in place, however the registered manager used their experience and knowledge of the service to accept or decline any patients referred to the service.
- The provider had a number of policies that related to the day-to-day management of the service, staff could access these from the registered manager at any time. However, policies had no start date or a named person responsible for their review.

Assessment and planning of care

- The registered manager discussed the needs of patients when taking individual bookings and fully briefed staff on any individual patient's needs.

Patient transport services (PTS)

- We spoke with three staff who told us that they received detailed information on the needs of patients from the registered manager. Staff are given specific instructions regarding meeting patient's needs, for example people living with dementia or those at risk of infection.

Response times and patient outcomes

- We reviewed eight client satisfaction surveys, specifically in relation to service response times. One of the eight showed a response time of under an hour from the initial request for a transfer. A further six were one to two hours, and one was two to three hours.
- The service did monitor the response times for transport, and discuss these with the staff team and look at ways of improving performance. Following our inspection, the provider supplied us with a quality monitoring report that showed they recorded and monitored response times and actions any taken to address any concerns.
- Client feedback was highly complementary and showed good levels of client satisfaction.
- Ambulance attendants had access to satellite navigation systems and each vehicle had an up to date road atlas to support staff reaching their destination. The provider did not track vehicles electronically, but maintained regular contact with staff via mobile phones.

Competent staff

- We reviewed the personnel files for 11 of the twelve staff employed. All staff had an appraisal within the last 12 months. The appraisal process focussed on staff wellbeing, any training requirements, and general discussions on the operation of the business.
- All new staff entering employment would be subject to a disclosure and barring service (DBS) check and two work references checked prior to commencing employment. Existing staff had a DBS check on an annual basis and those we reviewed were up to date.
- New staff entering the service would participate in an induction process that included core-training elements for example, safeguarding, handling, moving, and first aid. We noted records of staff attending various training during induction in personnel files.

- We spoke with three staff who told us they receive routine appraisals and feedback from the registered manager on their performance. Appraisals were an opportunity to discuss any ongoing training needs and areas for development.
- Once staff completed the induction process, the registered manager would mentor staff to offer further guidance and knowledge of the service. This would include the registered manager riding on patient transport journeys and feeding back to staff on areas where they had done well or where they needed to improve.
- Staff had access to a wide range of training opportunities usually delivered via on line E-Learning.
- The registered manager carried out driving licence validation forms with the staff team usually around appraisal dates and as a maximum on a biennial basis. This included checking for any endorsements or driving offences likely to impact on the staff member's role.

Coordination with other providers and multi-disciplinary working

- The registered manager attended adhoc meetings with local NHS trusts and held routine phone communication to maintain contact with clients in relation to planning business demands.

Access to information

- The provider gathered all information that was critical to any patient journey. The hospital wards staff informed ambulance attendants if there is a do not attempt cardiopulmonary resuscitation (DNACPR) form relating to a patient. This was to ensure that staff members were clear on any action to take if a patient deteriorated in a vehicle during transfer.
- The registered manager told us that ambulance attendants always asked if there were any other special notes in relation to the patient that they needed to be aware of when handing over information with hospital staff.
- We spoke with three staff who told us they received accurate and up to date information from the registered manager on any changes to the service, policies, and procedures.

Patient transport services (PTS)

- Staff accessed the information needed for specific patient journeys from the registered manager following a journey being booked.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training on Mental Capacity Act and Deprivation of Liberty Safeguards as part of the services training schedule. At the time of our inspection, all staff had completed MCA and DoLS training.
- Staff we spoke with knew how to apply the MCA and described the process they would follow if they needed to support a patient with dementia, however we did not observe staff supporting patients living with dementia during the inspection
- We reviewed the provider's capacity to consent policy specifically designed to promote staff understanding and use of consent and MCA in their day-to-day roles.

Are patient transport services caring?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- We reviewed 20 patient comment and complaint forms collected by the provider over the last three months. Comments from patients included, "I would like this driver to take me back" and "Staff are positive and efficient."

Staff gave us examples of supporting patients who became distressed during a journey. Staff explained how they used their skills and experience to provide reassurance to the patient.

Compassionate care

- Due to the nature of the business, MedExpress often only transported patients once and as a result kept no records in relation to patient personal details. We were therefore unable to contact patients directly to gather their views on the service or observe any direct any patient care.

Understanding and involvement of patients and those close to them

- We reviewed 20 patient comment and complaint forms collected by the provider over the last three months. Comments from patients included, "I would like this driver to take me back" and "Staff are positive and efficient."
- Where the service was unable to meet the needs of the patient requesting a transfer, the registered manager would inform the service making the request of the reasons why they could not provide a service.

Emotional support

- Staff gave us examples of supporting patients who became distressed during a journey. Staff explained how they used their skills and experience to provide reassurance to the patient.
- One staff member gave an example of supporting a patient who became distressed whilst on transport. They sat with the patient, offered reassurance, and used distraction techniques to help manage the patient's emotional well-being.

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

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The registered manager had developed good working relationships with other providers and had regular contact with NHS trusts to maintain relationships and seek opportunities to sustain the business income.
- All staff completed training modules to improve their knowledge and skills of communication to reduce barriers when communicating with patients with communication difficulties.
- The registered manager monitored all journeys and maintained regular contact with vehicle crews to monitor timescales for journeys and turnaround times.

The service had a complaints process in place. However, the service had not recorded any complaints in relation to its service and the majority of feedback in relation to its service from clients and patients was very positive.

Patient transport services (PTS)

Service planning and delivery to meet the needs of local people

- The registered manager had developed good working relationships with other ambulance service providers and had regular contact with NHS trusts to maintain relationships and seek opportunities to provide service that met the needs of patients.
- The majority of services were procured directly from NHS trusts from the service.

Meeting people's individual needs

- All staff completed training modules to improve their knowledge and skills of communication to reduce barriers when communicating with patients with communication difficulties.
- The registered manager informed staff of any individual patient needs at the time of making a patient booking and specific details would be recorded on the vehicle daily running sheet.
- Staff could access support for patients whose first language was not English. The registered manager explained that translation services were available via a local language line. One of the business partners was fluent in Eastern European languages and provided support to staff and patients when necessary.
- The registered manager liaised with NHS trusts to make any changes to the transport services required, based on the patient individual needs. Staff gave an example of a patient who required a specific harness system to maintain their safety whilst being transported in an adapted wheelchair.
- The provider gathered information concerning the patient's health during the booking process, such as dementia, that might pose an issue to the patient's safety during travel. The ambulance attendants gathered more details regarding the patient from the hospital ward staff, usually a senior nurse or doctor.
- As a part of dementia awareness, staff received training on how to recognise and effectively manage individual needs associated with patients living with dementia. However, staff we spoke with explained that they rarely

carried patients with dementia. Staff we spoke with explained the process of assessing patients capacity and consent as well as how to seek further guidance from their manager if required.

- If a patient required additional support or attention due to having a complex learning disability the provider may ask for a nurse to travel with the patient to ensure appropriate support was in place.

Access and flow

- The registered manager managed the day-to-day allocation of staff and vehicles based on agreed journeys planned with NHS trusts.
- The registered manager monitored all journeys and maintained regular contact with vehicle crews to monitor timescales for journeys and turnaround times.
- As the business was adhoc and responsive to short-term requests for transfers there were times when the service experiences periods of high and low demand. When the demand was lower, staff used this time for training or routine maintenance of vehicles and equipment checks.
- The registered manager told us that the service was not equipped for high dependency or bariatric (heavier) patients. There was no specific exclusion criterion in place, however the registered manager used their experience and knowledge of the service to accept or decline any patients referred to the service.

Learning from complaints and concerns

- The service had a complaints process in place. However, the service had not recorded any complaints in relation to its service and the majority of feedback in relation to its service from clients and patients was very positive.
- Staff received specific training in how to deal with complaints including how to recognise a complaint, accurately record, investigate, and provide an outcome following a complaint and how to handle complaints effectively.

Are patient transport services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

Patient transport services (PTS)

- We spoke with three members of staff who unanimously told us that the registered manager was extremely approachable and willing to help them in their respective roles.
- The service offered client satisfaction surveys to the services it served. We reviewed eight of these and found the majority of feedback to be excellent, with the remainder being good.
- Staff told us that the registered manager would give positive feedback on performance but was not afraid to speak to them when something went wrong.

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

- The service held no formal risk register or business continuity plan.
- There were no formal processes in place for managing quality with other providers.
- The service held no central safety system, for example centralised safety dashboard or cyclical quality assurance process.

Leadership / culture of service related to this core service

- The registered manager managed and led the business with the support of a business secretary. The two roles agree and coordinate the business delivery as well as manage and lead staff whilst ensuring quality checks, training and effective staff deployment takes place.
- We spoke with three members of staff who told us that the registered manager was extremely approachable and willing to help them in their respective roles.
- One staff member said, “The registered manager is always available, any time, and always willing to give guidance and support.”
- Staff told us that their shifts were well managed and they were given appropriate time off between shifts. One member of staff told us that the registered manager was supportive in terms of work allocation and ensuring they got their required breaks.
- Staff told us that the registered manager would give positive feedback on performance but was not afraid to speak to them when something went wrong.

- This small business relied heavily on personal relationships and long-standing friendships to deliver the service. The service had no staff whistle blowing events or staff complaints in relation to the service prior to our inspection.

Vision and strategy for this this core service

- There was no formal long or short-term vision for the service. MedExpress is a small business and at the time of our inspection, there were no plans to increase service volume or employ new staff to the business.
- The registered manager spoke about their core values and explained they expected staff to treat patients with dignity, respect, and high quality care. In our interview with the registered manager, they expressed their passion and interest in patient safety and welfare, but there were no formal organisational values in place.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The provider had no robust governance and risk management system in place to monitor the quality of the service.
- The service held no formal risk register or business continuity plan at the time of our inspection.
- The registered manager recognised that there were threats to the business, for example, the vehicles going off the road or the loss of business, but these had not been formally placed into a risk register or a risk rating system.
- The service held no central quality monitoring system. Despite recording individual areas of performance, for example, response times, vehicle cleanliness, and staff training the service had not developed a quality cycle to draw these elements together with an overarching view of service quality. As a result, we identified examples of poor practice in relation to the maintenance of vehicles and consumables within the vehicles we inspected.
- However, following the inspection to provider presented an updated central quality dashboard that it intended to maintain on a monthly basis and to record performance on key areas, for example transfer times, staff training and complaints and comments.

Patient transport services (PTS)

Public and staff engagement (local and service level if this is the main core service)

- Staff did have the opportunity to discuss any points in relation to the service at their annual appraisal. However, the service had no formal processes for staff engagement.
- The service offered client satisfaction surveys to the services it served. We reviewed eight of these and found the majority of feedback to be excellent, with the remainder being good.
- The service also collected patient comment surveys. We reviewed 20 patient comment and complaint forms

collected by the provider over the last three months and found the majority of feedback to be excellent in relation to staff professionalism, manner, and helpfulness.

Innovation, improvement, and sustainability (local and service level if this is the main core service)

- The registered manager explained that the service was as big as it would get, they had no plans for expansion and looked to maintain their current business turnover. However, because of the close relationships with the staff team, they were confident that they could discuss and implement changes with the staff where needed.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must develop an over arching quality system and dash board to monitor safety and quality within its service.
- The provider must implement a risk register that reflects risks relating to the service.

Action the hospital **SHOULD** take to improve

- The provider should ensure that policies and procedures have a start and review by date as well as a nominated individual responsible for their respective review.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.</p> <ul style="list-style-type: none">• The provider had no formal process for recognising and recording risk or to assess, monitor and improve the quality and safety of the services provided. <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the</p> <p>carrying on of the regulated activity (including the quality of the experience of service</p> <p>users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated</p> <p>activity;</p> <p>(f) evaluate and improve their practice in respect of the processing of the information</p> <p>referred to in sub-paragraphs (a) to (e).</p>