

# Phoenix Private Ambulance Service







## Quality Report

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Date of inspection visit: 9 March 2020  
Date of publication: 27/04/2020

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

## Ratings

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

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

## Overall summary

Phoenix Private Ambulance Service is operated by Castlebrand Limited. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection on 9 March 2020.

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

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

The main service provided by this service was patient transport services.

Our rating of this service improved. We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. 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 knew how to manage safety incidents well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. 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. Key services were available seven days a week.

- 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 a patient transport journey.
- 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.

### Heidi Smoult

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

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

Phoenix Private Ambulance Service is operated by Castlebrand Limited. The service provides a patient transport service. It is an independent ambulance service in Warwick. The service primarily serves the communities of Warwickshire and the surrounding counties.

# Summary of findings

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Good 

# Location name here

**Services we looked at**

Patient transport services

# Summary of this inspection

## Background to Phoenix Private Ambulance Service

Phoenix Private Ambulance Service is operated by Castlebrand Limited. The service opened with the current management in 2013. It is an independent ambulance service in Warwick. The service primarily serves the communities of Warwickshire and the surrounding counties.” The service has had a registered manager in post since registering with the Care Quality Commission

in February 2015. The service had two locations – an administrative office and a separate locked garage where the ambulances and equipment were stored. One visit took place announced but with short notice given. This was on 9 March 2020. The service had three vehicles and there were five employees in total.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist adviser. The inspection team was overseen by Phil Terry, Inspection Manager

## Information about Phoenix Private Ambulance Service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the office at the location address and the garage where the ambulances were stored. We spoke with all five members of staff on the day including the patient transport drivers and management. There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service’s second inspection since registration with CQC, which found that the service required improvement overall.

Activity (March 2020 to March 2020):

In the reporting period March 2019 to February 2020, there were 1,080 patient journeys undertaken. Of these, 648 were on behalf of NHS trusts, private hospitals, hospices, local councils, and the remaining 432 were for private clients.

Five patient transport drivers worked at the service, including the registered manager.

Track record on safety:

- No Never events.
- No Clinical incidents.
- No serious injuries.
- No complaints.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Patient transport services

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

## Information about the service

Phoenix Private Ambulance Service is operated by Castlebrand Limited. The service opened in 2013. It is an independent ambulance service in Warwick. The service primarily serves the communities of Warwickshire and the surrounding counties. The company has been operating for 35 years, although under the current management since 2013. The service has had a registered manager in post since registering with the CQC in February 2015. The service has two locations – an administrative office and a separate locked garage where the ambulances and equipment were stored. The service transported adults only for non-emergency medical transfers. The provider serves local councils, local NHS providers, local hospice and independent health and care providers. Although registered as a patient transport service the patients were generally stable and not requiring emergency treatment. Therefore, the ambulances were not equipped in the way that a conventional emergency ambulance would be.

### Are patient transport services safe?

Good 

### Mandatory training

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

Staff received training when they started working with the service. All staff were up to date with their mandatory training. The training consisted of manual handling, infection control, mental health awareness, equality and diversity, safeguarding adults (Level two), health and social

care (Level two), medical gasses (O2 only), information governance, mental capacity act and deprivation of liberty (DoLS). Mandatory training was delivered through a mixture of e-learning and face-to face-training.

The registered manager (RM) monitored mandatory training and alerted staff when they needed to update it. Staff we spoke with confirmed the manager gave them protected time to complete mandatory training. The registered manager recognised that some staff members would have received training in many of the mandatory training topics from their main employer or from other providers. In these cases, the provider recognised and accepted evidence of this. The registered manager worked alongside staff on a regular basis. This gave him the opportunity to assure himself that staff understood and followed the service's policies and procedures.

### 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 effective training in safeguarding systems, processes and practices. They completed safeguarding training as part of their induction to the service and updates on mandatory training. The service had arrangements to safeguard adults and children from abuse and neglect that reflected relevant legislation and local requirements. There was an up-to-date safeguarding policy in place which were accessible to staff through the staff handbook.

Staff were trained to level two in adults safeguarding. This was in line with the intercollegiate adult safeguarding guidelines. The provider did not work directly with children,



# Patient transport services

however all staff previously worked on a school contract transporting children to and from school for an eight year period. This contract finished in July last year. All staff received training in Child Safeguarding and Child Sexual Exploitation from Warwickshire County Council between June and November 2017, so all staff were up to date.

This assured the registered manager that all staff were confident in recognising and reporting safeguarding issues in relation to children. This level of training was therefore proportionate to the type of service, the service being delivered, and the staff employed. Staff gave examples of scenarios involving adults and children which would constitute a safeguarding referral.

Staff said they would contact the local safeguarding team if they needed advice or support. This meant they had access to a level three trained professional.

Staff had a clear understanding about what constituted abuse and the need to report this. The service's policies and procedures for safeguarding had information about safeguarding and abuse. Staff clearly understood their responsibilities in line with the safeguarding policies and procedures, including working in partnership with other agencies. For example, staff told us they would contact the police if they believed there was immediate danger.

The service promoted safety in recruitment practices. All new recruits were subject to an enhanced disclosure and barring service check (DBS) and required two references before they could work operationally. The service also required the DBS to be updated every three years for staff in post. The safeguarding policy and safeguarding numbers were included in the staff handbook. All staff received a handbook when they started working for the service and a copy of the handbook was stored on all vehicles.

The provider did not transport children. Staff had not made any safeguarding referrals in the 12-month reporting period.

## 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 premises visibly clean.**

Staff followed an infection control policy and all staff were trained in infection control and prevention as part of their mandatory training. Staff kept vehicles and equipment

clean at all times. Staff completed a daily pre-work checklist prior to starting their shift. Cleaning records were up to date and demonstrated that the vehicles were regularly cleaned. This included ensuring the interior of the vehicle was clean and disinfected if necessary and the exterior was clean (especially windows, mirrors and lights). Staff deep cleaned the vehicles on a 12-week cycle. There was clear guidance for what was cleaned and how this was carried out to ensure deep cleans happened in a timely manner.

We checked all three ambulance vehicles and found they were all visibly clean and tidy. They were all stocked with hand hygiene gels, wipes products and clean linen. The garage was visibly clean and tidy with the appropriate cleaning equipment. Mops were stored and colour coded in line with national guidance. This reduced the risk of cross infection. This was an improvement since our previous inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complying with the Department of Health guidance relating to 'arms bare below the elbows'. This was an improvement since our previous inspection. Staff were provided with PPE (personal protective equipment), such as gloves, and aprons. These were stored on all vehicles. We observed staff either washing their hands or using hand gel in between patient contact. They wiped down equipment such as wheelchairs in between patient use. This minimised the risk of cross infection.

Appropriate equipment and uniforms were supplied by the service. Spill kits were available on all ambulances. This meant staff were able to manage any small spillages and reduce the infection and hygiene risk to other patients. All staff were issued with a uniform. Staff were responsible for keeping these clean and ironed them in line with instructions in the IPC policy. All staff were visibly clean and presentable. Blankets, pillow cases and sheets were recycled after single use back to the relevant hospital for laundering.

The service had systems in place to monitor compliance with infection control practices. The registered manager worked closely alongside staff members on a regular basis. This meant he observed whether staff were complying with infection prevention control policies and procedures.

## Environment and equipment

# Patient transport services

**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 garage and equipment storage areas were clean, spacious, tidy and fit for purpose. The station was accessible by a locked door and keys to all vehicles were kept within a locked cupboard. The manager worked from a home-based office. Administrative and staff files and other documents were stored there, securely. The service had three ambulances for the transport of patients plus an ambulance car. Systems were in place to ensure that all ambulances were maintained, serviced, cleaned, insured and taxed appropriately.

The arrangements for managing waste and clinical specimens kept people safe. This included classification, segregation, storage, handling, treatment and disposal of waste. Staff complied with Control of Substances Hazardous to Health (COSHH) guidelines. COSHH regulations 2002 is the law that requires employers to control substances that are hazardous to health. For example, all COSHH products were locked away securely.

The service had enough suitable equipment to help them to safely care for patients. All the equipment we checked was within its service date. The registered manager had systems in place to ensure the equipment was always safe to use. For example, an annual maintenance schedule was in place for the stretchers. Monthly checks were also carried out by staff, for wheelchairs, stretchers and stair climber parts to ensure continued serviceability. There was a system for reporting equipment defects and staff had received appropriate training to use equipment safely.

Equipment had been safety tested; stickers showed when the equipment was next due for testing and records were available to support their suitability for use. We saw that equipment was available to ensure patient safety throughout a journey. This included a wheelchair and stretcher, which could be strapped into place for safety. The seatbelts and trolley straps were in working order in the ambulances we checked.

The store areas in the garage were clean and tidy. The registered manager completed regular stock checks.

The registered manager ensured vehicles and equipment were always safe to use. Vehicles were covered by MOT safety test certificates as required, and a central log was kept by the registered manager.

The provider was a member of a vehicle breakdown organisation and all staff were aware of the contact details. Staff informed us they reported any defects directly to the manager.

All staff that drove were aware of their personal duty to ensure that the vehicle checks were completed, and the vehicles were always road worthy. The vehicles we inspected were fully equipped with first aid kits, equipment and fire extinguishers. Regular checks of dates were undertaken of the first aid boxes to ensure all contents were in date. This was an improvement since our previous inspection.

The registered manager promoted fire safety. Fire extinguishers were available in the vehicles. They had been safety checked and were clearly marked with the next service test date.

## 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 shared key information to keep patients safe when handing over their care to others. Staff told us they could always easily contact an on-call manager 24 hours a day, seven days a week if they needed to escalate a risk or seek advice or help. Staff carried out basic risk assessments before confirming they would transport patients at the time of the booking. The criteria for accepting a booking was that the patient was for a non-emergency transfer and required no medical intervention. All other issues, such as patients with mental health concerns, infections, and poor mobility and access were considered and risk assessed on an individual basis.

A policy for accepting non-emergency patient transport requests was in place for staff to refer to. This was an improvement since our previous inspection. Other considerations included the patient must be signed off as

# Patient transport services

medically fit by a medical professional and that the patient must not require any medical intervention by staff such as administration of drugs. This ensured all accepted bookings were safe and appropriate.

Although the provider only accepted bookings for medically fit patients, if the crew believed that a patient in their care had deteriorated to the extent they needed urgent medical attention, beyond first aid, the crew were required to stop and call 999 for paramedic assistance. All staff had basic life support training as part of their mandatory training. Staff said patients' relatives or carers occasionally accompanied patients during the journeys. This meant they would be likely to notice if the patient was deteriorating. There was clear written guidance on patient criteria for transport or clear deteriorating patient guidance for staff to follow. This was an improvement since our previous inspection.

Staff only left patients at their destination when they were sure it was safe to do so. Staff said that when they left a patient at their own home that they would always test the that panic button worked, if applicable, and that all relatives or wardens were aware that the patient was now at home. They confirmed that if they did not feel it was safe to leave a patient at their home, they would contact the RM, social services or the hospital and seek confirmation that the patient could be safely left.

A business continuity plan was place. This showed the registered manager had anticipated risks and understood how to manage foreseeable risks such as adverse weather. Potential capacity risks were considered when planning services. Seasonal fluctuation in demand was recognised by the registered manager. There was capacity for staff to cover for each other in the event of sickness or annual leave. In the event of a major incident, staff would call emergency services for support, and complete tasks that they were competent and qualified to manage. Vehicles were covered with emergency breakdown cover for any vehicle failures whilst on the road.

## 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.**

The registered manager and owner of the business was responsible for the operational management of all patient transport related activity. He ensured full delivery on agreed bookings while taking ownership of maintaining clinical standards and management of the team.

Staff worked in line with the providers policies and procedures and CQC standards. The registered manager managed staff to ensure high standards of service delivery and overall performance. He ensured policies and procedures were implemented and adhered to by all crew on a day to day basis. The primary focus of this role was to manage staff, however he often crewed shifts when needed.

The manager regularly reviewed and adjusted staffing levels and skill mix. There was enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care. In addition to the manager, the service employed four patient transport services staff, three of whom were qualified to drive the ambulances. One member of staff was the operations manager and deputised when required for the manager. Staff files fully reflected up to date work histories and references. They were also easy to navigate and had been reviewed and ordered into a standard layout. This was an improvement since our previous inspection. A lone working policy was in place to ensure staff safety. This was an improvement since our previous inspection. Staff generally did not work alone, but ensured they were in a crew of two.

All staff had up to date enhanced Disclosure and Barring Service (DBS) checks. We saw evidence that a check with the DBS had been carried out prior to staff commencing duties, which involved accessing patients and their personal and confidential information. This protected patients from receiving care and treatment from unsuitable staff.

The registered manager was responsible to maintaining the rostering system. Staff could request to work additional shifts to cover situations such as staff sickness and annual leave. If a short notice booking was received, the service would not accept it if they could not supply two members of staff. We were informed that staff were allocated time for rest and meal breaks. For emergencies out of hours, staff had a direct number to the duty manager on call. Staff we spoke with knew how to escalate concerns when working out of hours.

# Patient transport services

## Records

**Staff recorded notes on a patient log and updated them with details of their care. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Staff recorded the key patient information gathered when completing booking forms. In the case of multiple hospital discharge bookings these were recorded on a daily job sheet. This meant crew had all the relevant information to enable them to do their jobs safely and with due dignity and care. Booking forms and daily job sheets were provided for the crew at the base before they started their shifts. Patient records were held securely in the office and garage. This was an improvement since our previous inspection. Patient transport service drivers received work sheets at the start of a shift, which were completed by staff and included the basic details of the journey to be completed such as times and addresses. Completed booking forms and daily job sheets were returned to a different folder in the same secure drawer when the crew returned to base and were collected for review, invoicing and filing by the registered manager.

There were arrangements in place to safely store records. Staff personnel files were stored in a locked cupboard in the registered managers secure office. Only the registered manager had access to this key to ensure the confidentiality of staff members was respected.

## Medicines

**The service did not store or administer any medication.** When the service transported patients with medication the medicines were always kept with the patient and the staff would ensure that all belongings were taken with the patient at the end of the transfer. When the ambulance was unattended for any reason during the transfer then it was locked and therefore any belongings inside were secure.

The only medical gas staff could administer was oxygen. Staff were trained in using the appropriate oxygen cylinders to connect to a patient's nasal cannula or facemask at the correct flow rate and in calculating the amount of oxygen necessary to be available for the anticipated length of journey.

## Incidents

**Although staff did not report any incidents in the previous 12 month period, the service knew how to manage patient safety incidents. Staff knew what kind of incidents and near misses they should report. Managers knew how to investigate incidents and share lessons learned with the whole team and the wider service. Staff knew what to do if things went wrong, staff said they would apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

All staff had a responsibility to report any incidents or near misses they became aware of. A formal reporting procedure was set out clearly in the staff handbook showing the clear steps to be taken in the event of an incident or near miss and giving a definition of an incident. The incident reporting procedure provided staff with clear information on how to report incidents and near misses. This was an improvement since our previous inspection.

Although no incidents had been reported in the previous twelve-month period, staff knew their responsibilities for reporting incidents. Staff shared examples of what kinds of incidents they would report such as falls or vehicle faults. Staff confirmed that they would report incidents immediately to management or, where necessary, to the hospital or care facility involved. Staff said they were confident to report any accidents, incidents or near misses. Staff who worked remotely could speak with the on-call manager at all times.

The service reported that there were no never events in the previous 12 month reporting period. A 'never event' is a serious patient safety incident that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event reported type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event

The service had a duty of candour policy in place and this was included in the staff handbook for staff to easily refer to. 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

# Patient transport services

relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. When staff were spoken to it was found that they understood the principle of duty of candour and their duties regarding this.

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

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 protected the rights of patients subject to the Mental Health Act 1983.**

The provider followed evidence-based practice, regulatory requirements and up to date guidelines published by professional bodies such as the National Institute for Health and Care Excellence (NICE). These were embedded in the company's policies and procedures. All policies and procedures were included in the staff handbook. This was issued to each employee. All policies were compliant with health and safety legislation and were legally compliant. For example, staff would not transport a patient if they felt they were medically unwell or if the patient needed more specialist care.

### Nutrition and hydration

The provider did not provide food and drink; however, we saw staff asking patients if they have eaten before transporting them and they asked staff at care homes to make the patient a hot drink upon their arrival.

### Pain relief

Staff were not required to assess and monitor patients to see if they were in pain.

### Response times

The registered manager had oversight of whether staff were responding to calls in a timely manner. No complaints relating to response times had been made in the previous

12 month reporting period. Although the provider did not have any contracts with other providers and all of their bookings were on an ad hoc basis, the manager had systems in place to monitor response times.

Staff recorded the time they left base, the time they arrived at the destination to pick up the patient, the time they left to transport the patient to their destination and the time of arrival at the destination. Staff also recorded subsequent timings in relation to (as appropriate) waiting and returning, or to the next job, or back to base. This meant the registered manager could monitor whether staff were providing a timely service.

Staff were required to contact the commissioning provider immediately if there were any delays which might make them late in picking up patients for their journey, such as heavy traffic or road closures.

The registered manager left enough time in between all patient transport journeys to allow for unexpected delays. This ensured any delays did not impact on bookings later the same day. The registered manager said he had not found any concerns in relation to response times.

### Patient outcomes

**Due to the size and nature of the business the provider did not routinely collect patient outcome data.** The registered manager monitored patient outcomes through incidents, complaints and feedback. They had received no negative feedback in the previous 12 month reporting period. In the reporting period March 2019 to February 2020, there were 1,080 patient journeys undertaken. Of these, 648 were on behalf of NHS trusts, private hospitals, hospices, local councils, and the remaining 432 were for private clients.

### 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.**

The service ensured all its staff were best able to perform the basic tasks of their roles safely and competently and provided them with information on the structures and



# Patient transport services

processes of their working environment. All staff received an induction to the service in line with the induction policy. This included areas such as how to use the equipment and how to clean and deep clean vehicles.

The registered manager completed Driver and Vehicle Licensing Agency checks prior to staff members commencing their employment. All staff that were drivers were required to complete a driving assessment on commencement of employment.

The registered manager worked closely alongside staff on a day to day basis. This meant he maintained oversight of driver competence and could address any risks immediately.

The registered manager completed a formal assessment of the strengths and weaknesses of staff members. All staff had received annual appraisals.

At all times, staff only worked within the scope of their qualifications, competence, skills and experience, ensuring this was within the policies and procedures of the provider.

The registered managers worked shifts alongside staff. This provided him with assurance that staff were always adhering to safe clinical practice.

## 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 told us and we observed there were effective handovers between themselves and hospital staff when they took patients to other providers for any continuing care needs. Staff telephoned care providers if there was a delay with the transfer of a patient or an issue that needed to be resolved, such as confirmation of a care plan.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives when appropriate.**

Staff gave practical advice as required and signposted patients to other services where appropriate to do so.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

All staff had received training about the Mental Capacity Act 2005 when they started working in the service. There was clear written guidance in the employee's handbook.

Staff we spoke with showed awareness and understanding of the Mental Capacity Act 2005 code of practice and consent processes. For example, they said they would try to involve the patient's family and or carers if they had concerns.

Staff said they would act in the patient's best interest where there were concerns in this area. Staff gained verbal consent from patients before transporting them. All patient information was checked by the staff, including whether there was a DNACPR (Do not attempt cardio-pulmonary resuscitation) decision/document in place.

We saw staff dealing with a care home patient who refused to leave. Staff gently and appropriately encouraged her to leave, however, they respected her decision and agreed to come back the next day to try again.

## 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 protected the rights of patients subject to the Mental Health Act 1983.**

The provider followed evidence-based practice, regulatory requirements and up to date guidelines published by professional bodies such as the National Institute for Health and Care Excellence (NICE). These were embedded in the company's policies and procedures.

All policies and procedures were included in the staff handbook. This was issued to each employee.

All policies were compliant with health and safety legislation and were legally compliant. For example, staff would not transport a patient if they felt they were medically unwell or if the patient needed more specialist care.

## Nutrition and hydration

# Patient transport services

The provider did not provide food and drink; however, we saw staff asking patients if they have eaten before transporting them and they asked staff at care homes to make the patient a hot drink upon their arrival.

## Pain relief

Staff were not required to assess and monitor patients to see if they were in pain.

## Response times

The registered manager had oversight of whether staff were responding to calls in a timely manner. No complaints had been made in the previous 12 month reporting period. Although the provider did not have any contracts with other providers and all of their bookings were on an ad hoc basis, the manager had systems in place to monitor response times.

Staff recorded the time they left base, the time they arrived at the destination to pick up the patient, the time they left to transport the patient to their destination, and the time of arrival at the destination. Staff also recorded subsequent timings in relation to (as appropriate) waiting and returning, or to the next job, or back to base. This meant the registered manager could monitor whether staff were providing a timely service.

Staff were required to contact the commissioning provider immediately if there were any delays might make them late in picking up patients for their journey, such as heavy traffic or road closures. The registered manager left enough time in between all patient transport journeys to allow for unexpected delays. This ensured any delays did not impact on bookings later the same day. The registered manager said he had not found any concerns in relation to response times.

## Patient outcomes

**Due to the size and nature of the business the provider did not routinely collect patient outcome data.** The registered manager monitored patient outcomes through incidents, complaints and feedback. They had received no negative feedback in the previous 12 month reporting period. In the reporting period March 2019 to February 2020, there were 1,080 patient journeys undertaken. Of these, 648 were on behalf of NHS trusts, private hospitals, hospices, local councils, and the remaining 432 were for private clients.

## 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.**

The service ensured all its staff were best able to perform the basic tasks of their roles safely and competently and provided them with information on the structures and processes of their working environment. All staff received an induction to the service in line with the induction policy. This included areas such as how to use the equipment and how to clean and deep clean vehicles.

The registered manager completed Driver and Vehicle Licensing Agency checks prior to staff members commencing their employment. All staff that were drivers were required to complete a driving assessment on commencement of employment.

The registered manager worked closely alongside staff on a day to day basis. This meant he maintained oversight of driver competence and could address any risks immediately.

The registered manager completed a formal assessment of the strengths and weaknesses of staff members. All staff had received annual appraisals.

At all times, staff only worked within the scope of their qualifications, competence, skills and experience, ensuring this was within the policies and procedures of the provider.

The registered managers worked shifts alongside staff. This provided him with assurance that staff were always adhering to safe clinical practice.

## 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 told us and we observed there were effective handovers between themselves and hospital staff when they took patients to other providers for any continuing care needs. Staff telephoned care providers if there was a delay with the transfer of a patient or an issue that needed to be resolved, such as confirmation of a care plan.

## Health promotion

# Patient transport services

## Staff gave patients practical support and advice to lead healthier lives

Staff gave practical advice as required and signposted patients to other services where appropriate to do so.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

### Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

All staff had received training about the Mental Capacity Act 2005 when they started working in the service. There was clear written guidance in the employee's handbook.

Staff we spoke with showed awareness and understanding of the Mental Capacity Act 2005 code of practice and consent processes. For example, they said they would try to involve the patient's family and or carers if they had concerns.

Staff said they would act in the patient's best interest where there were concerns in this area. Staff gained verbal consent from patients before transporting them. All patient information was checked by the staff, including whether there was a DNACPR (Do not attempt cardio-pulmonary resuscitation) decision/document in place.

We saw staff dealing with a care home patient who refused to leave. Staff gently and appropriately encouraged her to leave, however, respected they respected her decision and agreed to come back the next day to try again.

## Are patient transport services caring?

Good 

Our rating of caring stayed the same. We rated it as **good**.

## Compassionate care

### Staff spoke about patients with compassion and kindness, showing they respected their privacy and dignity, and took account of their individual needs

The crew were warm, empathic and compassionate in all their interactions with patients. Staff introduced themselves and were patient and calm at all times even when there were delays with the commissioning provider

handing the patient over. We saw staff making sure patients were wrapped warmly in blankets before taking them outside to the ambulance.. Staff asked patients for consent before any interaction such as when they required physical help to get in or out of the ambulance or to make them comfortable before manual handling took place.

## Emotional support

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

Staff we spoke to were aware that transportation of patients may be a stressful time for them and described how they engaged with patients to ensure they remained calm during this period. This included engaging them in conversation throughout the journey to keep them calm. We saw staff chatting with patients and using appropriate humour. Staff regularly asked patients if they were comfortable. This put patients at ease.

Staff showed an understanding of how to care for patients with different needs such as religious , language and cultural needs. For example, they had access to communication cards and translation applications.

## 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.

Staff said they encouraged those close to patients such as carers and family to accompany patients on their patient transport journeys. All patients were risk assessed by the registered manager and they only transported medically fit and well patients.

## Are patient transport services responsive to people's needs?

(for example, to feedback?)

Good 

## Service delivery to meet the needs of local people



# Patient transport services

## **The service planned and provided care in a way that met the needs of local people and the communities served.**

The registered manager planned and provided services in a way that met the needs of local people. The provider offered a variety of patient transport services. This included transfers to, or discharges from hospital, transfers to and from outpatient appointments, transfers to or from respite care, moves to and from care, retirement or nursing home. They also provided transport for personal journeys such as for patients to move home or go out for a day trip. All bookings were ad hoc.

The service was a patient transport service which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and being discharged from hospital wards. The service had two core elements, pre-planned patient transport services, and unplanned services to meet the needs of patients. Workloads were planned around this.

The providers core operational hours were from 8am to around 8pm, seven days a week. Staff could work outside these hours. On the day, bookings were responded to quickly through telephone. We observed effective communication between the manager and individuals and providers making bookings.

## **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.**

Patient eligibility was pre-assessed by the registered manager; therefore, staff received all relevant information at the start of their shifts to meet the patient's individual needs. If staff transported individuals with additional needs, such as those patients with a body mass index above 30, they would ensure there were sufficient crew for a journey. The provider supplied a bariatric wheelchair. The provider encouraged escorts such as family or carers to travel with patients.

Information about patients' physical disabilities was provided to staff by clinic staff and noted on the transport notes. Staff relied on providers requesting the booking to

ensure staff had the correct information and always followed do not attempt cardiopulmonary resuscitation (DNACPR) documents where they existed. Staff had completed dementia awareness training and understood the issues surrounding the care required for people living with dementia. All vehicles were wheelchair accessible with ramps. They also had an extra carry chair and trolley bed for patients with extra mobility requirements.

Staff ensured that they were given full and competent handovers and notes as to the patient and any needs that would be required on a transport. For patients with communication difficulties or who did not speak English as a first language, staff used aids to help them speak with patients. The registered manager said that an online translation application also worked very well for them. Staff had access to communication aids, such as picture charts, to support non-verbal communication on all vehicles. This was in line with the Accessible Information Standard (AIS) which was introduced by the government in 2016 to make sure people with a disability or sensory loss were given information in a way they could understand.

Staff shared examples of how they accommodated patients with special needs. For example, two young patients were autistic and did not like any changes to their routines. Staff visited the patients at home to introduce themselves and to let them look around the vehicles and choose where they preferred to be seated. When they arrived at the hospital for their outpatient appointments, they conveyed the patients through a back-door entrance so they could avoid the crowds in the main area of the hospital. This helped alleviate the patient's anxiety. They ensured the same staff attended the journeys to provide continuity and familiarity for the patients.

Staff offered extra blankets and pillows and asked patients if they were warm enough during the journey

## **Access and flow**

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

Patients had access to timely care and treatment. The registered manager calculated all journey times at the time of booking. They ensured it could provide ambulances where and when they were needed before the bookings were confirmed. Working on an ad-hoc basis meant journeys could be done as they were requested. Staff were required to contact the commissioning provider

# Patient transport services

immediately if there were any delays which might make them late in picking up patients for their journey, such as heavy traffic or road closures. The registered manager left enough time in between all patient transport journeys to allow for unexpected delays. This ensured any delays did not impact on bookings later the same day.

The registered manager had oversight of whether staff were offering a timely service.

They had not received any complaints regarding pick up or drop off times in the previous 12 month reporting period.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The manager knew how to treat concerns and complaints, investigate them and share lessons learned with all staff.**

The service had a system for handling, managing and monitoring complaints and concerns. A policy outlined the process for dealing with complaints. The service had not received any complaints from patients within the last 12 months. Staff knew how to advise a patient if they wished to complain. Leaflets were available on ambulances to give to patients.

## Are patient transport services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

## Leadership

**Leaders had the 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.**

The owner of the service was also the registered manager. He had the skills, knowledge, experience, and integrity he needed to ensure the service met patient needs. The manager had been in post since 2013 and was responsible for the daily running of the service, and provision of suitable staff and equipment. The registered manager (RM) was fully aware of the Care Quality Commission registration requirements and the essential standards Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. He understood all his regulatory requirements. A

deputy manager covered for the manager when needed. The RM demonstrated a realistic understanding of the challenges to the quality and sustainability of the service. For example, the ongoing challenges to competing with the local NHS provider and securing contracts.

## Vision and strategy

**The service had developed a new vision for what it wanted to achieve.**

The provider had a written statement of vision and values. These were “to provide the highest quality patients transport service to each of our customers, without favour, whilst paying attention at all times to their comfort, their dignity and their (or our) individual safety. Together we must aim to put compassion and the patient experience at the heart of everything”. The values were in the employee handbook and were set out on the providers website. Staff clearly demonstrated these values. The RM had a good understanding of the commercial aspect of the patient transport service, ensuring they remained competitive. The RM regularly worked alongside staff. This gave them the opportunity to ensure staff were displaying the providers values in practice.

## Culture

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

The culture was one of equality, team work, shared values and respect for standards – behaviours and performance. It was one where everyone’s contribution was valued. The RM was visible and approachable. Staff said they would feel confident to discuss issues with the RM knowing that they would be taken seriously, and issues would be dealt with. The culture centred on the needs and experience of people who used their services. The service had a system in place to safeguarding the public interest and to promote a culture of accountability and integrity. The service had a whistleblowing policy in place.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner**

# Patient transport services

**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.**

Governance systems were now in place and were appropriate and proportionate to the size of the service. The service now demonstrated it had a formal system in place to manage risks identified and identified what actions to take to mitigate risks. For example, there was a formal process in place to report and record incidents and a risk register. This was an improvement since our previous inspection.

The registered manager worked closely alongside all staff and informal huddles took place most days. Sharing of information occurred at the huddles. Policies and procedures were communicated to staff through the staff handbook, through informal huddles and meetings. Staff understood the policies and procedures and knew who to seek advice from. Staff were provided with an employee handbook of policies and procedures.

The RM said he met informally with staff every two months or so. This also gave him the opportunity to formally discuss any governance issues and updates. However, there were no recorded meeting minutes to evidence this.

The service had embedded processes to assure the registered manager that all staff had the appropriate competencies and skills to provide safe care and treatment. He had systems in place to ensure all staff had completed their required mandatory training and to ensure they had up to date DBS in place.

Staff were clear about their roles and understood what they were accountable for, and to whom. The provider had systems to ensure staff worked within their competence. For example, he carried out risk assessments of patients before accepting bookings and worked alongside staff on a regular basis.

## Management of risks, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events**

The registered manager monitored response times. This provided him with assurance that staff were picking patients up within the agreed timeframe and providing a timely service.

Health and safety risk assessments were undertaken, documented and stored appropriately. The RM recorded all risks on the risk register. Risks mirrored what the registered manager told us and what we found on our inspection. All risks had mitigating actions in place to address them and the risks were reviewed on a regular basis.

Staff said they would escalate risks to the manager directly by phone or in person. They said the manager was always available to contact when they were operational

A business continuity plan provided guidance on what to do in the case of emergencies such as severe weather, shortage of staff and severe weather.

The registered manager had produced a risk assessment relating to the coronavirus pandemic. This included what staff should do if they felt they had symptoms and the implications of coronavirus for business activities.

## Information management

**The service collected reliable data and analysed it.**

The service demonstrated a holistic view and understanding of performance. We found the registered manager had oversight of all areas of the service.

There were clear and robust service performance measures such as monitoring training compliance which the RM monitored and reviewed. He ensured the information used to monitor, manage and report quality and performance was accurate, valid, reliable, timely and relevant. All the information we reviewed supported this, such as staff files, patient journey forms and mandatory training compliance.

## Public and staff engagement

**The service had a system in place to routinely collect and monitor information from patients on how the service was performing following treatment delivery. Leaders and staff engaged with staff to plan and manage services**

The service's publicly accessible website contained information for the public in relation to what the service

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could offer. The provider's website had opportunities for the public to give feedback about the service. Staff felt that they did receive feedback from the management, and management requested staff feedback at appraisals.

### **Innovation, improvement and sustainability**

**All staff were committed to continually learning and improving services.**

The registered manager of the service was responsive to change and wanted to maintain the company's positive reputation and continue to offer enough work to the employees. The service had addressed the concerns we had found at the last inspection.