

Prometheus Safe & Secure Ltd PSS Birmingham

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

Good



Patient transport services (PTS)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

PSS Birmingham is operated by Prometheus Safe & Secure Ltd. The service provides a patient transport service.

PSS Birmingham specialise in transporting patients whose primary diagnosis or need is for mental health rather than physical health, and as such provide a secure transfer service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 16 April 2019.

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 rated it as **Good** overall.

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and all but one of the vehicles clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staff of different kinds worked together as a team to benefit patients.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care.
- The service planned and provided services in a way that met the needs of local people. People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.

Summary of findings

- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. The service collected, analysed, managed and used information well to support all its activities.
- The service engaged well with staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

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

- One vehicle had dirt on the floor surface and did not have a supply of antibacterial gel on board. Data from the service post inspection clarified this vehicle was awaiting a deep clean at the time of inspection.
- Vehicles did not carry spill kits on board at the time of inspection despite this being required as part of the infection prevention and control policy. Following the inspection, we were assured vehicles were stocked with spill kits.
- Zero hours staff had not previously had the opportunity to engage with an appraisal process. However, data from the service reported this was due to a high turnover of zero hours staff. This was discussed during inspection and plans were in place to manage this.

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

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central West), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Good



Why have we given this rating?

PSS Birmingham delivered a patient transport service 24 hours a day, 365 days of the year. The service specialised in the transportation of patients with a mental health condition as their medical need.

We rated this service as good overall.

PSS Birmingham

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to PSS Birmingham

PSS Birmingham is operated by Prometheus Safe & Secure Ltd. The service opened in 2014. It is an independent ambulance service in Birmingham. The service serves the communities within the West Midlands but also provides a national patient transport service upon request.

The service has had a registered manager in post since 2014.

Our inspection team

The team who inspected the service comprised a CQC lead inspector, two other CQC inspectors, an assistant inspector and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Phil Terry, Inspection Manager.

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

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

Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

The service was provided to approximately 20 organisations within the West Midlands including NHS mental health trusts, NHS acute trusts, and NHS combined mental health and community trusts. The service also provided transport on behalf of a Welsh Healthboard.

As of December 2018, the service had contracts with three NHS trusts based within the West Midlands.

At the time of submitting pre-inspection data, in March 2019, the service employed 144 staff. One hundred and twenty-eight of these staff were employed on zero-hour contracts and comprised 66 health care assistants, four trainee healthcare assistants and 58 registered mental health nurses. Staff with a substantive contract comprised 16 staff in total; four of whom were registered mental health nurses, and 12 of whom were healthcare assistants/ clinical logistic managers.

In addition to the 144 staff members; three directors worked as managers at the service and were overseen by the managing director who was also the registered manager.

The service had 12 vehicles which were used for making patient journeys.

During the inspection, we visited the sole base at Fort Dunlop, Birmingham. We spoke with 12 staff including; health care assistants, clinical logistic managers, a registered mental health nurse, administration staff and management. We observed interactions, and spoke with two patients. During our inspection, we reviewed eight sets of patient records, six sets of staff records and reviewed 24 incident forms. We also conducted six vehicle checks.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, which took place in January 2017 and found the service was meeting all standards of quality and safety it was inspected against.

Activity (March 2018 to March 2019)

- There were 3800 patient transport journeys undertaken.
- Between March 2018 and March 2019; the service transported 228 children and young people under the age of 17 which equated to 6% of the overall number of journeys.

Track record on safety

- Zero never events
- 442 incidents
- One notification to CQC about a police incident
- Zero serious injuries
- One complaint

Patient transport services (PTS)

Summary of findings

We found the following areas of good practice:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and all but one of the vehicles clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service made sure staff were competent for their roles. Managers appraised substantive staff's work performance and held supervision meetings with all staff to provide support and monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care.
- The service planned and provided services in a way that met the needs of local people. People could access the service when they needed it. The service took account of patients' individual needs.

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service engaged well with staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

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

- One vehicle had dirt on the floor surface and did not have a supply of antibacterial gel on board. Data from the service post inspection clarified this vehicle was awaiting a deep clean at the time of inspection.
- Vehicles did not carry spill kits on board at the time of inspection despite this being required as part of the infection prevention and control policy. Following the inspection, we were assured vehicles were stocked with spill kits.

Patient transport services (PTS)

Are patient transport services safe?

Good



We rated it as **good**.

Mandatory training

- **The service ensured all staff completed mandatory training requirements; and kept comprehensive records to demonstrate compliance.**
- Data from the service confirmed that mandatory training included the following modules; de-escalation management and intervention, basic life support, safeguarding adults and children, infection prevention and control, Mental Capacity Act, mental health awareness, health and safety, fire training, manual handling and equality and diversity. All staff were expected to complete this training regardless of whether they were on a substantive or zero-hour contract. At the time of the inspection we saw that mandatory training compliance was 100%.
- Data from the service included a sample of copies of certificates confirming refresher training had been carried out for 14 members of staff in March 2019.
- Additional mandatory training for relevant staff directly employed by PSS Birmingham included handcuffing/soft cuffs and searching. We saw certificates for a sample of three members of staff who completed this in 2018.
- Many zero hours staff were substantively employed at NHS services; therefore, completed their training there. Staff were required to bring in copies of their training compliance from their NHS place of work where applicable. We reviewed six staff files which showed that training had been completed at alternative places of work. Several substantive staff, particularly registered mental health nurses, also undertook bank shifts at local NHS mental health trusts. These staff also undertook mandatory training modules at the NHS trust. Where PSS staff had done this; they brought in copies of their training records which were monitored by this service. Where staff were not able to do this, for example if they held no other position, full training was provided by PSS Birmingham.

- Staff reported that training provided by the service was comprehensive and met their needs.
- The service had a comprehensive driving licence checking process. Licenses were checked initially on staff induction; then at regular intervals depending on the number of points a staff member had. All licences were checked yearly, as a minimum. Staff were not permitted to drive provider vehicles if they had more than six points on their licence. We checked six staff records and saw driving licences were regularly checked. When staff had been issued with more than six points; they were removed from driving duties until the points were reduced.

Safeguarding

- **Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- The service provided transport to mostly adult patients; however, they did transport children who were over eight years old. When a child of 16 years old or under was being transported; if appropriate, a parent or carer was invited to accompany them. When possible, staff trained in child and adolescent mental health were allocated to such journeys.
- Between March 2018 and March 2019; the service transported 228 children and young people under the age of 17 which equated to 6% of the overall journeys.
- Staff were trained to safeguarding children, and safeguarding adults level two. Training was delivered through their substantive or bank post at an NHS or similar organisation or directly by the provider. Staff we spoke with displayed a good understanding of safeguarding and the need to protect vulnerable adults and children. The service had a named safeguarding lead and staff were aware who this was.
- We checked a sample of six staff records and saw all held a valid disclosure and barring service check certificate.
- As part of the patient records, a body map was completed for each patient. This enabled any obvious marks or injuries on the patient to be recorded prior to

Patient transport services (PTS)

and during the journey. It also provided evidence for relevant professionals, such as the police, in the event of a subsequent concern being raised regarding physical restraint.

- The service had not needed to make any safeguarding referrals between March 2018 and March 2019.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and all but one of the vehicles clean. They used control measures to prevent the spread of infection.**
- During our inspection we checked six vehicles (out of a total of 12) and found all except one were visibly clean. One vehicle had dirt on the floor surface. All vehicles checked had personal protective equipment including spit masks; although one vehicle did not have a supply of antibacterial gel on board. The other five vehicles had gel available for decontaminating hands. All vehicles had antibacterial wipes.
- Staff we spoke with were aware of the cleaning protocols of wiping down the inside of the vehicle in between patient journeys. These protocols were documented within the infection prevention and control policy. However, we found there was no formal checklist or documentation for staff to complete to confirm they had completed cleans after each patient journey. We raised this at the time of the inspection and saw management immediately rectified this.
- Vehicles were deep cleaned monthly. Management at the service had access to electronic records which recorded when these cleans were completed. We saw vehicle deep cleans were up to date at the time of the inspection.
- Vehicles were also subject to a weekly overall clean and daily cleans before, during if required, and after journeys.
- Vehicles did not carry spill kits on board at the time of inspection. We were told if a spillage of a bodily fluid occurred; the vehicle would be sent for deep cleaning upon arrival back at the base following the patient transfer. The provider's infection prevention and control policy specified that spill kits should be available on

vehicles to manage the immediate problem. Following the inspection, data provided reported spill kits would be placed on vehicles again to manage any initial bodily fluid spill prior to being sent for a deep clean.

- We noted the vehicles used had some carpeted areas which was not in line with best practice relating to infection prevention and control. However, patients conveyed by the service were not acutely physically unwell. Risk assessments were undertaken upon booking patient journeys which considered current vulnerabilities, existing infections and blood borne virus status where known.
- Staff were provided with tops and jackets to wear as a uniform. Guidance on how to wash these to meet infection prevention and control criteria was given as part of the infection prevention policy.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service had 12 vehicles. All vehicles, except for one, were less than two years old and were MOT tested yearly in line with ambulance vehicle requirements. The one older vehicle, registered in 2010, was an ambulance suitable to transport patients using wheelchairs and was tested yearly for MOT requirements.
- The environment in which the service vehicles were kept was appropriate and secure.
- All vehicles were fitted with vehicle monitoring and tracking systems which enabled managers at the service to review the live location of all vehicles. This system also allowed monitoring of driving speed and 'blue light' usage.
- We saw copies of five garage invoices indicating services and repairs had been carried out as required.
- Vehicles were subject to a daily equipment check. Staff used a checklist to ensure required equipment was on board. This equipment included restraint equipment (two sets of handcuffs), equipment related to infection prevention and control such as personal protective equipment, and medical equipment such as an oxygen

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saturation monitor and a blood pressure machine. In addition, practical safety equipment was kept on board such as fire extinguishers, first aid boxes, a traffic cone and 'hi-vis' clothing in case of vehicle breakdown.

- We saw equipment was stored appropriately and was in date of any expiry dates. However, we did notice a container of diesel additive (liquid added to vehicles to improve fuel consumption and reduce emissions) was not secured in one vehicle. Data from the service confirmed that this fluid was not part of equipment required for patient transport and was removed before the start of any patient journey. We saw unopened containers stored within the office area at the base.
 - Patients who required a stretcher during transport could be accommodated; and staff were trained in the use of this piece of equipment.
 - Provision was in place to accommodate bariatric patients up to a certain size, and children. Seat belts could be extended to secure larger patients. Isofix points (compliant to national standards) were present on vehicles so that child seats and/ or harnesses could be fitted. Where child seats or harnesses were required for transfer; these were obtained from the sending establishment. The service did not possess their own child transfer equipment.
 - Except for two members of staff at the time of inspection; all staff undertaking patient journeys could drive the patient transport vehicles. This meant that staff could keep within the legal recommendations for driving for work within the UK.
 - We saw that sharps bins were not kept on board vehicles; although the infection control and prevention policy stated this should be the case at the time of inspection. Following the inspection, the policy was amended to reflect that sharps bins were not required.
 - Clinical waste bags were available on-board vehicles. Should these be used; clinical waste was disposed of at the patient's destination.
- Staff were trained in de-escalation and managing incidents. The training was provided by a local NHS mental health trust. We saw certificates showing staff were either up to date with this yearly training session; or were booked to attend a session the same month as the training being out of date.
 - A service policy regarding mechanical restraint was available which included relevant information and processes for staff to follow.
 - In the event of a vehicle breakdown during a patient transfer; staff had a process to follow which varied depending on the risk posed by the patient. For example, if the patient was at risk of absconding whilst waiting for recovery, staff could either use linked arms, handcuffs or legal holds to prevent this. De-escalation techniques that did not require the legal use of force (which includes handcuffs) were to be used where possible unless immediate health and safety of the public, patient or staff were compromised.
 - Staff were provided with stab proof vests. This safety measure was introduced when the service began collecting some patients from their own homes following risk assessments. Each vehicle had a set of vests on it for staff use.
 - Patients who used the service generally had no acute physical illnesses or injuries. Therefore, staff did not undertake physical observations during journeys. However, staff were aware of actions to take should a patient's physical health deteriorate such as divert to a nearby A&E department or call 999. The service had a detailed 'blue light protocol' which outlined when staff could use blue lights and warning sounds in an emergency. Only a registered mental health nurse could authorise use of 'blue lights' during a patient journey as per this policy.

Staffing

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

- As of March 2019, the service employed 144 staff. One hundred and twenty-eight of these staff were employed on zero-hour contracts and comprised 66 health care assistants, four trainee healthcare assistants and 58

Patient transport services (PTS)

registered mental health nurses. Staff with a substantive contract comprised 16 staff in total; four of whom were registered mental health nurses, and 12 of whom were healthcare assistants/ clinical logistic managers.

- Clinical logistic managers were employed to take bookings for patient journeys; but also undertook patient transfers as appropriate.
- We reviewed staff rotas and saw adequate staff numbers were available to meet the demands of the service.
- The service had started a trainee scheme to enable staff with less experience to develop their skills and competencies. Staff worked as a trainee health care assistant for 12 months; following this the trainees would be offered a substantive post assuming they had met the required standards.
- We saw reference checks from previous employers, and safeguarding checks were completed prior to employing new staff members. Managers checked the registration status of any registered nurses to ensure they were fit to practice.
- When concerns with staff performance were identified duties were restricted and support and training given as necessary to enable staff to safely undertake their role. For example; staff having excessive points on their driving licence,
- If staff had another job they completed a secondary employment form and signed to opt out of the European Union working time directive. This stipulates staff should not work more than 48 hours per week. However, staff were monitored to ensure their working hours were not excessive as per the EU working time directive.
- When allocating staff to patient journeys, skill mix was considered.

Records

- **Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- The service used a paper -based patient records system however this was due to change to an electronic record system within three months following the inspection. We saw evidence this was the case.

- During the inspection we reviewed eight patient records. Patient records were initiated when a journey was booked. The record was completed during and after the patient transfer. Details included patient demographics and diagnosis, physical health requirements, risk of absconding, and any individual needs. All eight records were completed to a good standard and contained relevant information to keep patients safe. We saw patient consent and understanding was recorded by staff.
- No patients had been transported who had an active 'do not attempt cardio pulmonary resuscitation' order in the reporting period; however, the service did have a policy in place. Please see the under heading 'Consent, Mental Capacity Act and Deprivation of Liberty Safeguards' in 'Effective' for more details.
- Records were securely stored in a locked filing cabinet in the office area. Only relevant staff had access to these. Records were confidentially destroyed after 12 months via a third-party provider.

Medicines

- **The service did not store, prescribe or administer any medicines. However, staff followed the service policy when conveying patient medicines.**
- The service did not store, prescribe or administer any medicines. However, there were occasions where a patient might have their own medicines; for example, upon discharge from a hospital. On these occasions; staff were instructed to store the medicines in a lockable storage container for the duration of the journey. This was then either kept in the cab or the boot area of the vehicle so was separate from the patient for the duration of the journey.
- Staff could access an in-date medicines management policy which outlined staff responsibilities.
- The accountable officer for controlled drugs was the operations manager. Data from the service reported that on occasions where controlled drugs were required to be transported with the patients as part of 'to take out' discharge medicines; these were given to the service staff already sealed by hospital staff. These medicines were stored out of patient reach during the journey, as above, and handed, still sealed, to a receiving professional at the destination point.

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Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**
- The service reported no never events since commencing. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- From March 2018 and March 2019, the service reported 442 incidents. Of these, 257 were related to de-escalation, management and intervention (DMI), 162 related to the use of handcuffs being requested by the relevant sending establishment, and 23 came under the category of 'other'. This category included incidents relating to the use of 'blue lights' in an emergency setting, or patients not being fit to transport. Data from the service indicated that learning was undertaken following incidents such as more DMI updates training for staff. Information was shared via team meetings.
- We reviewed 24 incident forms where de-escalation or restraint had been used. We found all incident forms were descriptive and completed fully. Staff had recorded clear and justifiable reasons for all physical and mechanical restraint used. All instances were authorised by a registered mental health nurse.
- The duty of candour is a duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. Staff had access to information about the duty of candour via provider policies which were accessible at the service's base.
- The service used a paper -based incident report form which was available on vehicles. The process for reporting an incident was to either complete a paper-

based form and return to managers at the base for routine incidents; or to telephone more serious concerns through to either clinical logistic managers or managers on call for immediate advice or support. Staff followed the call up with the submission of a paper -based form. Managers had a corresponding form which was used to record their review of the incident and any subsequent learning or actions. Staff we spoke with knew how to report an incident and reported being confident to telephone a manager for any urgent incidents.

- We saw learning was shared and embedded following incidents. For example; following an incident whereby a member of staff was stabbed by a patient, all staff were required to search patient property, including with the use of a metal detector wand, to ensure dangerous articles were removed. An example was provided where a patient did have a bladed article, but due to being correctly searched, this was discovered and removed prior to the journey commencing indicating the learning had been effective.

Are patient transport services effective?

Good



We rated it as **good**.

Evidence-based care and treatment

- **The service provided care based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- The service conducted internal audits regularly. These comprised: weekly ambulance inventory checklists, disclosure and barring service audits, driving licence checks, a service risk assessment and punctuality audits. The service also conducted 'directors' checks' monthly. Directors checks included monitoring a patient journey and providing feedback to staff involved.
- Prior to the inspection, we saw evidence of three observational checks from August 2018 to March 2019, completed by the operations director which monitored staff adherence to their job role; including patient care.

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- During the inspection, we saw five director checks had been carried out. We noted that all five highlighted staff were transporting patients safely; however two of the five forms had not been fully completed by the director undertaking the audit. There were two pages to the audit documentation; and on these two occasions the back page had not been completed. Areas checked included the patient was treated with dignity, staff arrived within a timely manner to collect the patient, appropriate identification was carried by staff, fuel and mileage was recorded and if the vehicle was driven in a safe way.
- Transfer forms, which recorded details of the patient booking and subsequent journey were monitored for compliance and quality. Staff completed a transfer form after each patient journey. The director of patient care reviewed every form completed. Where themes were identified, such as incorrect mileage being calculated, or not enough detail reported, learning was provided.
- Service policies were comprehensive. These were reviewed by an external governance consultant who worked at a local NHS trust to check compliance to best practice. Staff reported they received updates either via team meetings or through messages sent to them.
- Policies were located at the ambulance base and staff were actively encouraged to review updates.
- During patient bookings, staff assessed patients' physical and mental health needs; in addition to social and cultural requirements to provide an effective patient transport service. This was recorded on booking forms and patient records.
- At the time of the inspection the service were in the process of implementing an electronic patient record system to improve the way records could be monitored and audited.

Nutrition and hydration

- **Due to the nature of the service; staff were not required to provide food or drink to patients. However, provision was made for long journeys.**
- Staff had access to bottled water on vehicles which could be allocated to patients as necessary.
- Where patients were going on a journey which would overlap NHS meal times; it was the responsibility of the

sending establishment to provide a meal. However, staff could also purchase meals and claim this back for long distance journeys where no meal provision was made for patients.

- Where long journeys were booked, toilet breaks were considered and planned.

Response times / Patient outcomes

- **Managers monitored the effectiveness of care and used the findings to improve this.**
- The service had no formal targets or outcomes which were required to be measured. However, patient satisfaction was monitored via patient feedback forms, and letters from professionals and family members.
- 902 patient feedback forms were completed from March 2018 to March 2019. None of these highlighted concerns or were of a negative nature; however, each form was reviewed to identify learning.
- The service offered two-hour collection time guarantees to Midlands based contracts. Data from the service reported that 100% of on the day booked journeys saw the patient being picked up within two hours of the booking being taken.
- Where patients were to be collected out of the Midlands area, the two-hour collection target did not apply. However, locally staff were expected to arrive within an hour to start their shift. We saw this was monitored. Where it was identified that staff were not arriving in a timely way; managers addressed this to ensure improvement.
- Data from the service confirmed that the demand (number of journeys requested) did not outstrip the resources available from the service. The service worked to have extra resources running at +20% to include vehicles and staff to provide a buffer zone for unexpected numbers of journeys.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised substantive staff's work performance and held supervision meetings with all staff to provide support and monitor the effectiveness of the service.**

Patient transport services (PTS)

- All new staff undertook an induction which comprised a half day classroom- based induction, and then practical training and assessments which included driver training. Following this, staff initially 'shadowed' on patient journeys to familiarise them with the process. This was flexible dependant on the needs of the individual staff members. Staff we spoke with reported that the induction process was robust.
- Where staff had not worked for a period of time, for example if a zero hours member of staff had not completed any journeys for several months, they were 'buddied up' with another member of staff for a period of time to ensure they were supported.
- Specific staff undertook training in the use of handcuffs and searching patients. This was delivered by a local NHS mental health trust with which the service provided transport to and from. Staff who required this undertook yearly refresher training.
- Data sent by the service pre- inspection showed 100% of substantive staff had undertaken an appraisal from March 2018 to March 2019. We saw five sets of appraisal documentation which clearly highlighted achievements and objectives for staff to develop their performance. However, numbers were not supplied for staff on zero hours contracts. Information from the service confirmed that appraisals for zero-hour staff were due to be commenced in the financial year of 2019/ 2020.
- Staff we spoke with reported that the appraisal process was supportive and enabled them to develop within their roles. They reported regular opportunities for formal and informal one to one discussions in between appraisals.
- The director of patient care; who had a relevant clinical background, delivered clinical supervision to all registered mental health nurses. This was offered on a group and one to one basis. Group supervision was held bi-monthly and was recorded. The director of patient care, in turn, undertook separate clinical supervision with a third party private provider to support their practice and continued professional development.
- The service directors undertook patient journeys to maintain competency in this area of work. As above; they also undertook observational audits of patient journeys to ensure staff were working competently and to identify learning needs.

- Several of the substantive registered nurses also undertook bank work at local NHS trusts to maintain competency. The management at the service encouraged this.

Multi-disciplinary working

- **Staff of different kinds worked together as a team to benefit patients.**
- We observed that registered mental health nurses allocated to each journey undertook a clear and thorough handover with staff at either end of the patient journey.
- Within the service, registered nurses, health care assistants and clinical logistic managers worked effectively to share information and support patients throughout journeys.
- The service worked with third parties such as NHS Trusts to support the patients being transferred. This was on a general basis with regards to improving the service; and also on a patient by patient basis as needed to support specific patient journeys.

Health promotion

- **The service answered patients' questions about their care as appropriate.**
- Due to the nature of the service, opportunities for general health promotion for patients was limited. However, patients could ask questions to the staff to learn more about their transfer.
- If appropriate staff could offer general guidance around health promotion. However if any specific concerns were raised by the patient during a journey; this would be handed over to the receiving establishment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.**
- The service transported patients who had a mental health condition or brain injury/ illness as their

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diagnosis; therefore, many of the patients were detained under the Mental Health Act (MHA, 1983). Upon booking a patient journey, information was recorded including the diagnosis, if the patient was detained under the MHA, and if so under which section of the act, and whether the patient was compliant to the transfer. Staff were required to complete training in the MHA and the Mental Capacity Act (MCA) as part of their mandatory training.

- The service had a policy outlining mental capacity which outlined how to assess a patients' capacity to consent. We saw the patients' ability to consent and whether they had consented to the journey was recorded in patient records.
- Staff completed a 'handcuff authority form' prior to using handcuffs on individual patients. This outlined reasons why cuffs may be used, and any medical reason which would indicate the use of cuffs was not appropriate. Staff were required to obtain a specific reason as to why handcuffs should be used from medical staff and the sending location; and record this on this document. The mechanical restraint policy clearly outlined that cuffs were only to be used in the prevention of serious harm to members of the public, to the patient themselves or to staff following risk assessment.
- The service had a mechanical restraint and a physical interventions policy. This contained relevant and up to date information which was based on best practice; therefore, enabling staff to have access to effective techniques.
- The service had a 'do not attempt cardio pulmonary resuscitation' DNACPR policy. This specified where applicable, forms must be present at the sending location for ambulance staff. However, no specific guidance was given for if the form was unavailable. Data from the service reported no patients with a live DNACPR form in place had been transferred by the service. However, if a patient with this in place was booked, advice would be sought from managers if the form was unavailable at the point of transfer.

Are patient transport services caring?

Good



We rated it as **good**.

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- We saw five copies of patient satisfaction forms which all showed a positive experience with the staff.
- During our inspection we observed two patient journeys. Staff were consistently kind and caring in their approach and treated patients with respect and patience.
- Staff interacted positively with patients and made effort to build rapport. At the end of the journey we saw staff actively sought feedback from patients.
- The service provided four staff to undertake most journeys as opposed to using less staff and a cellular/caged vehicle. This meant patients travelled in the back of vehicles in a dignified and more relaxed setting. Staff sat with the patient to engage in conversation and to support the patient throughout the journey.
- Staff raised incident forms where they witnessed disrespectful or discriminatory behaviour; for example, by third party staff members.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff we spoke with and observed displayed an understanding of the impact that the patients' medical condition may have upon their overall wellbeing. Staff were aware of mental health diagnoses and sought not to pre-judge patients based on this; but rather to provide individualised emotional support on each patient transfer.
- We observed staff working effectively to support patients who were in acute emotional distress, due to their mental health diagnosis. We were also provided with several anecdotal examples where staff had supported patients' emotional wellbeing.

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- Staff told us of how they supported family members or carers who may be distressed at the time of the patient transfer.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care.**
- Where appropriate, carers, advocates and family members were kept well informed. If a family member or carer was unable to accompany a patient but wished to meet them at the destination; clear instructions were provided as to how they could make this journey.
- Upon arrival at the destination, staff ensured the patient was orientated to their new environment and understood why they were there before leaving.
- Staff actively provided information and literature to patients where required; such as explaining how the patient could give feedback or complain if they wished to.

Are patient transport services responsive to people's needs?

Good



We rated it as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service was provided to several local, and some national, organisations including NHS mental health trusts, NHS acute trusts, and NHS combined mental health and community trusts. The service also provided transport on behalf of a Welsh Healthboard.
- As of December 2018, the service had contracts with three NHS trusts based within the West Midlands.
- The service provided nationwide transport as required and had re-located offices to be more central to requests from services located further away; such as London and Oxford.

- The service offered a target of collecting all patients based within the Midlands within two hours of booking for 'on the day' bookings. This target formed part of service level agreements with trusts who held a contract with the service.
- When bookings were made for outpatient appointments, where transport was required for both the inward and outward journey, staff waited for the patient to complete their appointment without leaving. Therefore, the transport was available immediately when the patient was ready to return.
- The service could provide transport for patients and their families who wished to privately fund a journey.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Patients who used the service all had a mental health condition as their primary health need. However, some patients also had physical health conditions and/ or learning disabilities or difficulties. Several staff had training and experience of working with specific patient groups such as patients with learning difficulties, or children using mental health services. Where possible, staff were allocated to journeys based upon their skills and experience.
- When allocating staff to patient journeys consideration was given to individual needs such as specific staff gender requests. When taking a booking, clinical logistics managers noted any additional information such as if a patient was diagnosed with dementia or a learning disability/ difficulty so that appropriate equipment and staff could be allocated.
- When patients were undertaking regular journeys; for example, for regular outpatient appointments, the service sought to maintain consistency with the staff working with that patient. An example was provided where this had worked effectively to encourage a less compliant patient undertaking dialysis through having a core group of staff who built a professional relationship with the patient.
- The service did not offer a formal interpreter service where patients did not speak English. Instead, they sought to match a staff member who spoke the same language with a patient journey upon booking. Where

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this was not possible, staff requested that interpretation facilities were provided at the starting location so that the journey could be explained to the patients. There was not a specific policy relating to this; however bi or multi-lingual staff shared this information with management for this purpose.

- The service employed members of staff who were trained in British Sign Language (BSL) or Makaton who, where possible, were allocated to journeys when a patient used either of these. However, when this was not possible the service requested that sending establishments explained the transport process to patients prior to the journey using their own sourced interpretation service.
- Staff enabled family members or relevant professionals to accompany the patient where this was risk assessed and necessary to support the needs of a patient. We were provided with an example of where an interpreter sourced by a NHS trust accompanied the patient on a short journey to explain the process.
- The service did not have a formal Accessible Information Standard (AIS) policy or process. The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. However, as described above the service considered disabilities which may impact upon patient communication and understanding.
- Pillows and blankets were provided on vehicles to ensure patient comfort and warmth during journeys.
- The service had some provision to support the transfer of bariatric patients; such as seat belt extenders.

Access and flow

- **People could access the service when they needed it.**
- Most patient bookings were made by professionals on behalf of the patients. From March 2018 to March 2019; the service undertook three private journeys.
- The service offered a two hour 'guaranteed' collection time for all Midlands based contracts.
- Where journeys were booked for out of area locations; the service required all staff to be on the vehicle and ready to depart to the pickup point within one hour of

the booking being taken (for on the day bookings). Data from the service reported that from March 2018 to March 2019; 14% of journeys were pre-booked. The remaining 86% of journeys undertaken were booked 'on the day'.

- From March 2018 to March 2019; three journeys were declined due to not having a stretcher vehicle specific to the needs of the trust request. This equated to less than 0.1% of patient journeys undertaken.
- All patients travelled individually and were transported directly to and from the booked locations.
- Data from the service confirmed that from March 2018 to March 2019 third party providers cancelled 166 patient journeys before staff had left the base, and 38 journeys once staff had arrived on site.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The service had no complaints from patients in the year prior to inspection. It had received one complaint from an NHS hospital which was in September 2018 and related to perceived staff aggression. We saw the investigation into the complaint was comprehensive. Although the complaint was not upheld, we saw lessons had been learnt and actions implemented to improve the patient experience.
- Staff encouraged patients to complete a feedback form on every journey undertaken. Assistance was given to patients who required this. The director of patient care reviewed all patient feedback forms and fed back relevant comments to staff involved.

Are patient transport services well-led?

Good



We rated it as **good**.

Leadership of service

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**

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- Locally, the service was managed by three directors: a commercial director, an operations director and a director of patient care. The latter two directors oversaw ambulance staff such as registered mental health nurses and health care assistants.
- The three directors were supported by the registered manager/ managing director who had direct oversight over administrative staff.
- A chief executive officer and a finance director supported the managing director.
- We found that local leaders had the skills, knowledge and expertise to deliver the service. Ongoing support was undertaken to ensure competency levels were maintained. Support was offered to develop staff to reach and maintain management roles.
- Staff had access to 24-hour management support which was offered via an on-call service.
- The operations director and director of patient care undertook patient journeys to support the team. Leaders were visible and approachable. Staff told us they felt confident to raise issues or concerns; and felt that local managers would address these.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- PSS Birmingham had three core values of caring, professional and reliable. They provided staff with a handbook which set out expectations of staff; and included a safety charter to promote a safe and collaborative way of working.
- The service had a strategy which had been refreshed in December 2018 and outlined objectives for the service to achieve including “deliver a first-class secure patient transport service that improves both patient care and private mental health transport across the United Kingdom through strong leadership and comprehensive policies and procedures”. This strategy was robust and realistic and promoted the delivery of a good quality and sustainable service to patients. The strategy promoted patient care and safety over financial priorities which was evidenced in the types of vehicles used, the number of staff allocated per journey and the financial remuneration to staff for their work.

- Staff told us of their understanding of their role which aligned with the service vision and values. This included caring for and helping patients whilst transporting them to a set location as quickly and safely as possible.

Culture within the service

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- During our inspection we found the service promoted a culture that supported the needs and experiences of both the patients using the service, and the staff undertaking their roles. Staff reported a flexible approach to work; and a working environment which was supportive to individual staff needs. We saw that staff were confident to speak up about concerns or questions; and an open and honest working environment was encouraged.
- Staff reported that they felt comfortable to raise issues and concerns with managers. We observed effective teamwork and excellent communication between staff members.
- The service had not been required to formally undertake their duty of candour as they had not had any incidents which met the criteria. However, staff were aware of the need to be open and honest with patients; and we saw information about the duty of candour displayed within work areas.
- Where required, supportive action was taken to address behaviour or performance which was inconsistent with either the values or the service, or the requirements of the role. For example, where staff were not able to drive for a period, such as by acquiring too many points on their licence; management still retained these staff members but supported them to undertake other roles.
- We saw action was taken to ensure the safety and wellbeing of staff; for example, the implementation of stab vests on all vehicles in response to collecting patients from home addresses.
- Team meetings were held with substantive contracted staff and local management. We saw minutes from January to March 2019 which highlighted staff were raising concerns. The minutes reflected that actions were taken to mitigate concerns and that team members felt valued. We saw some substantive staff

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had been promoted to team leaders following general concerns raised about the working relationships between zero hours staff and substantive contracted staff. This worked to enable a better chain of leadership and promote working relationships.

- The service had a whistleblowing policy. However, the designated individuals to raise concerns were either the director of patient care or the managing director. The director of patient care managed the clinical ambulance based staff and the managing director managed the administrative staff; therefore, this could affect how confident all staff felt to whistle-blow. However, suggestions for external support was stated, including trade unions and a charity dealing with concerns at work.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent care to flourish.**
- We saw the governance structure mirrored the leadership structure. Assurance about performance, quality and safety was communicated clearly from staff working with patients via incident report forms, informal communication and team meetings. This was escalated up to monthly management meetings and quarterly health and safety meetings. Information was cascaded downwards to staff from management via team meetings, message updates and clinical supervision.
- We saw the minutes from monthly management meetings held from January to March 2019. We saw agenda items covered staffing, mandatory training, appraisal rates and equipment and fleet issues. Concerns were quickly addressed and reported upon.
- During monthly team meetings between local management and staff; we saw changes to policies and documentation were discussed. Areas of improvement were highlighted and staff ideas and suggestions were offered. It appeared only substantive staff attended these meetings; although managers at the service informed us the meetings were open to all staff. Staff could form part of an encrypted social media messaging group whereby information and updates were communicated to all staff.

- Health and safety meetings were held quarterly. We saw minutes from the last two meetings pre inspection where actions were set to resolve concerns raised.
- Service policies were reviewed by an external expert on a consultancy basis to ensure any updates to guidelines were reflected. When changes were made; these were cascaded to staff as per the above paragraphs.

Management of risk, issues and performance

- **The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The service had a risk register which was used in conjunction with the service risk assessment. The risks added were general potential risks and provider procedures to prevent these from becoming an issue, rather than dynamic and ongoing risks relevant at the time. This was raised at our previous inspection in 2017; and a recommendation was made for the service to consider the use of live risk register to capture ongoing risks to the service, staff, patients and external stakeholders. However, we saw that ongoing concerns and risks to the service in general or patients and staff specifically were discussed in monthly management meetings and quarterly health and safety meetings.
- Management at the service described being under pressure from those who requested the service to reduce costs for the overall service as a risk to patient safety; and the quality of the service. Managers of the service reported they did not plan to reduce the quality of the service provided; such as having less staff on patient journeys. Therefore felt they were monitoring and mitigating this risk.

Information Management

- **The service collected, analysed, managed and used information well to support all its activities.**
- Management at the service regularly reviewed and monitored information in relation to performance such as through director checks, and manager and health and safety meetings. Both quality and sustainability was reviewed in the service management processes.

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- The patient safety director reviewed the quality of documentation completed by staff such as patient records and incident reports. Where information was not of sufficient quality this was addressed with the relevant team members.
- Statutory notifications were provided to CQC as required; such as notification of a police incident; and notification of changes to the service location.
- Staff had access to confidential waste bags on board vehicles in which to dispose of any patient identifiable information. Patient records were securely stored for 12 months after which they were disposed of through a third party confidential waste company.
- We saw that job application forms used by the service contravened the Equality Act 2010. For example, the application form requested the applicants date of birth, ethnicity and information about health conditions. Under the Equality Act; this information which relates to protected characteristics can only be requested where there is a job-related reason for asking and must be role specific. We raised this with the management team who sought to immediately rectify this.

Public and staff engagement

- **The service engaged well with staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The service supported corporate responsibility which is where a company takes responsibility for its actions and their impact on employees, stakeholders and communities. Specifically, the company had undertaken substantial work for a local charity linked to an NHS

trust. This included raising money and practical 'hands on' support for the nominated charity. Support was also given to 'sister' services in other countries; for example, funding medical taxis in a less affluent country.

- Team meetings were held regularly and available for all staff regardless of type of contract. These were held at varied dates and time, such as early mornings, evenings and weekends to maximise staff attendance. If staff were unable to attend; they could send any concerns to be raised in advance. All staff were paid for attendance at team meetings.
- At the time of the inspection, the service had run an 'employee of the month' scheme which highlighted staff who had performed well. Substantive staff were able to take part in a company bonus scheme.
- Managers at the service provided social events for staff to attend. Facilities at the base included rest areas and entertainment for staff who were in between patient journeys.

Innovation, improvement and sustainability

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- The service had made improvements since the last inspection; for example, sourcing additional specialist training via a local mental health trust for staff.
- The service was in the process of considering how to expand and improve their service. For example, electric vehicles were being considered due to forthcoming emissions charges in Birmingham City.
- The service was implementing an electronic record system at the time of the inspection which aimed to improve the quality of patient records; and enable monitoring and audit to be undertaken more efficiently.

Outstanding practice and areas for improvement

Outstanding practice

- Management at the service had cultivated an open and transparent culture with a strong focus on quality and patient safety.
- The service were committed to providing a dignified service for patients using qualified and competent staff instead of restrictive vehicles which enhanced patient comfort and dignity.

Areas for improvement

Action the hospital SHOULD take to improve

- The service should ensure equipment specified within the infection prevention and control policy is available on vehicles.
- The service should enable zero hours staff the opportunity to engage with an appraisal process. This was discussed during inspection and plans are in place to manage this.