

Medicmart Ambulance Service







Quality Report

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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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

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.

Summary of findings

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.

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

Overall summary

Medicmart Ambulance Service is operated by Medicmart Ambulance Service Limited. The service provides a patient transport service within Peterborough and Cambridgeshire.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 21 October 2019 and an unannounced follow inspection on the 11 November 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.

The main service provided by this service was patient transport.

We rated this service as **Requires improvement** overall.

- The service had enough staff to care for patients and keep them safe. Staff 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.
- Staff provided good care and treatment, gave patients enough to eat and drink. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

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

- 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.

However:

- Staff had access to training in key skills, but not everyone completed this.
- Managers had not completed all staff appraisals to ensure staff competencies were up to date.
- Managers did not routinely audit the quality of the service or use quality reviews to drive improvement.

Following this inspection, we told the provider it should make other improvements to help the service improve.

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 Summary of each main service

The main service was patient transport services. We rated this service as **Requires improvement** overall.

- The service had enough staff to care for patients and keep them safe. Staff 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.
- Staff provided good care and treatment, gave patients enough to eat and drink. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. 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 transport.
- 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.

Requires improvement



However:

- Staff had training in key skills, not everyone completed this.
- Managers had not completed all staff appraisals to ensure all staff competencies were up to date.

Summary of findings

- Managers did not routinely audit the quality of the service or use this to drive improvement.
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Summary of findings

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Requires improvement 

Medicmart Ambulance Services

Services we looked at

Patient transport services

Summary of this inspection

Background to Medicmart Ambulance Service

Medicmart Ambulance Service was operated by Medicmart Ambulance Service Limited. The service opened in March 2017. It is an independent ambulance service in Cambridgeshire. The service primarily serves

the communities of the Peterborough and Cambridgeshire. The service also provides events medical services, which is not within the scope of CQC registration.

The service has had a registered manager in post since 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Medicmart Ambulance Service

The service is registered to provide the following regulated activities:

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

During the inspection, we visited Medicmart Ambulance Service base. We spoke with nine members of staff including patient transport drivers and management staff. We reviewed patient feedback forms that the service had received in the six months prior to our inspection. During our inspection, we reviewed 10 sets of patient records.

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 first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

The service had three patient transport service (PTS) vehicles, one for routine PTS transport and two high dependency units that could be used for the providers events work or as a replacement for if the main PTS vehicle was off the road for repairs or servicing. The service operated 24 hours a day, everyday of the year.

Activity May 2019 to October 2019

- In the reporting period May 2019 to October 2019 there were 82 patient transport journeys undertaken for two local NHS providers and 110 patient transport journeys delivered for another NHS provider.

Eight patient transport drivers worked at the service.

Track record on safety

- Zero Never events.
- Clinical incidents: three no harm, zero low harm, zero moderate harm, zero severe harm and zero death
- Zero serious injuries.
- Zero complaints.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Start here...

Requires improvement



Are services effective?

Start here...

Requires improvement



Are services caring?

Start here...

Good



Are services responsive?

Start here...

Good



Are services well-led?

Start here...

Requires improvement



Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

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

Notes

Patient transport services

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

Are patient transport services safe?

Requires improvement 

This was the first time we had inspected this service. We rated it as **requires improvement**.

Mandatory training

The service provided mandatory training in key skills however not all staff completed it.

- Mandatory training was provided through an external online training provider.
- Modules included: infection prevention and control, basic life support and moving and handling.
- Records we reviewed showed that some staff completed mandatory training in line with the providers requirements but not all staff had achieved compliance. Provider data showed 78% of staff had completed mental health awareness, 67% moving and handling, 100% dementia care practice level 3 and managing health and safety 50%. The provider did not have an official target for training compliance, but said they aimed to achieve 100% compliance within the next year.
- Managers told us they did try to ensure the completion of mandatory training and remind staff before their training was due to expire. Staff we spoke with confirmed managers reminded them to complete mandatory training updates. At the time of our inspection the manager informed us they were using an external training provider to improve overall training compliance.

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 completed safeguarding children and adults training level two, which formed part of the mandatory training programme.
- The service had a named safeguarding lead, the safeguarding lead had completed safeguarding adults and children training to level three. The registered manager explained they could access additional support from the local safeguarding team if they needed additional advice.
- The provider had a safeguarding adult's policy and a safeguarding children and young people at risk policy in place which set out staff roles and responsibilities at all levels in safeguarding people from abuse. The policy referenced national and local guidance and legislation.
- Staff reported any safeguarding concerns to the manager's office in line with the provider's safeguarding policy. The process for staff was to complete a form, which was sent to the office for action. Managers supported staff to complete safeguarding referrals which were sent to the relevant safeguarding authority. We reviewed safeguarding forms and found managers had actioned. However, there was no record of feedback provided to staff that had raised a concern.
- Staff we spoke with knew their responsibilities in relation to safeguarding and how to raise concerns in line with the providers safeguarding policy. Staff gave an example of a safeguarding concern they had raised regarding a patient they had returned home from hospital that they did believe had sufficient community support in place.

Patient transport services

- The provider completed disclosure and barring service (DBS) checks for all staff every three years. Managers kept records of staff DBS checks with the reference numbers for these checks. Records we reviewed showed that all staff had completed these checks within the last three years.

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 and vehicles visibly clean.

- The provider had an infection prevention and control policy in place which set out the responsibilities of staff at all levels. The policy was within the review date and referenced legislation and national guidance.
 - We inspected three ambulances and found these visibly clean. The vehicle had hand sanitising gel dispensers and a range of personal protective equipment, such as disposable gloves and aprons. Personal protective equipment (PPE) ensures staff safety and reduces the risk of cross infection.
 - Staff cleaned the vehicles after each shift and recorded this on the vehicle cleaning log form. We reviewed the vehicle cleaning documents for the vehicles we inspected, which were completed by staff each time they cleaned an item, such as the stretcher or mattress. All documents were signed and completed correctly.
 - Vehicles received a deep clean every six weeks, or more regularly if they became contaminated. We checked the vehicle deep cleaning records and found all vehicles had received a deep clean within the last six weeks.
 - If staff had concerns about healthcare associated infections, they completed a full wipe down after the journey and changed their uniform if appropriate. The vehicle was taken out of service until a deep clean was completed.
 - Staff had access to hand washing and vehicle washing facilities within the ambulance base.
 - Staff wore the correct clean uniform on shift which staff said they laundered in line with the provider policy.
- At our inspection on 30 October 2019 the vehicle cleaning area outside of the ambulance base and Control of Substances Hazardous to Health (COSHH) cleaning cupboard were visibly dirty and cluttered. We raised this issue with the provider who said they would arrange to have the areas cleaned and tidied. During our unannounced inspection on 12 November 2019, the COSHH cleaning cupboard and the vehicle cleaning area were visibly clean and free from clutter.
 - The provider stored its vehicles in a locked compound shared with other businesses. The compound was protected by security fencing and a security barrier which was supervised by security staff who were not employed by the provider.
 - The provider had permanent patient transport vehicle and two high dependency (HDU) vehicles. The HDU vehicles were primarily used for event services, which we do not regulate. However, the provider used these vehicles in the event of a vehicle breakdown and if there was a specific request by an NHS service to undertake an HDU transfer.
 - The service had processes in place to track vehicle servicing and Ministry of Transport certification (MOTs) to ensure vehicles were maintained in line with manufacturer's guidance and legislation. Documentation we reviewed showed all vehicles were compliant with road tax, MOT inspections and insurance cover. Managers had a record of service and MOT dates displayed on the office wall as a visual reminder.
 - The provider used an external company to service vehicles, complete MOTs and any defect repairs. Staff were responsible for reporting defects during or after their shift to ensure repairs were timely. Staff completed a vehicle defect form if they found a fault on a vehicle and reported it to the office base. A manager would then be responsible for arranging a repair with an external provider.
 - The provider had a vehicle breakdown procedure in place. Staff we spoke with told us that if the patient transport service (PTS) vehicle broke down, they contacted the office and available staff were diverted, or if not, a spare vehicle was sent from the base. This would be one of the the vehicles normally used for events and high dependency transfers.
 - Staff completed vehicle checklists at the start and finish of their shifts. We reviewed eight vehicle check lists and found all were completed correctly. We observed staff undertaking a vehicle inspection prior to them leaving

Environment and equipment

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

Patient transport services

the ambulance base. They checked key items to ensure the vehicle was safe and road worthy and handed the inspection sheet to the manager, so they oversight of the vehicle's road worthiness.

- Staff checked equipment and consumables on the vehicles at beginning of shift, such as oxygen, automated external defibrillator (AED) and wheel chairs. This was in line with the providers daily vehicle checklist. Staff completed additional checks of equipment during downtime, for example on wait and return patient journeys. Staff we spoke with told us they escalated concerns to the management team if equipment checks were not completed.
- The provider had equipment for children, which was maintained in line with the manufacturer's guidance.
- The ambulance base had appropriate fire extinguishers within the buildings and working fire alarm systems. Fire extinguishers on the three vehicles we inspected were within service date.
- The service had a service level agreement for the collection of clinical waste. Managers we spoke with told us the service had routine collections for clinical waste and could request additional collections if required. We observed that staff managed waste appropriately on the vehicles and bins outside the premises were sealed and secure.
- At our short notice announced inspection, we found one vehicle that had a broken vehicle suspension switch and a basic screw had been inserted into the switch system to make the switch work. We raised this as a concern with the registered manager who took immediate action to get the switch repaired. We were able to confirm this at our follow up visit on 12 November 2019.

Assessing and responding to patient risk

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

- The provider did not have an exclusion or inclusion policy at the time of our inspection. Senior staff told us they accepted journeys on an ad hoc basis from three local NHS providers. A manager was responsible for liaising with the NHS provider prior to accepting a journey to ensure they had sufficiently qualified staff and the correct vehicle for the journey required. Staff

told us the local NHS trust that requested transport from the provider would only request journeys for low risk patients who were predominately able to manage their own health care.

- The service had a process in place in the event of a patient deteriorating. Managers we spoke with told us that staff were expected to safely stop the vehicle and contact 999 for an emergency ambulance for assistance. This process was set out in the provider's deteriorating patient policy and all vehicles had a staff folder with the escalation flow chart describing the escalation process.
- Staff completed face-to-face basic life support training, which formed part of the mandatory training programme. Staff we spoke with confirmed they had completed this training within the 12 months prior to our inspection.
- The service did not routinely transport children under the age of 18 years. However, they did occasionally transport children between providers for a local NHS trust. For these journeys the NHS trust provided a qualified healthcare professional as an escort for the child, who took responsibility for the care of the patient on the journey.
- The deteriorating patient policy and flow chart for responding to deteriorating patients was on all vehicles. Staff had clear guidance on supporting patients and families who may be caring for someone with a do not attempt cardiopulmonary resuscitation (DNACPR) order in place. This was communicated to the provider at point of the NHS services booking the transport, and also checked when staff received a handover from the NHS staff.

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

- The service employed eight permanent patient transport staff. Managers planned staff rotas weekly which took into account staff availability and planned journeys. All additional bookings were accepted within capabilities of workload for respective day.
- The service did not use agency staff to cover any vacant shifts. Managers covered any short-term staff sickness or put out a request for staff to cover a shift.

Patient transport services

- The service ensured staff had time to for meal breaks. Staff we spoke with told us they got time to take breaks in between journeys.

Records

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

- The provider had systems and processes in place to record patient information and staff had access to this information in a timely way. Staff completed paper booking forms for planned patient journeys. The booking information included the patients' pick-up address and drop off address, patient mobility needs and any additional information such as whether the patient had a condition such as dementia. We reviewed nine patient transport service booking forms and saw all forms were completed appropriately, signed and dated.
- The service kept patient records securely within locked filing cabinets. Managers kept paper records within locked filing cabinets in the office which was locked when managers left the office. We observed that the draws were locked during our inspection to maintain record safety and patient confidentiality.

Medicines

The service used systems and processes to safely store medicines.

- The provider had an up to date medicines policy in place for staff to follow. The policy set out the expectations of staff at all levels for the delivery of oxygen therapy during transport.
- The provider did not store or administer any controlled medicines on site or on vehicles for the use of patient transport services.
- Patients were responsible for their own medicines. The service did not stock medicines on the vehicles used for PTS journeys. Staff we spoke with told us that they checked prescriptions for hospital discharge to make sure they were for the right person.
- The service carried oxygen on all vehicles for patients that were prescribed oxygen. We checked six oxygen cylinders stored on three vehicles and found the cylinders were secured appropriately and within the expiry date.

- The service had a locked storage cage for oxygen cylinders outside of the ambulance station. Full and empty oxygen cylinders were clearly separated in the cage.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- The service had an incident reporting policy in place which, set out the roles and responsibilities of staff at all levels, to ensure all incidents and near miss events were reported and investigated for learning. The policy was within the review date and referenced national guidance and legislation.
- In the twelve months prior to our inspection the provider reported three incidents with no harm. Staff we spoke with knew that the provider had an incident reporting policy and they would receive feedback on any incidents when they arrived on duty.
- The main theme of incidents reported was vehicle faults. Incident logs demonstrated that managers took immediate action to ensure vehicles were repaired before they were returned to active service.
- Managers investigated all incidents reported by staff. Managers we spoke with told us they provided feedback to individual members of staff following a reported incident and provided wider learning for all staff through staff meetings and at vehicle handovers.
- The provider had an up to date duty of candour policy in place. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had a designated manager for the oversight of the duty of candour. Staff received training about the duty of candour during their induction. The service had not had any incidents that required staff to complete a duty of candour process since their registration in March 2017.

Patient transport services

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

Requires improvement 

This was the first time we had inspected this service. We rated it as **requires improvement**.

Evidence-based care and treatment

The service had a range of policy and procedural documents in place for staff to follow. However, not all policies and procedures were within the review date, contained up to date information or were version controlled.

- At the time of our inspection the manager informed us they were currently reviewing all policies with the help of an external provider to bring these up to date and version controlled. We reviewed ten policies and procedures. We found the Control of Substances Hazardous to Health (COSHH) folder contained out of date guidance, some of which dated back to 2005. The personal protective equipment (PPE) policy was due for review in April 2019, health and safety policy had no policy produced date or previous review date.
- Staff had access to policies at the ambulance base in a dedicated policies folder. The provider was developing its web based intranet in order for staff to access policies electronically via a staff only area.
- We reviewed a range of policy documents such as but not limited to, personal protective equipment, medical gases, medication policy health and safety policy. All policy documents were inclusive to all patient groups such as patients with protected characteristics.
- Managers reviewed the completion of vehicle checklists for the oversight of vehicle cleanliness and arrange any defect repairs.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

- Vehicles we inspected carried a supply of bottled water for patients. Staff explained that patients would be offered drinks if it was safe to do so.

- Ambulance staff would liaise with hospital staff during patient handovers to establish if the patient required food during the journey. Staff told us that where appropriate, the hospital would send patients with a sandwich or snack dependent on the length of the journey and the patient's choice.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.

- The provider did not use any medication on its vehicles other than oxygen. Staff did ask patients if they were comfortable and could assist patients to take their own pain relief if they felt pain during a journey.

Response times / Patient outcomes

The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- The service did not have any key performance indicators set by their commissioners, however the service monitored collection and drop off times for all patient journeys.
- As all the providers patient transport work was completed on a sub contract basis to NHS services, they were unable to compare services with other providers. The provider had a service level agreement (SLA) in place with one NHS service and used this as a benchmark for the service. The provider delivered PTS services to two other NHS services and the county council, but these were on an ad-hoc basis and there was no SLA in place.
- The provider had regular meetings with the transport managers with each NHS service to provide feedback on services and to look at ways to improve.
- Managers monitored journey times and the reason for cancelled journeys to identify improvements, but there was no formal process for this.
- As the service often transferred a patient once and did not have sustained patient contact over time, they were unable to monitor long term patient outcomes.

Patient transport services

- The service used customer feedback information to monitor their patient outcomes. Managers we spoke with told us they used patient feedback as an additional quality measure and used this information to make improvements if required.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held supervision meetings with them to provide support and development.

- All new staff received an induction which included the completion of mandatory training modules. The service required all new staff to complete a probationary period where managers monitored the staff members' performance and suitability for their role.
- The provider had a staff induction policy and checklist in place to set out the roles and responsibilities of staff at all levels in the induction process. The policy was within the review date. We reviewed four staff personnel files and did not find any completed induction check lists.
- The provider checked staff driving licences prior to employment and completed online driver checks through Driver and Vehicle Licensing Agency (DVLA) annually. A copy of each employees driving license was kept within their employee records. The providers employee handbook gave staff clear guidance on driving license checks and maintaining the required driving standards. Staff were required to inform the provider if there was any change to their licence.
- At the time of our short notice announced inspection the provider was using an external company to deliver appraisal training to their managers and a new appraisal system was being introduced. We found one member of staff had an up to date appraisal. At our follow up inspection on the 12 November 2019 we found a further three appraisals were completed. The provider had a plan to complete the remaining appraisal on the 13th November. One staff member was on maternity leave, and another staff member started in employment in August 2019 and did not require an appraisal.

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 worked with other stakeholders, for example the NHS trust, to take patient journey bookings and confirm information about patients to ensure the correct equipment and staff were available to undertake the journey based on the information provided.
- Frontline staff worked with care homes, local NHS services and other private providers. Staff we spoke with told us they collected patients from local care homes and hospitals regularly and had developed positive working relationships with these staff.

Health promotion

- The provider were not required to offer any additional health promotion advice as part of its patient transport service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent to travel. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- The provider had a mental capacity policy and guidelines for staff to follow. The policy was within its review date and referred to national guidance and legislation. Staff received updates about mental health and dementia annually in their dementia training.
- Staff had access to patient information through the paper booking forms. Staff we spoke with told us they assumed patients had capacity to make their own decisions unless they had evidence that a patient lacked capacity.
- Staff told us they would report any concerns relating to mental capacity to the NHS service and their manager as a safeguarding incident to ensure patients got the correct level of support.
- The service did not provide transport for patients detained under the Mental Health Act, although the service did transport patients with mental health conditions. Staff we spoke with told us they chatted with patients to put them at their ease and where necessary or appropriate a family member could accompany the patient.

Patient transport services

Are patient transport services caring?

Good 

This was the first time we had inspected this service. We rated it as **good**.

Compassionate care

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

- During our inspection, we were unable to observe care provided by staff to patients. However, we reviewed thirty two patient feedback forms from patients and relatives that had used the service.
- The service actively sought feedback from service users to improve the service. Vehicles had leaflets which detailed the contact details for the office, for patients to provide feedback.
- One feedback form said, “Very kind and helpful”, another said “Very sociable, pleasant and friendly”.
- Feedback about the service was consistently positive. Twenty-six out of the thirty two feedback forms said they were extremely likely to recommend the service to a friend or family member.
- Staff facilitated family and carer escorts to provide a familiar face particularly with confused patients, such as, patients living with dementia.
- Staff explained sometimes they only met a patient or family once and that first impressions counted. It was important that they made the patients feel at ease and placed them at the centre of the journey, making sure they listened to their needs and always respected their dignity.

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 with told us they enjoyed working with patients and recognised that patients were often living alone.

- We reviewed 32 patient feedback forms One feedback form said, “Staff made me feel at ease, I was very nervous”.
- Staff explained how sometimes patients would get upset during the journey, and how they would listen to the patients and provide reassurance. If staff felt a patient was vulnerable or needed more support, they would report this to their manager for escalation back to the NHS service.

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 we spoke with told us said they would explain the journey to the patients and informed them of any unexpected delays or their expected time of arrival either at their home or appointment.
- Managers and staff kept patients and their families informed about transport pick up and drop off times. One feedback form said, “Staff are accommodating and cheerful”.
- Managers explained that due to the ad hoc nature of the service involving patients in their journey and planning can be difficult. The provider told us they encourage all staff to involve the patients in their transfer, make the patient feel at ease and ask them for feedback on how they feel they have been supported.

Are patient transport services responsive to people’s needs?

(for example, to feedback?)

Good 

This was the first time we had inspected this service. We rated it as **good**.

Service delivery to meet the needs of local people

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

Patient transport services

- The service worked with local health care providers to provide ad hoc services to fulfil unmet needs in the local area.
- This service often supported patients that would have been delayed at hospital when other providers were unavailable. This supported local NHS providers to discharge patients in a timely manner.
- Managers had regular meetings with NHS providers to discuss the service provision.

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.

- The patient booking process captured information about patients with complex needs such as patients living with learning disabilities or dementia. Staff completed dementia awareness and learning disabilities training which formed part of their mandatory training programme.
- Staff we spoke with told us that they transported patients living with learning disabilities or dementia. They told us that they encourage family members or carers to escort patients to provide additional reassurance and comfort.
- The provider offered bariatric services in its high dependency patient transport vehicle. This vehicle could carry a stretcher designed for use by patients who were clinically obese.
- Staff had access to a translation app on their work mobile phone to use translation prompts where the patient's first language was not English.
- Staff were flexible to patients' individual needs. Staff we spoke with told us that they listened to patients and made reasonable adjustments where possible and where it was safe to do so.
- The service did not routinely convey more than one patient at a time. However, the service made sure that patients with complex needs were conveyed without other patients in the same vehicle.
- Staff had access to flash cards to promote communication with patients who had learning difficulties or disabilities to help them feel more comfortable and understand what was happening.

Access and flow

People could access the service when they needed it.

- The service mainly accepted journeys arranged with local NHS providers. As the service was ad hoc, they could be providing back to back transport, or on other days waiting for a call to provide a service.
- The provider did not have an exclusion policy at the time of our inspection. Managers told us that they accepted journeys on an ad hoc basis from three local NHS providers. A manager was responsible for liaising with the NHS provider prior to accepting the journey to ensure they had sufficiently qualified staff and the correct vehicle for the journey required. Staff told us the local NHS trust that requested shift cover from the provider would only allocate journeys for low risk patients.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

- The provider had processes in place to manage complaints and concerns about the service.
- The service had a manager who was responsible for the follow up of complaints or concerns raised about the service.
- A complaint would be recorded in an incident report form and evaluated by the manager to assess what action was required to initially resolve the complaint.
- Managers had process in place to share learning following complaints and concerns with staff. The provider would inform staff of changes that were required via their social media page, at handover of vehicles, at staff meetings or via text messages. The provider could also arrange individual training for any specific areas that would need additional training to improve performance.
- The provider told us they would involve the NHS providers in any complaints and liaise with the relevant transport office or safeguarding team as required.
- The service had not received any complaints since their registration in March 2017.
- The service displayed complaints information within vehicles. We observed complaints information in all the

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vehicles we inspected along with patient feedback forms and complaints leaflets. Staff we spoke with told us that complaints information was available in the vehicles, although they had never needed them.

Are patient transport services well-led?

Requires improvement 

This was the first time we had inspected this service. We rated it as **requires improvement**.

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. They supported staff to develop their skills and take on more senior roles.

- The provider had a human resource and finance director and operations manager that had strategic leadership of the service. The registered manager worked part time for the service and an operational manager had day to day oversight for service with guidance from the operations director. The provider employed a paramedic who provided clinical guidance and support to the team.
- The service had a clearly defined management structure and all the staff understood their roles and responsibilities. Staff knew the process to escalate concerns and who to report to.
- Staff felt proud to work for the service and expressed how the managers were friendly and easy to get along with. Staff we spoke with told us that managers were approachable and supportive.

Vision and strategy

The service had a vision for what it wanted to achieve underpinned by core values. Leaders and staff understood and knew how to apply them and monitor progress.

- The provider had a vision to provide a safe and effective service that was inclusive, supportive and patient centered. The provider was committed to delivering a patient and customer service focus across its provision.

- The vision was underpinned by a set of staff values which were 'care, teamwork, quality, respect and honesty'. The values set out how the service would respect the needs of every patient and service commissioners.
- Staff understood the organisational values and demonstrated these values during our inspection. The provider had an employee handbook and the vision and values formed part of the employee's employment conditions.
- The provider had no long term strategy due to its infancy as a business. The service was still in the process of securing existing business and looking to establish itself locally as a main provider of patient transport services.

Culture

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

- Staff we spoke with described an open and positive culture where staff felt supported in their role. Staff felt confident to raise any issues or concerns with managers and that managers would take their concerns seriously.
- Staff we spoke with told us they felt proud to work for the service and staff got on well together.
- The provider fostered a culture of team working and supporting each other in the day to day delivery of the service.

Governance

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

- The service held director meetings attended by the directors and the management team. We reviewed the minutes of meetings held on 4 April 2019 and 15 July 2019. They showed the areas of discussion included vehicle checking, equipment calibration, day to day safety issues and staff rotas.
- The service held staff meetings to communicate key messages. These meetings were recorded but not routinely planned due to the ad hoc nature of the

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service and not all staff being available at any one time. Managers produced staff bulletins which highlighted policy changes and key messages and displayed this within the ambulance base.

- The provider employed a paramedic who had clinical oversight of the service and a registered manager reviewed policies, procedures and safeguarding. The operations manager worked closely with front line staff to manage day to day activities.
- The provider used patient feedback to monitor the quality of the service and implement improvements where necessary.

Management of risks, issues and performance

Leaders and teams did not use systems to manage performance effectively.

- The provider had no overarching risk register and had not identified any specific risk in relation to its service. However, this was a small service that had recorded three incidents in the 12 months prior to our inspection. Opportunity to learn from incidents was therefore limited.
- The provider had a business continuity plan to deal with any emergency likely to affect the running of the business, for example poor weather conditions.
- The provider had audit processes in place, but no overarching audit schedule. They did however collate data, for example journey times, vehicle cleanliness, vehicle defects, and patient feedback. There was no formal process for reviewing this in a governance cycle or to demonstrate how this had been used to improve quality.

Information management

The service collected reliable data and analysed it. The information systems were secure.

- The service collected electronic and paper-based information to monitor journey times, staff development and performance. Paper records were stored securely in locked filing cabinets within the office and in locked cupboards on vehicles.

- The service used satellite navigation systems and mobile phones to improve its journey times and ensure staff could be contacted to share key information. For example, changes in schedule or patient transfer locations.
- At the time of our inspection, the provider was developing an online portal for staff to login and access important information, for example policies, procedures and staff updates.

Public and staff engagement

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

- The service had regular engagement with NHS services to discuss activity and to work in collaboration to meet the needs of the local population.
- The service had a public website with information for the public and had a facility for service users to leave feedback. The service also had processes in place to gain feedback through paper feedback forms on all vehicles.
- Managers engaged with staff daily through the routine activities for example, handing over vehicles and training days.
- The service held staff meetings, but these were not routinely planned as the provider had to take into consideration the service work load, staff availability and the time of the meetings.

Innovation, improvement and sustainability

- Being a relatively new company, the provider was unable to describe its services as innovative or outstanding. The provider described their service being on a learning curve and still building its business.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff have training in key skills.
- The provider should ensure that all staff have an annual appraisal.
- The provider should routinely audit the quality of the service and use this to drive improvement.