

Twins Medical Services Ltd

Twins Medical Services







Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Insufficient evidence to rate	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Summary of findings

Overall summary

This was the first time we inspected this service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service had systems in place to manage safety incidents.
- Staff provided good care. The service monitored response times. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients. Services were available seven days a week.
- Staff told us they treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- 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.
- Leaders ran services well using reliable information systems. 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 sought to engage with patients to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not consistently operate effective governance processes.
- The service did not have evidence that risks to the service were reviewed regularly.
- The service did not have an appraisal or supervision system to support staff development and review competence.
- Information about service performance was not centrally recorded or analysed.
- The service did not formally engage with staff.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	This was the first time we inspected this service. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Twins Medical Services

Twins Medical Services is operated by Twins Medical Services Limited. The service opened in February 2021. It is an independent ambulance service based in Stevenage providing patient transport services to the public and private sector. The service carried out journeys transporting patients from hospital to home or other care providers. The service also carried out high dependency journeys. This involved working with medical teams who provided any necessary treatment to patients. The journeys involved repatriating patients by transporting them from an airport to a hospital.

The service did not provide transport to children, bariatric patients or mental health patients.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely.

The service employed seven members of staff. All staff members were self-employed. There were five members of staff and two registered managers at the service. The fleet consisted of one vehicle and between 1 April 2021 and 31 March 2022 the service provided 25 patient journeys. The service provides transport to adult patients only.

The service was registered in February 2021. It had not previously been inspected.

How we carried out this inspection

We carried out a short notice announced comprehensive inspection of the service on 5 April 2022. We spoke with three members of staff, reviewed patient transport booking records, personnel files for 5 members of staff and policies and procedures for the service.

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

Our Inspection Team

The team that inspected the service comprised a CQC lead inspector and another CQC inspector. The inspection team was overseen by Zoe Robinson, Head of Hospital Inspection.

Outstanding practice

We found the following outstanding practice:

- If the service was unable to accept a booking request for patient transport, managers would contact other local patient transport services to ensure the transfer request could be completed and the patient received the service they required.

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that an effective governance framework is in place. (Regulation 17(2)).

Action the service SHOULD take to improve:

- The service should provide regular appraisal and supervision to demonstrate staff support and development (Regulation 18(2)).
- The service should ensure policy review dates are recorded centrally and reviewed regularly to ensure all policies remain accurate and up to date (Regulation 17(2)).
- The service should ensure policies are specific to the service (Regulation 17(2)).
- The service should ensure there is a process in place for monitoring the outcome of audits and the completion of audit actions (Regulation 17(2)).
- The service should ensure performance data is recorded on a central database to allow overall monitoring and identification of improvements to the service (Regulation 17(2)).
- The service should hold formal team meetings to ensure information is shared with staff (Regulation 17(2)).
- The service should ensure that meetings between the managers are documented and have an agenda, ensuring that actions are addressed (Regulation 17(2)).
- The service should document regular review of risks to the service (Regulation 17(2)).
- The service should consider expanding methods of gaining patient feedback.



Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good

Patient transport services

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

Are Patient transport services safe?

Good 

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. Mandatory training was completed online and included movement and handling, infection prevention and control, information governance and preventing radicalisation. Staff completion of mandatory training was 100%.

The mandatory training was comprehensive and met the needs of patients and staff.

Staff completed training on recognising and responding to patients with mental health needs, conflict resolution and removing restraints in health and social care.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff also received an email alert when their mandatory training was due.

Safeguarding

Staff understood how to protect patients from abuse and the service had procedures in place to work with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff received mandatory training at level 3 for adults and children. The completion rate for safeguarding training was 100% for both adults and children.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, if an appropriate package of care was not in place following a patient's discharge from hospital.

Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to work with other agencies to protect them. The service had up to date policies in place for safeguarding adults and children and young people. The policies were comprehensive and provided staff with relevant information including the safeguarding procedure.

The service had a safeguarding lead who was trained to level three in safeguarding adults and safeguarding children. The safeguarding lead was able to provide advice and support to staff if required. The service did not have access to level 4 trained staff.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding referral forms for the local authority were on board the vehicle and could also be completed online.

The service had a recruitment policy and Disclosure and Barring Service (DBS) policy. Staff had DBS checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. If a member of staff declared any convictions, a risk assessment must be completed by a manager. We saw a risk assessment had been completed for a member of staff who declared a conviction and appropriate measures were put in place.

Cleanliness, infection control and hygiene

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

The vehicle and equipment were visibly clean. Clean linen, hand sanitiser and decontamination wipes were on board the vehicle.

Personal protective equipment such as gloves and face masks were available in the vehicle. Spill kits for the cleaning of bodily fluids were also available in the vehicle.

The service's base location provided staff with access to vehicle and equipment cleaning facilities, including mops, buckets and running water.

Cleaning records were up-to-date and demonstrated that vehicles were cleaned regularly. The service's cleaning log showed regular cleaning of the vehicle. The vehicle was cleaned after every patient transfer and we saw evidence that the vehicle was cleaned each day that a patient transfer had been completed.

Deep cleans of the vehicle were carried out on approximately a weekly basis while the vehicle was used, however they were sometimes carried out more frequently than this. Deep cleans were carried out by the managers of the service. The vehicle was valeted on a fortnightly basis when it was in use.

We saw evidence of regular spot checks in the vehicle. There were two occasions where a tested area did not pass the test for cleanliness. These areas were cleaned, re-tested and swabbed again, giving a clean result and passing the test. Any inconclusive results were re-tested as appropriate.

The service had an infection prevention and control policy in place, dated December 2020. The policy referred to national guidance and vehicle cleaning was carried out in line with the policy. The service's cleaning checklist identified the item, the standard it should be maintained at, how to clean it and how frequently.

Patient transport services

The service had a Covid-19 procedure. This guidance document was not dated at the time of our inspection, however it was dated and included dates for review when we made a request for the document following our inspection. The document provided up to date guidance for staff to ensure the safety of patients and staff.

Environment and equipment

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

The service had one ambulance vehicle which was parked at the registered address for the service. We carried out visual checks of the vehicle and found it to be clean and in a good state of repair. The vehicle had an up to date Ministry of Transport (MOT) certificate and service record. The vehicle was fit for purpose and in a good state of repair.

Staff were required to carry out daily safety checks of the vehicle. There was a daily vehicle inspection list which also included equipment checks. Staff consistently completed these checks. The equipment checklist identified any equipment used during a journey and staff could record any equipment or vehicle faults. There was a process in place for reporting and escalating any equipment faults. We did not see evidence of any faults being reported.

The service used an external company to check all electrical equipment and ambulance equipment. The vehicle contained equipment such as a defibrillator, blood pressure monitor, stretcher and carry chair. Equipment that we checked during the inspection was clean and within date for testing. However, the vehicle had two fire extinguishers; one of these was outside the test date set for 2019. The other fire extinguisher had no test date visible. On the day of inspection, the registered managers informed us that two more fire extinguishers had been ordered.

Staff disposed of clinical waste safely. The service had a service level agreement with an external company to dispose of clinical waste. There was a clinical waste bin at the service's registered address, which was locked appropriately. There was a sharps bin available on the vehicle.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. There was a process in place for the management of a deteriorating patient.

Staff were unclear whether the service had a formal eligibility criterion at the time of our inspection, but staff informed us they would not accept transfer requests for children, bariatric patients or mental health patients. Following our inspection, we were provided with a patient eligibility criterion dated 15 February 2021 confirming the exclusion criteria. The document included a process for staff to follow in the event of a patient meeting the exclusion criteria. The service accepted journeys on an ad-hoc basis from a local hospital for patients who required transfer to an adult social care provider or home address. Journeys were also accepted from air ambulance providers to support with the repatriation of patients who required transfer from an airport to hospital.

The service carried out risk assessments ahead of patient journeys. The service recorded all the patient details on the patient booking form. Patient records we reviewed showed that the service recorded any specific issues likely to affect the patient during the transfer. Risk assessments were carried out at the point of booking and the information was recorded on the patient booking form. The form recorded information such as time of pick up, pick up and drop off location and who accepted the booking. There was other information captured at the point of booking which included Covid-19 status, relevant conditions, any medication, patient's equipment needs during transfer and whether they were accompanied. However, there were no prompts for this information on the booking form. The managers informed us that due to their experience, they knew what questions to ask.

Patient transport services

Staff informed us that risk assessments were carried out when they received handovers before transporting patients. Staff completed patient record forms (PRF's) in detail and included any additional information that was relevant to the journey.

The service had an up to date policy in place relating to the management of a deteriorating patient. Staff informed us that they would call 999 for support and follow their advice. They told us they would contact control when they were able to. This was in line with the service's policy.

Staff told us the process for identifying a deteriorating patient was supported by ensuring they received a thorough handover prior to transporting a patient to ensure they understood the patient's normal presentation. Staff received training in first aid awareness and basic life support.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix. Managers provided an induction for new staff.

The service had enough staff to keep patients safe in line with transport agreements. The service had seven ambulance crew, including the two managers. All staff worked on a self-employed basis for the service due to the nature of the work. The service had low staff turnover rates.

The managers could adjust staffing levels daily according to the needs of patients. There were no fixed rotas or shift patterns for staff. When a booking was made staff would be contacted to see who was available to carry out the individual journey.

The service had an induction process for new staff. Staff were required to read all policies and procedures for the service and sign a document confirming they had read them. The first transfers staff completed for the service were supported by one of the managers. Staff were also required to complete the mandatory training package used by the service.

The service had a recruitment policy that included requirements for references, background checks and proof of identification. We reviewed the recruitment records for five members of staff and found all the required documentation was in place. For example, we saw evidence of two reference checks for each member of staff, Disclosure and Barring Service (DBS) documentation and relevant vaccination documentation.

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.

Staff received job information from the managers to their work phones via an application. The information was concise and was reviewed by staff before conveying patients. Staff received information with patient details and specific needs of those patients, for example, any mobility issues. Updated information or changes to the job could quickly be communicated to staff members via the application.

Staff completed patient record forms in detail. We reviewed five patient record forms which were completed by hand before the start of a journey. The forms included detailed information about the transfers such as what happened

Patient transport services

during transfers, time of drop off and time spent with the patient. Managers told us they audited 10% of forms to ensure compliance with completion of these forms. The audits we reviewed demonstrated good overall compliance, however there was one record with some patient information that was not completed. We did not see evidence of how this data was captured, monitored and shared with staff to improve overall compliance.

The service identified people with do not attempt cardiopulmonary resuscitation (DNACPR) forms in place either at the point of booking or when staff received handovers prior to transporting patients. This information was recorded on the patient record forms. If a patient had a DNACPR form, the form remained with the patient for the duration of the journey.

Records were stored securely. Patient record forms were completed by hand and kept in a folder in the cab of the vehicle. On return to the service's registered address, the forms were scanned and stored electronically and the hard copies were shredded. The computer was password protected and only the managers had access to the electronically stored files. This meant risks relating to confidentiality were minimised.

Medicines

The service did not store or administer medicines, however it used medical gases.

The service did not store, prescribe or administer any medicines. When patients were transported with their own medicines, these remained the responsibility of the individual and remained in their possession. For transfers where staff members from other organisations accompanied patients, medicines were held by those staff members.

The service carried medical gases such as oxygen to support patients that were prescribed medical gases. There was a policy in place to provide guidance for the safe storage of medical gases. In the vehicle we found that the oxygen cylinders were full and stored securely.

Staff training records demonstrated all staff had completed training on how to administer medical gases as part of the medicines management and administration module of the service's mandatory training.

Incidents

The service had processes in place to manage patient safety incidents. Staff could evidence that they recognised incidents and near misses and there were processes in place for them to be reported. There were processes in place for managers to investigate incidents and share lessons learned.

The service had an incident reporting policy in place to guide staff in the process of reporting incidents. The policy included the process for reporting incidents, however it also made reference to trust policies and trust wide learning. Therefore, we could not be assured that the policy was specific to the service. Following our inspection, managers assured us the policy had been amended.

The service reported no incidents from 1 April 2021 and 31 March 2022.

Staff were aware of the incident reporting process and were able to provide examples of incidents that would be reported if they occurred. Incident reporting forms were available on the vehicle and staff knew where to find them.

Although the service reported that there had been no incidents during the reporting period, there were processes in place for monitoring incidents. The service had an audit programme which included incidents and accidents.

Patient transport services

Are Patient transport services effective?

Good 

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

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidance information which referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). However, some of the policies and procedures that we reviewed on site did not include dates of issue or dates for review. When we requested these policies following our inspection, this information had been added to the documents.

Staff knew how to access guidance. All the service's policies were shared with staff at the beginning of their employment and updates were shared as required. Staff had access to the JRCALC application on their work phones so they could access the most up to date guidance. The service used an application which meant that policies could be accessed by staff working remotely.

Nutrition and hydration

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

Due to the nature of the service, provided, food was not routinely offered to patients. However, in the event of long journeys, staff would allow sufficient comfort breaks to ensure patients could have their nutritional and hydration needs met.

Response times

The service monitored response times so that they could facilitate good outcomes for patients.

The service did not have agreed response times as it had no contract agreements in place. The managers arranged patient pick up times in advance. The managers informed us that journeys were arranged to ensure that the vehicle arrived 15 minutes early.

Staff recorded key times during a journey, including the time of pick up and drop off. This allowed the managers to monitor performance and keep track of any delays, however response times were not recorded centrally for overall monitoring. The managers informed us that at the point of booking, they would not accept a journey if they could not meet the requested time.

Competent staff

The service did not conduct appraisals of staff's work performance or hold supervision meetings with them to provide support and development.

Patient transport services

Managers did not support staff to develop through yearly, constructive appraisals of their work. At the time of our inspection staff did not receive annual appraisals or formal one to ones with a manager. Managers identified mandatory training needs their staff had and gave them the time and opportunity to complete this. Staff were alerted when their mandatory training was due to expire, and managers monitored compliance with mandatory training. However, there was no formal process to identify any additional training needs staff had.

The service did not hold team meetings. The managers informed us this was due to the small size of the service. Any relevant information was shared with staff informally while working together.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw the relevant certification documents in all employee records we looked at. Mandatory training was in date for all members of staff.

Managers gave all new staff an induction before they started work. Staff we spoke with confirmed they completed an induction and informed us that they were supported by one of the managers on their initial journeys.

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 described effective handovers with hospital or other medical staff when they took patients to other providers for continuing care.

Staff told us they collected patients from a local hospital regularly and had developed positive working relationships with this service.

The service had developed a positive working relationship with other patient transport services in the local area who they referred booking requests to if they were unable to complete the booking themselves.

The service provided high dependency transfers between airports and hospitals. Staff liaised with local hospitals to ensure these patients had a bed available and a named consultant prior to transfer.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The Mental Capacity Act was included in the mandatory training staff completed. Staff we spoke with demonstrated a good understanding of the act.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff we spoke with understood how to support patients to make informed decisions. Staff obtained consent verbally or inferred for all transfers.

Patient transport services

Staff could describe and knew how to access the policy on capacity to consent. The policy included detailed information about the Mental Capacity Act. The policy provided specific guidance for staff to follow and made reference to national guidance.

Are Patient transport services caring?

Insufficient evidence to rate 

We did not rate this service because we did not observe any patient interactions during the inspection.

Compassionate care

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

Staff described how they were discreet and responsive when caring for patients. Staff said they took time to interact with patients and those close to them in a respectful and considerate way. Staff told us they treated all patients with respect. Staff told us they transported patients without judgement and were aware of their own individual experiences to ensure they compassionately engaged with patients in their care.

Patients said staff treated them well and with kindness. The managers told us the service received compliments and verbal feedback from patients which were consistently positive. We did not see any documented feedback from patients.

Staff followed policy to keep patient care and treatment confidential. Patient record forms were stored securely electronically.

Emotional support

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

Staff told us they gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff told us they spoke with patients, families and carers in a way they could understand, using writing as a communication aid where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us they encouraged feedback in any means convenient for the individual.

Patient transport services

Are Patient transport services responsive?

Good 

This was the first time we 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.

Managers planned and organised services so they met the changing needs of the local population. The service provided non-emergency transfers between a range of locations, including hospitals and care homes. Journeys could be booked in advance, although they were usually booked on an ad-hoc basis.

The service worked with other health providers to provide a repatriation service which transferred patients from airports to hospitals. These could be high dependency transfers and involved working with medical teams who travelled with the patients. The service supported the planning of these transfers by liaising with the hospitals to ensure the patient had a bed available and a named consultant.

Meeting people's individual needs

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

Staff established each patient's needs in advance. This included if they would be carrying oxygen, if they needed specific support or equipment during a journey. At the time of our inspection the service did not transfer bariatric patients, children or mental health patients. Staff told us that this exclusion criteria was shared at the point of booking.

The vehicle was wheelchair accessible and the service provided a wheelchair and stretchers.

The service transferred one patient at a time, which meant the service could be personalised to meet the patient's needs.

Staff told us they would write on paper to aid communication with someone who is hard of hearing. Staff would access telephone interpreting services if required to support patients. Staff told us, where appropriate, they would encourage a family member to travel with the patient to aid communication or for other support needs if this was the patient's preference.

Access and flow

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

Managers reviewed waiting times and made sure patients could access services when needed. Bookings were made on an ad-hoc basis and managers accepted bookings that they knew the service could fulfil.

Managers reviewed journey times. They did not audit them, however, due to the size of the service and the small number of patient journeys that were carried out, we were assured that managers would be able to identify any delays and take action to improve the service.

Patient transport services

Staff were unclear whether the service had a formal eligibility criterion at the time of our inspection, however staff informed us they would not accept transfer requests for children, bariatric patients or mental health patients. Following our inspection, we were provided with a patient eligibility criterion dated 15 February 2021 confirming the exclusion criteria.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The service clearly displayed information for patients in the vehicle about how to raise a concern. The service's website also provided information on how to contact the service to raise a concern, including via email, telephone and letter.

The service had an up to date complaints policy in place, which outlined the processes of acknowledging complaints, investigating them and the timeline for a response. However, the policy also contained some information that appeared to relate to a larger care provider. For example, the policy made reference to patient advice and liaison service (PALS), patient safety team and patient experience department. Following our inspection, managers assured us the policy had been amended.

Managers informed us the service had not received any complaints, therefore we were unable to assess whether complaints were investigated thoroughly or whether lessons learned were shared with staff.

Are Patient transport services well-led?

Requires Improvement 

This was the first time we 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.

The service was led by two registered managers who were qualified paramedics and had significant and relevant experience of working in ambulance services. The service employed five other members of staff who worked on a self-employed basis.

Staff we spoke with were clear about the roles and responsibilities of the leaders of the service, and told us that they were visible, approachable and supportive. Both managers carried out journeys for the service which meant that staff had regular contact with them.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services.

The service had a mission and vision document dated 2020-2026 which included future ambitions to expand the service whilst offering a high quality, accessible service. The values of the service were providing safety, care and comfort in the patient transport service. Staff knew what the organisation's values were.

The service's mission and vision were realistic and included a strategy outlining how it would be achieved.

Patient transport services

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work.

Staff spoke positively about working for the service. They reported good relationships with colleagues including the managers of the service. Staff told us they felt supported by the managers and told us they felt able to raise any concerns with them.

Managers described positive working relationships and regular communication with staff.

Governance

Managers did not always operate effective governance processes.

Managers told us that they met regularly to discuss the service, however these meetings were not documented. There was no evidence of what was discussed or reviewed in these meetings to help keep patients safe and improve the service. There were no team meetings with all members of staff, therefore we were not assured that information about the service was effectively shared with staff.

There service had an audit plan in place and we saw evidence of some audits being completed. Audits were completed for health and safety, infection control, accounts, safeguarding and data protection. However, the audit document required development. For example, there was a section for comments, but no separate section for any actions that needed to be taken, when they should be completed, or who they were to be completed by. There was no overall process in place for monitoring the outcome of audits and whether actions had been completed.

Some of the policies and procedures we reviewed during our inspection did not include dates of issue or dates for review. For example, the COVID-19 guidance and incident reporting policy were not dated. When we requested these documents following our inspection, dates of issue and review had been added to the documents. Some policies included information that was not specific to the service. For example, the complaints policy made reference to patient advice and liaison service (PALS), patient safety team and patient experience department.

Staff recruitment systems and processes ensured that staff were suitable to employ. All staff files had appropriately completed paperwork. For example, we saw photo identification, fitness to work documents and two references.

Management of risk, issues and performance

The service did not have robust systems and processes in place for the identification and review of organisational risk.

Managers had an up to date risk register where they recorded business risks. There was an office risk register and an ambulance risk register. All risks had a review date and identified who was responsible for the action to mitigate the risk. Managers informed us that the risk registers were reviewed annually or as required if any new risks arose. We were not assured that new risks were always identified and escalated because oversight meetings between the managers were not documented. This meant that there was limited evidence of review of risks to the service.

Managers monitored service performance through the information recorded by staff on the patient report forms. However, performance data such as response times was not recorded centrally for overall monitoring of the service.

Patient transport services

The service had a business continuity plan. This provided instruction for staff to manage and communicate unexpected events. For example, in the event of a flood or a fire which could impact on the business being able to provide its usual service.

The provider held public liability insurance and medical malpractice insurance.

Information Management

Managers did not always analyse the data the service collected.

Managers had an understanding of operational performance from the information they collected, which allowed them to make decisions about the service. However, metrics such as response times were not centrally recorded for overall monitoring. We assessed that given the small size of the service and the small number of completed patient journeys, managers had a good understanding of performance from the information that was recorded.

Staff used their work mobile phones to obtain live, accessible job and patient information. The service used an application which was available to all staff working remotely on their work phones. Managers could share updates via the application which were immediately available to staff.

Staff understood information governance and the importance of securely storing patient information. Patient report forms were completed as paper records, copied to an electronic version and stored securely on the electronic system. Patient information was only accessible to the managers once it was stored electronically.

Engagement

Leaders did not formally engage with staff.

We were not assured that staff engagement took place on a regular basis. The service did not hold formal meetings with staff. Information was shared with staff via the application used by the service. Staff informed us that they had frequent ad-hoc communication with managers.

The vehicle contained information for patients about how to share feedback with the service. Staff informed us that they actively encouraged patients to provide feedback about their care. However, when we reviewed feedback about the service, we did not see any feedback from patients.

Managers and staff engaged local organisations, such as local hospital staff and air ambulance providers which helped improve the quality of services. Managers sought feedback from organisations they worked with. We reviewed three pieces of written feedback, all of which would recommend the service and reported good satisfaction with performance.

Staff collaborated regularly with local providers to ensure they worked together to safely care for patients. Staff engaged with local health providers to share appropriate information to help provide suitable care for patients and improve the service.

Innovation, improvement and sustainability

The service explored different ways of working.

The service used an IT system that the managers could access from any location. Managers had future ambitions of ensuring the service was entirely paperless. This was dependent on ensuring the operational effectiveness of the system and a contingency plan if the system failed.

Patient transport services

Staff told us they were committed to the service and would like to see it expand in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Policies were not always accurate and up to date.• There was no process in place for monitoring the outcome of audits and the completion of audit actions.• Performance data was not centrally recorded to provide a system for overall monitoring of performance.• The service did not hold formal team meetings.• Meetings between managers were not documented.• Regular and ongoing review of risks to the service was not documented.