

Definitive PSA Ltd

Secure 24

Quality Report

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Date of inspection visit: 13 August 2019
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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this ambulance location

Good



Patient transport services (PTS)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Secure 24 is an independent ambulance service operated by Definitive PSA Ltd. The service provides a patient transport service specialising in the transfer of mental health patients or behaviours that challenge, including those detained under the Mental Health Act 1983.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 13 August 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 services.

We rated it as **Good** overall.

- Vehicles we reviewed were visibly clean, serviced and well maintained.
- The service had clear processes and systems to help keep vehicles and equipment ready for use. This included yearly MOTs, regular servicing and maintenance.
- All staff had undertaken in-house induction and mandatory training in key areas to provide them with the knowledge and skills they needed to do their jobs safely.
- Staff worked effectively with other providers to provide the transport service.
- Vehicles used by the service were bespoke and were designed with the patient and staff comfort and safety in mind.
- Patient experience forms circulated by the provider demonstrated consistently positive feedback.
- The service was provided 24 hours a day, 365 days a year.
- The service had a risk register that assessed, reviewed, and mitigated risks.
- The leadership supported their staff and looked for innovation and improvements
- Staff felt that they worked within in a supportive culture with a strong leadership team.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Good



Why have we given this rating?

Patient transport services was the only service provided by Secure 24 . We rated this service as good because it was safe, effective, caring, responsive and well-led.

Good 

Secure 24

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Secure 24

Secure 24 is operated by Definitive PSA Ltd and registered with the CQC in 2013. The service is available 24 hours per day, every day of the year.

Although registered as a patient transport service; patients transferred by the service were physically able and this meant that vehicles used by the service were not equipped in the same way that conventional ambulances would be.

The service is an independent ambulance specialising in the secure transfer of mental health patients and those sectioned under the Mental Health Act 1983. The service

transported both adults and children across the United Kingdom and the types of transfers included from secure mental health units, to prison or courts, transfers from mental health inpatient units and extraction and transportation to and from patients' homes.

The service has had a registered manager in post since December 2013 and this individual was the Managing Director of the service.

We last inspected this service on 10 October 2017 and this was the first compliance inspection of the service that has been rated.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a mental health inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Facts and data about Secure 24

The service is registered to provide the following regulated activity:

-Transport services, triage and medical advice provided remotely.

During the inspection, we visited the provider's headquarters, which is where the service was provided from. There were no other registered locations.

We spoke with eight members of staff including; a director, business development manager, the human resources manager, two team leaders, two secure technicians and one accounts clerk. We did not speak with any patients or relatives during the inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

Detailed findings

months before this inspection. This was the service's second inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

In the reporting period July 2018 to June 2019 there were 1334 patient transport journeys undertaken.

A managing director, business development manager, an operations manager, one human resources and safeguarding lead, two accounts personnel, two team leaders and 15 secure technicians worked at the service.

The service had three ambulances and one car. At least three secure technicians would be used per patient transfer for patients transported in the secure ambulances, and two technicians would be used for transfer in the car.

Track record on safety

- No patients had absconded from the service's care since it started trading in 2013.
- The service reported no never events during the reporting period (July 2018 to June 2019).
- One serious incident had been reported during the reporting period (July 2018 to June 2019).
- Four complaints were received by the provider during the reporting period (July 2018 to June 2019).

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

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

Information about the service

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Patient transport services (PTS)

Summary of findings

We found the following areas of good practice:

- Vehicles we reviewed were visibly clean, serviceable and well maintained.
- The service had clear processes and systems to help keep vehicles and equipment ready for use. This included yearly MOTs, regular servicing and maintenance.
- All staff had undertaken in-house induction and mandatory training in key areas to provide them with the knowledge and skills they needed to do their jobs safely.
- Staff worked effectively with other providers to provide the transport service.
- Vehicles used by the service were bespoke and were designed with the patient and staff comfort and safety in mind.
- Patient experience forms circulated by the provider demonstrated consistently positive feedback.
- The service was provided 24 hours a day, 365 days a year.
- The service had a risk register that assessed, reviewed, and mitigated risks.
- The leadership supported their staff and looked for innovation and improvements
- Staff felt that they worked within in a supportive culture with a strong leadership team.

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

- Not all policies were dated, nor did they have a review date.
- Infection prevention and control measures needed to be updated to ensure that cleaning agents were correctly labelled, blankets were clean and cloths used to clean vehicles did not allow for cross contamination.

Are patient transport services safe?

Good



We rated safe as **good**.

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, the wider service and partner organisations. 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.

- There was an effective system in place for reporting incidents which staff understood. Learning was shared via occasional team meetings and via electronic updates. Any learning taken from incidents was not formalised in the current operations meeting's agenda, but this was planned as a future action.
- Staff were aware of their roles and responsibilities regarding the reporting of incidents and there was a dated policy for incident reporting that detailed how to manage and escalate an incident. This policy also defined what constituted an incident or a near miss. There was a single process for reporting of incidents and a flowchart to follow. Staff were required to report incidents directly on to an incident reporting form which were available on all vehicles.
- We reviewed an incident from April 2019 resulting from a service user sustaining an injury. Whilst the incident investigation was thorough and no fault attributed to the service, the incident report submitted at that time had some minor gaps. The body map was not completed in the documentation nor was the handover of the patient's physical health concerns documented. As a result of the incident, however, changes had been made to processes to improve documentation. This included a tick box to ensure all serious incidents were notified to the CQC. The provider felt that there had been learning from this incident and learning on how to report incidents.

Mandatory training

Patient transport services (PTS)

- The service provided mandatory training in key skills to all staff and generally made sure everyone completed it.
- The service had processes to monitor staff compliance with mandatory training. There was a structured induction programme for all new staff. The spreadsheet to monitor staff training showed that, in the main, staff were up to date with training for prevention and management of violence and aggression (PMVA), safeguarding, equality and diversity, first aid, manual handling, general data protection regulation (GDPR), infection control and basic first aid. There were omissions for six staff who had not had manual handling training or infection control training but the service was a 100 % compliant in all other training.
- The manager told us and we saw a training pack showing that infection control, manual handling and GDPR training was due to be updated by the end of August 2019 and training for all staff was scheduled.
- All staff had the extensive induction which included a two-day prevention and management of violence and aggression (PMVA) training course. Day one covered health and safety, safeguarding, physical restraints, and escorting and moving into holds. Mechanical restraints were day two of the workshop, along with compliant and non-compliant handling, limb restraint application, and introduction to spit guards. The training also covered handling of detention papers after some training on the Mental Health Act 1983.
- All staff received first aid training.
- We reviewed 16 personnel folders and saw that these contained all relevant certificates and references providing evidence of training.
- There was a safeguarding policy for adults and children at risk in place which was in date and version controlled. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency.
- All staff received safeguarding children training at level 3 and safeguarding adults at level 3 and staff training records confirmed that 100 per cent of staff had completed safeguarding training. The registered manager was trained to level 3 in safeguarding. Training was provided by an external company and considered all areas of abuse including child exploitation and female genital mutilation.
- We spoke to staff who were aware of how to report safeguarding referrals to relevant authorities or their supervisor. We saw the service liaised with the local authority safeguarding team, when safeguarding incidents were raised. They also gave them access to CCTV recordings from vehicles following a serious incident.
- Disclosure and Barring Service (DBS) certificates and checks were completed on line and the originals were kept on personnel files. We reviewed 16 personnel files and saw that every staff member had in-date disclosure and barring service (DBS) status. The provider also used the disclosure and barring update system as a management tool to check compliance.

Cleanliness, infection control and hygiene

- The service controlled infection risk quite well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff did not carry out any clinical interventions on board the vehicles, apart from emergency first aid.
- We inspected three vehicles and found all were visibly clean and fit for purpose. All equipment inside was clean and storage was well organised. Ambulance interior surfaces and equipment were clean, and records of daily checks had been completed. There were arrangements for managing general and clinical waste. In the vehicles there was a selection of waste bags, including those for clinical waste and spillage kits.

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.

- There were effective systems and processes reflecting relevant safeguarding legislation to safeguard adults and children from abuse. Staff we spoke with understood their roles and responsibilities for safeguarding vulnerable people.

Patient transport services (PTS)

- Staff were expected to leave the vehicle clean and tidy at the end of each transfer. Vehicles were cleaned when they were returned to base following their completed transfer. If staff were going from one transfer straight onto another, the inside of the vehicle was cleaned as soon as the patient had been handed over, and we saw cleaning equipment on board to enable staff to do this. Pre-transfer checks and daily ambulance checks required staff to check upon the cleanliness of each vehicle at least daily. We saw the daily cleaning logs that confirmed this.
- Equipment carried on board ambulances included clinical wipes and clinical waste bags to aid staff to maintain a hygienic environment when necessary.
- Staff used hand gel provided before and after contact with patients in all settings. We saw within the staff handbook provided to all staff during induction, that the service provided basic training to staff in infection prevention and control. There were guidelines available to staff about working with infectious or communicable diseases.
- Personal protective equipment was readily available. Staff could describe the process of how they decontaminated their hands before and following patient contact.
- Staff were responsible for ensuring that they complied with the service's dress code and that uniforms were laundered appropriately.
- There had been no reported healthcare acquired infections reported during the preceding twelve months.
- Deep cleans were conducted on an ad hoc basis (usually Sundays) by staff at base with some evidence of these being recorded. A structure was due to be implemented to ensure deep cleaning was routine.
- There was an infection prevention, control and decontamination policy dated 2018 which had a review date for July 2020. The whole infection control process was to be revamped with in-house training planned for August 2019.

However,

- We found cleaning liquid in one vehicle that was unlabelled. The fluid had been decanted from larger

containers into a smaller bottle and no label was added to alert staff what this cleaning liquid was designated for. This was removed when we advised the managers of this.

- In one vehicle, the blankets kept in the locker were dirty. Blankets were stored inside the large industrial unit high up on open shelving. The blankets were uncovered and therefore prone to dust and debris gathering on them. The provider took measures to remedy this after the inspection.
- There were reusable cloths in vehicles. These cloths were intended to wipe significant spillages and were placed in a container in the provider's premises to be hot washed after use. It was unclear how the provider was reassured that these cloths were for single use only. The vehicles did also contain disposable wipes. The provider also took measures to remedy this after inspection.

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 effective systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment meant that there was always safe, ready to use, equipment for the vehicles. The service operated a small fleet of three unmarked vehicles, which included 'celled' ambulances. These were specially designed ambulances that had a secure section in the rear. They also had one car.
- In each ambulance, a partition separated the driver from the other passengers. This protected the driver from being distracted and meant the vehicle could be driven safely regardless of any incident taking place in the passenger compartment.
- The ambulances were kept outside of the provider unit. The service's base was in a warehouse within an industrial estate in Felbridge. The building had swipe card access, security alarms and a high rising motorised door to allow vehicles to be cleaned within the building.
- Before taking an ambulance out on a transfer, each driver also carried out a roadworthiness and cleanliness check. The provider was in the process of sourcing a mobile mechanic to deal with minor repairs to their

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vehicles and had a regular maintenance and servicing contract with two garages. They had a fleet management software system that recorded when vehicles were due for servicing and monitored vehicle upkeep.

- Equipment on board the ambulances included vomit bowls, a basic first aid kit, hospital standard pillow and blankets, water, cut down knife (to cut ligatures), fire extinguisher, hammer for emergency exit, handcuffs (soft and hard), a defibrillator, personal protective equipment, spillage kits, torches a breakdown kit, search wands, a phone and a winter kit. Staff securely stored items such as handcuffs and the cut down knife in the front cab of the ambulance. We saw daily checklists were completed confirming the correct amount of equipment was on board each vehicle.
- We inspected three vehicles and found all were fit for purpose. Essential emergency equipment was available on the vehicles and a standard vehicle checklist was completed by staff at the start of each shift.
- Electrical equipment was checked for safety annually and equipment had maintenance checks. The service had a comprehensive record of equipment servicing and electrical safety testing. All equipment was secured within the vehicles.
- All the secure vehicles had seven CCTV feeds covering all angles for patient and staff safety. There was a front facing camera, a camera to watch the driver, two cameras in the secure area, two cameras in the holding cage and one camera mounted to the rear of the vehicle. As well as a visual feed, these also recorded audio, which meant they could be used if there were any concerns or feedback raised about a particular journey. Similarly, staff wore body cameras (never on private wards) to record transfers. These recordings were kept for 35 days in line with the service policy for retaining records. There was also an intercom between the back and the front of the vehicle.
- All staff, including bank staff, were provided with a uniform and their own personal kit bag. The kit bag contained, amongst other items, handcuffs, limb restraints, spit guards and pocket note pads. Other equipment such as stab vests and high visibility jackets were available for staff to take out on individual journeys depending on need.

- Vehicles were equipped with emergency blue lights for use by trained staff should they need to drive as quickly as possible to a location where assistance or treatment was provided.

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.

- Appropriate procedures were in place to assess and respond to patient risk, including appropriate response to vehicle breakdown.
- The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patients' policy which clearly outlined the roles and responsibilities of staff should a service user become unwell or their behaviour become unmanageable. This included communication between the service and the planned destination, information to be given to patients and documentation. The policy highlighted links to the consent policy, reminding staff to ensure consent in place, prior to transfer.
- Before booking a transfer, managers clarified the status of a patient's mental health with the booking establishment, including whether the patient was detained under the Mental Health Act, or subject to a Deprivation of Liberty Safeguards authorisation, to plan the staff and vehicles used appropriately.
- The service would gather as much information about the patients from the requesting service, then risk assess each patient individually. Protocols operated for patient transfer request, bookings for which were taken by the control room staff. The manager and staff told us any form of restraint they used was the minimum amount necessary for the shortest possible time, and as a last resort. This complied with the Department of Health guidance entitled Positive and Safe (2013) and National Institute of Clinical Excellence (NICE) Guideline 25.
- The service only transported patients who were physically able to walk unaided and mobile.
- Staff could demonstrate appropriate use of restraints (handcuffs and limb restraints). All permanent staff carried their own handcuffs as provided and logged by

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the service. The policy for 'handcuff use in secure and forensic services' explained when and how to use restraints and staff were only able to use them if they had passed the PMVA training.

- Staff did not carry out any clinical interventions on board the ambulances other than in emergency first aid which was a part of the induction process training.
- If patients needed to use bathroom facilities during the journey, staff risk assessed this to decide on the most appropriate place to stop such as a police station or secure unit. If there was an emergency, there was an aid that was utilised and adjusted to suit both male and female patients. When a patient requested a stop for the toilet, this was recorded in the patient observation notes and reasons if there was a delay or they were unable to stop.
- Personal possessions as well as medicines were stored in a secure folder that travelled with the driver. Paperwork was checked on handover and pockets of patients checked for any undeclared items they may be carrying such as lighters or other small items.

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 and gave bank and agency staff a full induction.

- There were 17 members of front-line staff. The team leaders reported to the operations manager and the managing director.
- The managing director, business development manager and clerical assistants worked office hours, Monday to Friday. Secure technicians and team leaders covered seven days a week, 365 days a year using a rostering tool to allocate shifts. The service always had a 'point of contact' available 24 hours per day.
- There was an early shift and a late shift which were both 12 hours long. Any bookings that were requested outside of these shift times would be accommodated and resourced accordingly.
- The rota was managed by an online system that each staff member accessed via a mobile phone application

or "app". The rota was static for permanent members of staff, but available extra hours were published on the app that bank staff could put themselves forward for. Staff told us that they liked the shift system.

- Team leaders could cover if there was sickness and annual leave, but there were also bank staff who received the same training and recruitment procedures as permanent staff.
- We checked five random employment records. All employment records looked at contained up to date information, including disclosure and barring checks (DBS) and stored copies of training certificates and driving licence details. All staff records were securely stored.

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.

- Two types of form made up the patient record within the service; a service request form and a task report. Completed copies of these were kept in locked filing cabinets within the site base.
- On their return to their base, staff put the completed paperwork in a secure box in the provider's unit.
- Service request forms were completed by team leaders on receipt of an email from the call centre, based in Manchester. This was split into four sections: authorisation, task information, service user (SU) information, and resource requirement. Once this had been completed, the information was transferred into a task report document which was to be used whilst on the journey. This included information such as time of pick up, whether a cell was used, whether any restraint was used and what type, and an observation chart to be used while travelling. Both the service request form and the task form included a risk assessment to indicate the level and type of risk involved on each journey.
- We reviewed three completed task and service request forms which included staff details, times, collection and transfer addresses, details of the patient's condition during the journey, details of whether any form of restraint was used and whether an incident form was completed for the job. All the forms were legible and included all the information required by the company.

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- The observation section was a full side of A4 and had space to record the times of the observation. This was the main documented interface between the staff and the patient. All forms had authorised and signed delegated authority to convey from originating hospital and signed confirmation of handover at receiving hospital.
- There was an audit tool (verification sheet) that had been recently started. This is where forms were audited and checked by team leaders to ensure all fields were completed fully and correctly. Where incomplete fields were found, team leaders would discuss the case with the relevant member of staff and update the details.

Medicines

Due to the nature of this service, staff did not carry or have access to on-board medicines. Guidance named 'conveying service users, property & medication and other passengers' in the technician's manual explained how to look after patient medicines whilst they were being transported between locations.

Are patient transport services effective?

Good



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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. A guide named 'working the front-line secure technician's manual' was available in draft format at the time of inspection that gave a comprehensive overview of policies and procedures.
 - There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice. The service's policies were based on evidence-based guidance, standards, best practice, and legislation.
- We saw that the service had policies that staff followed during their work. The provider sent us copies of policies which were all dated and included version control, owner of the policy and the date on which it was due for review. However, the policies available in vehicles were paper copies and were not dated or version controlled so the managers did not have complete assurance that staff were following the most up-to-date policy. We highlighted this to the managers who acted to change this.
 - The service used International Organisation for Standardization (ISO) standards, for benchmarking quality, safety and efficiency.
 - Staff told us any form of restraint they used was the minimum amount necessary for the shortest possible time, as a last resort. This complied with the Department of Health guidance entitled Positive and Safe (2013) and National Institute of Health and Care Excellence (NICE) guideline 25.
 - There was a blue light policy which told staff when it was appropriate to use blue lights. The service only used blue lights where there was a justified and a reasonable cause to do so. Staff endeavoured to inform the police that they may be on the road using blue lights.
 - All driving licences for staff were checked annually and only three points were permitted on a licence to work for the provider. Once licences were checked then the provider facilitated staff to attend an externally operated advanced driver training course.

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.

All vehicles were stocked with bottled water for patients and staff. If a journey was due to go over meal times, staff ensured that the referrer had provided appropriate food.

Response times / Patient outcomes

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

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- Between 1 July 2018 and 30 June 2019, the service carried out approximately 1334 patient transfers of 1472 requests made to the service.
- The company operated 24-hours a day, seven days a week. For patient transfer requests out of office hours, calls were transferred to on-call co-ordinators, and managers were available out of hours to assist them when required.
- The service monitored the number of patient transfers completed. The service recorded time of requested booking, time the crew left base, time of crew arrival at the pickup location, time the crew left the pickup point, time the crew arrived at the destination, time the crew left the destination, and the time the crew arrived back at base. The information was paper based and therefore monitoring performance was a manual process
- Use of restraint was documented within the patient record including the time of restraint and how the patient was restrained – for example via handcuffs or limb restraints. Task and restraint analysis was available in numerical format and as a pie chart. For example, between July 2018 and June 2019, handcuffs were used 72 times (five per cent), leg restraints 24 times (two per cent) and the cell was used 156 times (12%). The vast majority of journeys needed no form of restraint whatsoever.
- The service did not participate in national audits or accreditation processes. There were local audits, for example, vehicle cleanliness and the operations manager planned to embed the audit process further as he developed into his role.
- The service did not have any formal service level agreements in place at the time of the inspection.

Competent staff

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

- All staff had to complete a comprehensive induction package when starting work with the company and complete a six month probationary period. The

organisation believed it had high standards of recruitment and set firm expectations of staff during their induction period. This impacted on staff turnover as not everyone passed their probation.

- New staff were mentored and monitored during probation before sitting a knowledge test question paper to either pass or fail their probation. The knowledge check was a 60 minute question paper testing probationary staff on the mental health act, duty of candour, sectioning and detailed aspects of their job role.
- The induction package was detailed and contained both theoretical and practical learning.
- Appraisals were standardised for all staff in the organisation and completed by a manager and the human resources lead. We looked at two completed appraisals which had a performance review, staff comments and staff objectives.
- Two staff members were trained to drive under blue light emergency conditions. The training for this and a five day course in ambulance driving was delivered by an external company. Fifteen members of staff had been trained in advance driving.

Multi-disciplinary 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.

- The business development manager met with a local NHS director quarterly to discuss feedback involving the service. We were shown an email trail demonstrating that feedback was given from the service to the referring organisation and that this was shared with relevant teams at the referring organisation.
- Staff gave examples of where they had worked with local crisis teams, police and fire service and locksmiths to assist with patient care and transport.

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

Patient transport services (PTS)

to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Training records showed that all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as part of induction and mandatory training days. A Mental Capacity Act (2005) policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions.
- Staff showed awareness of consent protocols for younger adults.
- Staff told us about their understanding of lawful and unlawful restraint practices and had a good understanding of how to manage patients that were resistant to being transferred.
- The service had a consent policy, which detailed the expectations of staff to consider consent with all patients and to detail that consent was to be sought before any treatment. The policy also gave guidance on the consent process for children and highlighted the guidelines in the safeguarding policy relating to treating patients less than 18 years.
- The service had a do not attempt cardiopulmonary resuscitation policy (DNACPR). This policy gave clear guidance for staff on managing any potential bookings if such a directive was in place.

Are patient transport services caring?

Good



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.

- We did not observe any direct patient interactions, but we spoke to staff and reviewed feedback. Feedback from patients confirmed that staff treated them well and with kindness.
- We saw a sample of comments and feedback messages received by the service, which were complimentary about the care and respect shown by staff to patients. They referred to their kindness and professionalism of the staff. One comment said, 'Thank you for treating me as a person and not a number or animal'.
- We saw an email from a service user who wanted to thank staff after he had been conveyed to a mental health location. He said, 'thank you for keeping me safe and helping in your part of my recovery'.

Emotional support

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

- A service user who had been transferred from a mental health unit to an acute hospital emailed that she had been 'distracted with fear' but the crew attending her had listened to her and allowed her time to compose herself before leaving the hospital. The service user wanted to thank them 'with all my heart for being amazing that night'.

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.

- A psychiatrist wrote to the service to compliment a crew who had collected a patient because they were 'hugely friendly, calm, professional and were able to develop a really good rapport with the patient'. Their help made a 'difficult situation much easier'.

Are patient transport services responsive to people's needs?

Patient transport services (PTS)

Good



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

- The service offered a UK-wide service to accommodate the needs of those patients who required secure transportation. The biggest contract the provider had was with a large NHS partnership trust.
- The service provided specific vehicles for the transport of patients with mental health illnesses, people with challenging behaviours or those needing anonymity.
- The service offered a UK wide service to accommodate the needs of those patients who required transfers to mental health units, hospitals, from patient homes or secure establishments in any area. The service operated on an ad-hoc basis and did not have service level agreements in place with mental health trusts or with individual mental health units to provide patient transfer.
- Shifts were planned and generally two, 12-hour shifts ran every 24 hours, all staff (including the team leaders and managers) were trained as technicians. This provided additional resources if extra shifts were needed at short notice. The number of shifts might vary to between two or four shifts at times of high demand.

The business development manager showed us the amount of journeys per year and how the company had developed but without overstretching their remit or undercutting competitors. There were new business proposals pending from within their locality and elsewhere within the country.

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.

- When booking patients, staff checked whether they had a gender preference, and where possible, they would allocate staff based on this.
- Patients were able to take a small number of personal belongings with them when they travelled. These would be transferred securely with the driver.
- Staff were able to give several examples of how they met people's individual needs. For example, they asked the referrer what a young person with autism's favourite things were. The individual liked classical piano music so CDs were sourced to play on the journey.
- Vehicles were discreetly marked and had tinted windows. Vehicles were coloured black and staff told us that this was to ensure they were discreet and did not resemble a standard ambulance or police vehicle but they were considering a new livery change.
- Staff told us about how they worked with patients whose first language was not English. Some members of staff were able to speak other languages and therefore they used these staff for journeys. There were no examples given of when these language needs were not met, and there was no procedure in place for sourcing translation services.
- The service did not currently have facilities for wheelchair users. However, if they received these bookings through, for some patients, they were able to subcontract to a local firm who could transfer bariatric patients or wheelchair users. The Secure 24 ambulances did however have seatbelt extenders, to cater for patients up to a certain bariatric level.
- Communication cards with pictorial aids were newly available to help assess whether someone with communication difficulties had pain, needed the bathroom, was hungry or felt unwell for example.
- The vehicles had atmospheric lighting that was adjusted to each service users needs as requested.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

- The service was available 24 hours a day, seven days a week across the year. Bookings could be made on the day of transfer or in advance.

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- Bookings were taken at a call centre based in Manchester. The centre was subcontracted by the service. When the call centre took a booking, they would generate an email that would come to the staff at the service base, who would then process the booking further, risk assess the details and allocate appropriate resources.
- All vehicles were tracked by a navigation system that allowed staff at base to see where a vehicle and crew were, who was driving and what speed they were travelling at.

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, investigated them and shared lessons learned with all staff, including those in partner organisations.

- There was a complaints procedure that was within its review date. The procedure stated that if verbal complaints were not resolved with an apology and explanation, then the service should invite the complainant to send a letter to the managing director or to complain via the company's website. The service aimed to respond to the complaint within seven days of receipt unless there was a good reason for the delay. Staff were aware of the complaints' process and had read the complaints policy.
- If able to answer questions, patients were given a feedback card to complete on journeys. The website also had information about how to feedback to the service and service users were able to feedback using the 'contact us' page. When staff received a personal compliment from a service user, we saw that this was shared with the team via the closed social media page that staff had access to.
- There were four complaints received by the provider within the months September 2018 to August 2019. The complaints were reviewed thoroughly and escalated via the correct reporting channels as appropriate. Two complaints which were not upheld were about missing personal items. The organisation had, however, learned from this issue of alleged loss of possessions by taking extra measures to log all details of personal items transported on every task sheet.

Are patient transport services well-led?

Good



We rated it as **good**.

Leadership of service

Leaders had the integrity, 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 service was led by the director of the company who had significant experience of working in the security business. The registered manager was also the director of the company.
- We did not meet the operations manager who was new in post but he was a recent addition to the leadership team tasked with improving the day to day running of the business. There was also a business development manager in the leadership team and the team had an open-door approach making them accessible to all staff.
- Staff spoken with were clear on their role, who to report to and said leaders were very visible in the service. Staff told us they were happy with the level of support they received from management, the strong sense of teamwork and were complimentary about the managing director.
- There was a weekly operations meeting attended by the managing director, the business development manager, the operations manager and the human resources manager who was also the new safeguarding lead.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- The vision was underpinned by strong patient-centred values. The company's vision and core values were to provide complete secure transport support and to be a

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leader in quality, service and innovative solutions. The Secure 24 website stated that 'Our aim is to deliver the highest standards of care and performance to our clients both in the NHS and private sector, and fundamentally the people who use their services and who we work support in their path way to recovery'.

- The core values were outlined in the staff handbook provided to each new starter. Although we did not see staff working with patients during inspection, staff were professional, proud of their work and represented the organisation well.
- The registered manager had a vision for the service to develop the service to provide high, quality care for all the people who used the service. A long-term goal was to add a second location elsewhere in the country as the need for the service continued to grow. There was a business plan for 2019 detailing strengths and weaknesses that might impact on this vision.

Culture within the service

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 and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had an open and learning culture, focused on patient care. Staff worked with a mutual respect, candour and honesty.
- Staff shared learning through occasional team meetings and with updates displayed on a whiteboard in the base or via the electronic messaging system.
- The organisational culture promoted staff wellbeing. Staff thought that the free access to a local gym was beneficial for their health and welcomed this perk of the job.
- There was a clear whistleblowing policy to support staff in raising concerns.

Governance

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

- Due to the small size of the service, there was a limited but pertinent governance framework to support the delivery of the strategy and high-quality care. There was an organisational structure and chart with clear reporting lines.
- The service had weekly operational meetings, monthly development meetings and occasional team meetings when staff availability allowed. These meetings were in their inception but all minuted. We reviewed comprehensive minutes of three operations meetings and one development meeting.
- Regular formal governance meetings did not take place but governance matters were discussed in the operational meetings. The agenda for these meetings included incident, serious incident and safeguarding as standard items.
- Performance was monitored via records of business activity, the collection of patient and provider feedback and response time reporting. There was a client benchmarking survey dated March 2019 undertaken with 32 organisations invited to participate and 81 per cent of clients said they were very satisfied with the service received.
- There was a suite of policies for staff to follow, however, not all policies were dated nor did they all have a review date. Some policies which were available on the shared compute system were dated but paper copies seen in vehicles were not.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- The service provided us with their risk register. This was comprehensive, up to date and had been reviewed regularly. It included risks such as vehicle breakdown and staff shortages.

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- There was a range of policies and procedures which underpinned the governance structure. Policies were reviewed and covered key issues such as raising and responding to concerns, adverse incident investigation, complaints, driving policy and consent. This ensured patient safety as much as possible and promoted a consistency of approach in day to day working.
- There was a business continuity plan dated March 2017 which advised measures to be taken in the event of an organisational emergency.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

- Staff were able to access information about a patient easily on the booking and task report. Duty managers would obtain further information and feed this back to the staff if required.
- Policies were available in hard copies in the office or on vehicles, or electronically on the service's shared drive.
- There was an electronic rostering system that had a messaging functionality. Staff received organisational communications via this system and were also able to use this tool to organise shift swaps and arrange shift cover. Staff also undertook mandatory information governance training.

Public and staff engagement

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

- Staff said that they felt listened to and the managers were approachable.
- Managers at Secure 24 valued their staff and considered their welfare important. They encouraged and enabled them to access a gym to maintain fitness.

- The service's website had a 360-degree tour available. Anyone who accessed the website could look at the ambulance vehicles and see what to expect on the inside and outside of the vehicle.
- We saw that patient feedback, when received, was generally positive, complimenting staff on their helpfulness, punctuality and all recommending the service for future use.
- Feedback forms were available on every vehicle and were offered to patients (where appropriate).
- The managers canvassed staff opinions on proposed initiatives or feedback when new projects had happened. At the time of inspection, staff had returned feedback forms on new vehicles. The forms had been completed with full and frank text suggesting staff were engaged in organisational development.
- Staff and directors were proud of the company's charity work. The company was active in sponsoring charity events, staff had participated in group activities together and staff had been invited to paid Christmas and summer parties.
- Secure 24 had taken part in a national emergency services event in Sussex. This was an event open to the public to engage with people, show their vehicles and network with emergency service partners.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

- The 'working the front-line secure technician manual' was a 77 page document devised to support staff not only with roles, responsibilities and procedures and guidance but also contained information about mental health awareness and education.
- The service had bespoke vehicles designed with the comfort and security of the patient in mind. Vehicle chassis were purchased, which were then fitted as per the service's chosen specifications. Modifications in the ambulances included seat belt extenders, different coloured lights in the cell which the patient could choose (calmer and less daunting), a choice of music to

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be playing in the cell and TV screens with a range of TV shows and films that could be played. An additional light was also fitted between the cell and the rear of the vehicle, following feedback that when transferring patients in the dark, this light could improve safety and make patients feel safer when exiting the vehicle.

- Staff had free access to a local gym to promote physical fitness and also were funded to take the advance driver training course to promote safe driving.

Outstanding practice and areas for improvement

Outstanding practice

- The service had good induction process and a probationary period relying on completion of a knowledge test before staff were either fully operational on passing or deemed not suitable for the job if they failed.
- The service had bespoke vehicles designed with the comfort and security of the patient in mind. Vehicle chassis were purchased, which were then fitted as per the service's chosen specifications.

Areas for improvement

Action the hospital **SHOULD** take to improve

- The service should review all policies available to staff to make sure they are in date and have a review date.
- The service should consider updating infection prevention and control measures to check that cleaning agents are correctly labelled, blankets are clean, and cloths used to clean vehicles do not allow for cross contamination.