Met Medical Limited

Met Medical Limited

Quality Report

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

Ratings

Overall rating for this ambulance location	Good
Patient transport services (PTS)	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

MET Medical is operated by MET Medical Ltd. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the short-announced part of the inspection on 16 April 2019.

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

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

The service has been previously inspected but had not been previously rated. At this inspection, we rated it as **Good** overall.

- Staff completed mandatory training on induction day and then annually. All staff (100%) had completed their mandatory training.
- We saw robust recruitment processes were in place to ensure suitable staff were appointed safely.
- The provider had an effective system in place to ensure vehicles were re-stocked, faulty equipment was brought to their attention, and that staff had clear lines of responsibility for the cleaning of vehicles.
- The provider shared information with local NHS hospitals to ensure plans were in place in the event of a major incident.
- Staff knew how to recognise and respond to signs of abuse and report a safeguarding concern. All staff (100%) had completed safeguarding adults and safeguarding children level 2 and level 3 training.
- The vehicles we inspected were visibly clean and fit for purpose. The provider had processes in place to manage cleanliness and there was evidence of appropriate waste segregation.
- Staff described a positive working culture and a focus on team working. Staff told us they could approach the manager or supervisor at any time to report concerns.
- The provider encouraged staff to seek feedback from patients. The feedback we reviewed was positive including comments about the professionalism of staff. The provider had not received any complaints since they had registered with the CQC.
- The provider had some governance processes in place, for example staff appraisal, monitoring staff disclosure and barring service (DBS) compliance, and monitoring staff training.
- Since our last inspection, the provider had improved governance and staffing. There was now a safe working environment for staff, with clearly written policies and documents in place.
- Staff felt supported by the leadership and there was clear administrative and clinical oversight.
- The premises and equipment were visibly clean
- There was a newly installed system of monitoring risk and incident reporting
- There was an improved evidenced compliance in training and staff competencies.

However, there were still areas that the service provider needs to improve:

Summary of findings

- There had been improvements overall in the medicines management; however, the management did not display a complete understanding of the processes for dispensing and administration of medicines through the use of patient group directions (PGDs).
- Not all the equipment used by the service was evidenced to be regularly serviced and recorded as having been serviced
- There were not yet embedded systems for performance analysis and audits; the service could not accurately gauge service performance and trends.
- The management wanted to expend quickly into new markets but needed to demonstrate first that recent investment had lead to an embedding of all risks, polices and processes.

Following this inspection, the provider was told that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson
Deputy Chief Inspector of Hospitals

Good

Met Medical Limited

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Background to Met Medical Limited

MET Medical is operated by MET Medical Ltd. The service opened in 2016. It is an independent ambulance service in St Albans, Hertfordshire. The service provides patient transport services to private patients and some NHS healthcare providers, mainly in Hertfordshire and surrounding areas. Events are not within our scope of regulation and we do not inspect events, but additionally the service provides first aid and ambulances for events and film/TV studios, on a regular basis as well as occasional repatriation.

Services were provided by emergency care assistants, ambulance technicians and registered paramedics. At the time of inspection, the service owned 13 vehicles (10 ambulances and three response vehicles). There were eight full time substantive staff and the service had a bank register of 111 staff.

The service has had a registered manager in post since 2016. Registered managers have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is managed.

This inspection was the second CQC inspection for MET Medical Ltd. The previous inspection took place between March and April 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in ambulance providers. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

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

MET Medical is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, the activities that it undertakes. There are some exemptions from regulation by the CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The CQC regulates the patient transport services provided by MET Medical Ltd. The other services provided are not regulated by the CQC as they do not fall into the CQC scope of regulation. The areas of MET Medical Ltd that are not regulated are attendance at sports, training and television/ film events.

The service is registered to provide the following regulated activities:

- Transport services
- Treatment of disease, disorder and injury

MET Medical Ltd provides a range of transport services for patients to and from independent, private and NHS facilities. This includes the transportation of patients who use wheelchairs or require transportation on a stretcher. Journeys that the provider undertakes include inpatient admissions, outpatients' appointments, non-urgent transfers between hospitals and discharges from hospital. A repatriation service is also provided from airports throughout the country and this is not currently a regulated activity.

During the inspection, we visited the location registered for MET Medical. This is an ambulance base in St Albans, Hertfordshire. We spoke with 10 members of staff including the registered manager, the operations manager, the medical advisor, registered paramedics, technicians and fleet staff. During the inspection, we reviewed five staff files and accessed the intranet system that stored patient report forms and service policies.

At the previous inspection in 2018, the service had not been rated. However, the provider received two requirement notices from the inspection that resulted in an action plan of improvement for the provider. The action plan was centred around Regulation 17 (Good Governance) and also Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was a routine, short-notice announced inspection to ensure that the provider was meeting its legal requirements and to receive a rating.

Patient transport services (PTS)

Summary of findings

We found the following areas of good practice:

- An improvement in medicines management from previous inspection findings, with a clear understanding of controlled drug governance.
- A growing and responsive management structure that was looking to future growth.
- Staff completed mandatory training on induction day and then annually. All PTS staff (100%) had completed mandatory training.
- We saw robust recruitment processes were in place to ensure suitable staff were appointed safely.
- The provider had an effective system in place to ensure vehicles were re-stocked, faulty equipment was brought to their attention, and that staff had clear lines of responsibility for the cleaning of vehicles.
- The provider shared information with local NHS hospitals to ensure plans were in place in the event of a major incident.
- Staff knew how to recognise and respond to signs of abuse, and report a safeguarding disclosure. All staff (100%) had completed safeguarding adults and safeguarding children level 2 and level 3 training.
- The vehicles we inspected were visibly clean and fit for purpose. The provider had processes in place to manage cleanliness and there was evidence of appropriate waste segregation.
- Staff described a positive working culture and a focus on team working. Staff told us they could approach the manager or supervisor at any time to report concerns.
- The provider encouraged staff to seek feedback from patients. The feedback we reviewed was positive including comments about the professionalism of staff. The provider had not received any complaints since they had registered with the commission.
- The provider had some governance processes in place, for example staff appraisal, monitoring staff disclosure and barring service (DBS) compliance, and monitoring staff training.
- The provider had improved in the areas of governance and staffing, where there had had been serious concerns at the previous inspection. There was now a safe working environment where staff and leadership had clearly written policies and documents in place.
- Staff felt supported by the leadership and there was a clear administrative and clinical oversight in place.
- The premises and equipment were clean, there was a newly installed system of monitoring risk and incident reporting, and an improved evidenced compliance in training and staff competencies.

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

- A clear managerial understanding of how to measure performance. There was a lack of performance analysis and audits data to be able to accurately gauge service trends.
- There had not been time for recent investment to yet lead to an embedding of all risks, polices and processes before the service was ready to expand quickly into new markets.
- It was not demonstrated that all equipment was regularly serviced and recorded as having been serviced.
- The day to day management could not demonstrate a complete comprehensive working knowledge for all medicines management. The service could demonstrate, however, a clear clinical oversight of medicines through the medical advisor who liaised with the management.

Patient transport services (PTS)

Are patient transport services safe?

Good

We rated the service as **good** for safe.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

- At the previous inspection in 2018, there had been no incident reporting policy, although there had been processes in place to report and respond appropriately to incidents. At this inspection, we found that there was now a comprehensive written policy that was accessible through the intranet to all employees.
- In March 2019, the service had installed a dedicated software programme that could electronically record and track all incidents that arose. The registered manager and the management team had clear oversight and a live picture of all incidents in the system.
- All incidents were discussed in clinical governance meetings that were held quarterly. Staff were briefed regularly on learning points arising from incidents, through the service email and ad hoc training days. There were also learning noticeboards in certain public spaces in the service building, including the washrooms, so that staff could easily update themselves on learning points when they were on duty.
- The road staff (ambulance technicians) that we spoke to at the inspection were aware of their obligations to report incidents and how to raise an incident through the computer system.
- We saw the live incident reporting system and discussed the progress of all incidents. There had been six incidents in the last year. All had been actioned correctly by the registered manager. One incident had involved a crew refusing to convey a patient. The crew had stated that they did not feel able to manage the end of life care needs of the patient. The registered manager had immediately addressed the incident at the time, and logged the incident correctly with learning and action points. The crew had then been given advice and appropriate disciplinary action. All had been done in a timely and appropriate manner.
- Incidents were graded according to the risk and severity. The registered manager would prioritise the most urgent or serious incidents. At the time of the inspection, there were two incidents that were categorised as low priority and four that were not categorised as a priority. All had action plans linked to them, that included discussion at managerial level, and implementation of learning. There were no incidents that were graded higher than low priority.
- The registered manager and the operations manager were responsible for investigating and monitoring the incidents. This was according to service policy.
- The service had a system for managing safety alerts and these were reviewed, actioned and closed according to the policy and in line with good practice.
- There had been no reported never events or serious incidents from April 2018 to April 2019. A never event is a patient safety incident that has the potential to cause serious patient harm or death. Neither of these needs to have happened for an incident to be a never event.
- Providers are required to comply with the duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide a reasonable support to that person.
- The provider had a duty of candour policy in place and staff had a demonstrable awareness of the requirements under this policy. Staff had received training as part of their induction. The registered manager was the duty of candour lead.
- The medical advisor reviewed all incidents as a matter of routine.

Mandatory training

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

Patient transport services (PTS)

- The service provided mandatory training for all staff. This was generally provided as an on-line training package by a recognised national provider of training. We saw evidence that this was routinely monitored by the service, and all staff could access their own training record. If a training review or refresher course was required, then this was flagged appropriately and the on-line training course was offered to the staff member as a matter of urgency.
- Mandatory training included mental capacity act training, fire safety, adult basic life support, sepsis awareness, consent, duty of care, information governance and manual handling. All areas were delivered as on-line training packages, except for the adult cardio-pulmonary resuscitation (CPR) training (part of the basic life support training), carry chair training and the tail lift training which were delivered face to face. In total, there were 32 training modules for mandatory training requirements, and all were reported as having a 100% compliance for both substantive and bank staff.
- Staff could access the on-line training through their own personal login to the service intranet system. This meant that staff could complete training at home or in the office.
- The service maintained a record of staff induction training and this showed that all staff had completed an induction as part of the mandatory training requirements.
- All staff had received driving training for MET Medical requirements under a service policy. A copy of their driving licence and their relevant driving qualifications were held centrally by the service as part of their staff files. Each member of staff had received a mandatory driving assessment which was undertaken by a retired professional police driving officer. As part of the newly introduced service risk review around driving, this assessor was also in turn currently due to be assessed as competent in the role by a specialist blue light driving service.

Safeguarding

There were systems, polices and processes in place to protect adults, children and young people from avoidable harm.

- All service safeguarding polices were accessible on the service intranet, and therefore easily accessible to all staff. There was a clear process in place for all staff to follow should there be a safeguarding concern that required action.
- The registered manager was the level four designated safeguarding lead, with the correct qualifications for this position.
- Systems were in place to provide safeguarding training for all staff. This was delivered as a combination of on-line modules and face-to-face training and covered both adult and paediatric levels to level three.
- All staff received adult safeguarding level two as a face-to-face module as per best practice and national guidance. Level three adult safeguarding was provided as an on-line training package to all staff. Both levels were shown to have a 100% compliance for all staff.
- All staff also received level two safeguarding for children as a face-to-face training module, with an on-line level three training course. All staff were shown on service records to be 100% compliant for both levels.
- Staff were knowledgeable about what constituted adult or child abuse and knew how to report any concerns. One staff member could explain when the safeguarding policy and process had been used recently. It related to a discharge from a high dependency unit, where the handover from the hospital staff had not been adequate for the service to fully understand the patient's requirements. On arrival at their home the patient had been confused and unable to retain information and lived alone. The staff member was concerned and immediately followed policy to call the manager on duty. The concern was duly reported correctly and the patient's welfare was followed up for the next 24 hours.
- Female Genital Mutilation (FGM) was included in safeguarding training, which all staff had completed. Staff were aware that they have a mandatory reporting duty to report any cases of FGM.
- PREVENT e-learning training was mandatory. PREVENT is a government-led training programme, designed to identify and prevent the threat of terrorism. Evidence provided by the service showed that all staff including bank staff had completed the e-learning module.

- Disclosure and barring service (DBS) checks were carried out for all staff. The service had a policy and checklist to ensure staff had an up to date DBS certificates on file. The registered manager and HR administrator told us there were plans to review DBS checks every two years. We were informed that all staff have an enhanced DBS check.

Cleanliness, infection control and hygiene

There were good systems, processes and standards in place to ensure that the service provided a clean and hygienic working environment.

- The service had good systems in place to maintain cleanliness of premises, vehicles and equipment. All areas and vehicles were visible clean at the time of inspection.
- There was a fleet manager and staff who made ready the vehicles and ensured that they were cleaned as required.
- As part of our inspection we looked at three vehicles. All were visibly clean with appropriate waste and sharps boxes, personal protective clothing and accessories, clean equipment and linen. All linen was changed and laundered appropriately.
- Waste was collected in colour coded bins for both general and clinical waste. All waste and sharps bins were secure and disposed of correctly.
- All vehicles had regularly general cleaning and regular deep cleaning. This was overseen at a managerial level and monitored centrally as per the service policy. Cleaning was checked by management, to the extent that management undertook their own swabbing checks to ensure all possibly affected surfaces were thoroughly cleaned after each deep clean. This was an improvement since our last inspection in 2018, where no formal checks following deep cleans took place.
- In addition to routine deep cleans, ad hoc deep cleaning was undertaken when required. We saw evidence of a recent additional deep clean following the transport of a patient with a known bacterial infection.
- Staff received their own personal hand sanitising gel and we witnessed staff carrying it while on duty. Decontamination wipes and spillage kits were available on each vehicle. The staff on duty for transport adhered to bare below the elbows requirements. All staff had access to personal protective equipment. Disposable gloves and aprons were available from stores and in the vehicles.
- The staff wore service uniform and were responsible for the cleaning and presentation of the uniform. Staff were neat and tidy and all the uniforms were visibly clean.
- Some of the vehicles showed a little wear through use; repairs had been undertaken where required, such as minor repairs to seat covers, and this then mitigated the risk of infection. This was an improvement since our inspection in 2018, where the service had not recognised this type of issue as a risk.
- During our last inspection, no records of daily cleaning checks had been completed. These were now in place. They were completed daily and action taken accordingly. During the inspection we witnessed a crew cleaning the ambulance before the start of the shift and then directly after transporting the first patient. Staff told the inspectors that there were allowed up to 30 minutes to complete cleaning and equipment checks at the beginning of each shift. Staff said this was a significant improvement since the last inspection when this time had not been allocated.
- At the previous inspection, there had been a quarterly infection control audit schedule showing compliance at 100%. A regular infection prevention and control audit schedule had been continued since this time. There were plans to record these electronically, with additional vehicle specific audits being undertaken every fortnight. The new electronic system had not been embedded at the time of the inspection, but the process and policy was in place and the first audit under this schedule had taken place in March 2019.
- We saw evidence that infection prevention and control was a standing agenda item at regular governance meetings.

Environment and equipment

There were systems in place to ensure a secure service premises. The service had suitable equipment in place, although not all equipment had been checked as fit for use.

- There were polices and processes in place for the safety and maintenance of equipment.

Patient transport services (PTS)

- The premises were secure and all access was via a personally issued swipe card and pin number system. There were also security cameras installed on the premises.
- Fire extinguishers had been installed in the vehicles we inspected in November 2018 and were due to be checked in November 2019. All staff had been given the appropriate fire safety training.
- Vehicle keys were securely stored and accessible only to staff. All vehicles were stored at the location address in a private car park. All crews had to attend the location to be able to access a vehicle.
- There was an asset register which contained details of all vehicles, the equipment contained in each of the vehicles and the pertinent information. Pertinent information included the Ministry of Transport (MOT) date, date of next service due, date of tax expiration, together with service dates of the equipment. This was due to be further modified by the end of April 2019 to include alerts. This would mean that management would be able to easily monitor all vehicle requirements and ensure that all reviews and renewals were completed in a timely fashion. At the time of the inspection, all vehicles were correctly maintained and compliant with industry requirements.
- There was a dedicated team member who prepared and repaired the vehicles on a weekly basis.
- There was a service fleet manager whose role was to ensure that the required number of vehicles were present. This could mean hiring vehicles if required, rotating (selling and buying) vehicles, maintenance, damage and repair of vehicles, together with ensuring MOT and tax compliance. There were relevant records to support this job function using suitable computer software. There were a comprehensive set of reports covering cleaning, invoicing, MOT, service and parts purchasing.
- We looked at one vehicle record in depth at the inspection. All evidence showed that the MOT, the tax, the mileage, the cleaning and deep cleaning schedule, and the service history was in line with the policy. All vehicles were serviced every six months and each service would cover oil, oil filter, a coolant check, pollen filter replacement and a full safety check with brake disks and pads being changed if required.
- At the inspection we witnessed staff checking the seatbelt function and all consumable items on the vehicle they were about to use.
- During a vehicle check at the inspection we saw evidence that the tail lift service had recently occurred together with a service tick sheet and certificate that the lift was safe to use.
- There was a store which was situated in a mezzanine area of the premises. Items were stored in well-marked, lidded plastic boxes which were clearly labelled with the contents and the expiry date of the product. It was noted that some heavy equipment was at a high level and that there was no risk assessment in place for staff with regard to this. We raised this with the registered manager, who told us a risk assessment would be undertaken. After the inspection the registered manager, confirmed a risk assessment for the mezzanine had taken place and one of the implemented controls was the installation of a sidebar on the access steps. This was confirmed in the updated site risk assessment.
- Spare oxygen cylinders were stored in a locked cage. The smaller sized oxygen and entomology cylinders were stored in one locked rack, the larger oxygen cylinders and entomology bags were stored in a separate locked cage.
- It was noted that while most of the equipment had ‘service due’ stickers, one suction unit did not have a sticker and we asked the provider for assurance that the suction unit was serviced. It was established that the suction unit identified had not been serviced. The provider immediately removed the unit from use, and reported the incident on the incident reporting system. One further suction unit was found to have a flat battery which had not been identified at any routine checks. This was brought to the attention of the registered manager who took the unit out of action until the battery had been charged. No service date was seen on a scoop stretcher. This was raised with the registered manager. There was no system in place to asset tape scoop stretchers and the service could not be sure that any specific scoop was serviced. However, the fleet manager did state that he completed regular visual checks on all scoops. A scoop is a piece of equipment for safely lifting and moving patients.

- A selection of defibrillators were checked at the inspection. In one case the defibrillator pads were both open and out of date. This could result in the pads becoming dry and not forming a good contact with a patient. This was raised with the provider and they were immediately taken out of use.
- The service had three paediatric bags located in the main premises. One bag was examined at the inspection. The bag contained a paediatric restraint harness, an automatic defibrillator and airway modules. The defibrillator was supplied with both adult and paediatric pads which were in date. The defibrillator had an automatic self-test which was working. The paediatric bag contained appropriate equipment for the transport of children secured to a trolley and a range of equipment which was proportionate to the routine transport and high dependency transport work undertaken.
- Generally, all essential emergency equipment was available, with suitable checks completed and recorded. Kit bags were tagged as having been checked, the check date and date of expiry was clearly marked.
- The 'kit bags' were reviewed and checked on a monthly basis. If equipment had been used, staff completed a form to show what had been used which meant the fleet manager could replace the items in the kit bag. Senior staff told us kit bags were opened, checked and re-sealed monthly to make sure all equipment was in place and consumables were in date. All equipment and medical supplies seen were fit for use. Appropriate storage facilities were available and secure.
- One paramedic bag was opened and checked thoroughly; the bag contained an appropriate range of equipment which was typically stored in its original packaging. The equipment was appropriate for the staff grade.
- One vehicle had been adapted to accommodate bariatric patients, which had involved installing adapted equipment capable of safe transfer of this group of patients. Only crews with the correct training were allowed to use this vehicle and undertake these specialist transfers.

Assessing and responding to patient risk

Staff knew how to assess, monitor and manage patient risk.

- At the previous inspection, there had been concerns raised that there was insufficient evidence to show that all staff were trained to the appropriate level in life support training. At this inspection, we saw evidence that all staff had the correct life support training in either basic, intermediate or advanced life support. This was assessed annually by the Clinical Manager.
- At the previous inspection, there had been a concern that there was no written criteria or exclusion criteria for the transportation of the patient. At this inspection, there was a clear policy for criteria of patients suitable for transport by the service. The exclusions were clear regarding the patient and their age, weight, height, medical conditions, distance to be conveyed, access or egress, mental health risk, crew and vehicle availability and destination. Any patient that did not meet the strict criteria were not transported by the service.
- There was a clear policy in place for the processes to follow for the deteriorating patient and for what staff should do in the event of various medical or other emergencies, such as a cardiac event. If staff were unable to intervene within their scope of practice then there was clear guidance to seek emergency NHS medical services. This was an improvement since our last inspection in 2018, where there was no clear deteriorating patient policy in place.
- The medical advisor reviewed all incidents that required a clinical input for actions and learning.
- The risk register was part of a new software system, installed on the intranet. It showed all the incidents that had highlighted a risk, plus other risks as discussed with management. All items on the risk register, particularly those that could affect patient care or safety, were discussed at quarterly clinical governance meetings.
- During our last inspection in 2018, there was no formally documented criteria for which skill mix of staff were required for different types of patients. During this inspection, we saw a service policy process document which showed which staff could transport which patients to ensure their safety. We were assured that staff skill mix was suitable when allocating staff to jobs. The patient eligibility criteria document also stated that where a patient required a paramedic or blue light

responder crew that this would be provided. If this could not be provided then the transport would be assessed as unsafe and the service would decline to transfer the patient.

- During our last inspection in 2018, we found that staff did not have training in paediatric life support despite the service transporting children. During this inspection, we found that this training was now available as a face-to-face module for all staff. According to the service training matrix, all staff were up to date with their intermediate paediatric life support training, and all paramedics had received advanced paediatric life support training.
- Staff were informed of active 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) prior to a planned transfer. We did not see any occasions where DNACPR had not been discussed prior to a planned transfer.
- Staff completed risk assessments for all planned activities. This included a risk assessment of the patient's conditions, their location, and access to the building. Staffing was also risk assessed to ensure that staffing numbers and abilities were appropriate to the needs of the patient.
- There was always an on-call manager, who would be clinically trained. Staff had access to clinical support and could receive advice regarding logistical issues through these on-call managers.
- Managerial staff could contact the newly appointed medical advisor when they required urgent advice or assistance with the polices and processes for the service. This included seeking clinical and policy advice.
- Staff had received training in conflict resolution. Staff knew what steps to take if faced with an aggressive or violent patient. Episodes of verbal abuse and conflict were reported as an incident and investigated.

Staffing

Staffing levels were adequate for the demand, and there was a clear scheduling and allocation process that had been risk assessed for staff skill mix.

- Staffing levels were in line with demand. There were processes in place for ensuring that the required number of staff could meet the pre-planned transport demands, and to ensure that there were staff on-call for any on-the-day requests.
- There was always a manager presence on-call at the ambulance station.
- The service employed eight substantive members of staff, of which, five were clinically trained. There was a clear organisation structure and an indication of where vacancies may arise and which would need filling if the service continued to expand. There was, in addition, a medical advisor (an ED consultant) who worked at least one day per month.
- The service had a bank of 111 staff. Most of these bank staff were attending one of two local universities to study paramedic science with a view to becoming a registered paramedic. There were also an additional mix of registered paramedics, ambulance technicians and emergency care assistants. At the time of the inspection, there were ten registered paramedics employed by the service.
- All staff, both substantive and bank staff, were required to have undertaken the service induction. This was shown as 100% compliant according to records we reviewed. The induction comprised on-line training, driving assessment and clinical competency assessments (for example basic life support, suitable understanding of the carry chair, and paediatric assessments). There was a dedicated driver assessor, and the operations manager was responsible for ensuring all the inductions areas were covered before staff were offered bank shifts.
- The service used an electronic scheduling system where staff could input their availability. They would then be assigned shifts according to their availability and business requirements. This was usually done six weeks in advance where the service had planned activity already booked in. Scheduling of shifts was undertaken by the management team and the administrative staff. Shifts were offered through the private social media page and through the email system.

- Managers often posted requests for unfilled shifts on a private social media page which staff had access to. In the event that a shift was not filled, the members of the management team would fill it.
- Staff were given adequate, protected breaks, and were given time for refreshment breaks. This had improved following a staff survey.
- A standby crew was available daily for any last minute or ad-hoc transport requests. They were also available to provide support to other crews and cover for sickness or staff cancellations.
- The service understood and managed foreseeable risks such as adverse weather. We saw evidence that during snowfall staff were contacted and told to leave extra time for their journeys to work. Managers obtained temporary four by four vehicles which increased patient and staff safety during adverse weather. Large amounts of grit and shovels could be accessed.
- Potential capacity risks were taken into account when planning services. Seasonal fluctuation in demand was recognised by the management team. This included a higher number of event bookings in the summer for events and the needs of NHS hospitals and their patients during winter months. This was addressed by making more shifts available on the scheduling tool, forewarning staff that extra resources would be required, and an ongoing recruitment drive.
- Planned changes to safety was assessed and implemented. For example, managers told us new ambulances and equipment would be ordered if required to meet the demand.
- Managers also told us the monitoring of safety was key to service developments and therefore a new medical advisor and a clinical and operations manager were in post.

Records

Records had been moved to electronic form. All were securely stored always and audits had been undertaken for completeness of patient records.

- Each ambulance vehicle had a patient record form which was a record of pick up and drop off times. All records were kept electronically. Once the paper form for patients or in-house records were scanned and saved onto the intranet, then the paper record was shredded and sent for destruction. No paper records were kept, but any that needed to be stored before scanning were placed securely in a locked cupboard.
- Patient record forms were accurate, complete, legible, and up to date. The service audited the completion of the forms. The audit results for January to March 2019 showed a completeness above 75% for all three months based on a sample of 10% of all patient report forms. This was in line with service targets.
- Each vehicle had a specific vehicle based pack of documents to support the crew operationally. These included accident forms and capacity to consent forms.
- All patient records and personal information was kept secure. At the end of each shift all paperwork was posted by staff into a secure box at the location.
- Special notes were requested from trusts or other providers for all pre-planned journeys so that the crews were informed beforehand of any medical concerns. These included all paperwork such as do not attempt cardio-pulmonary resuscitation (DNACPR) forms. These records were kept securely and confidentially with the patient at all times, and all special notes were written onto the service paperwork where required and then securely filed.
- Planned and in-progress patient journeys were displayed electronically on a screen. This was visible to all staff members at the station.
- The service had an appropriate system in place for the confidential storage of electronic staff records. Staff records were only accessible to the registered manager, the operations manager and the human resources assistant. All staff files were complete and contained all the pertinent and required information including security checks, application and interview notes, references, photo ID, driving license information and immunisation records. There was a comprehensive and complete staff file matrix that easily showed management all the information contained in the staff files and if there were any items outstanding.

Medicines

The service followed national guidance in the recording and storing of medicines.

Patient transport services (PTS)

- The registered manager and the clinical and operations manager (who was also a registered paramedic) were responsible for the ordering, management and administration of the medicines stored on the premises.
- All medicines were stored securely and they were all in date. There was a specific cupboard for storing medications. This cupboard was kept locked. The room temperature was checked daily and all were within acceptable limits below 25 degrees centigrade as per World Health Organisation guidelines. Staff monitored the temperatures and were aware of the minimum and maximum temperature for safe storage of medicines. This was an improvement since our last inspection in 2018.
- Keys for the medicines cupboard were locked in a separate lockable safe. Only the registered manager and the clinical and operations manager had access to these.
- Both paramedics and technicians had 'grab bags'. Each grab bag for an ambulance technician or a paramedic was clearly labelled. Each had a clear scope of practice information sheet attached that showed any restrictions for staff, such as emergency care practitioners, with regards to administration of medicines contained within. The medication bags were signed out by the person taking control of the medication, and signed back in at the end of their shift.
- We noticed that some medicines had a short expiry date. It was discussed that the expiry date may even be shortened due to not being stored in a refrigerator. The provider stated that they were aware of this and checked stock accordingly.
- The provider explained that they were often supplied with medicines that had a less than an 18-month shelf life and therefore had processes to rotate stock accordingly to reduce wastage.
- During our last inspection in 2018, the service did not use patient group directions for medicines that could only be administered under the authorisation from a prescriber. During this inspection we found that the newly appointed medical advisor had made the decision, in agreement with the service management, to initiate a comprehensive bank of PGDs (patient group directions). Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber. PGDs were stored in paper format in the office, where they had been signed by the medical advisor and the clinical management. They were also available on the intranet where relevant staff could sign them electronically. At the inspection there was some uncertainty amongst staff regarding when and why the PGDs would be required. However, the provider did confirm afterwards that they were to be filed for future best practice when working in the future with NHS providers. At the time of the inspection the PGDs were therefore not in use, and the registered paramedics were working under their allowed exemptions for their medicine administration.
- Monthly stock audits had been undertaken and all were correct. Manual stock take records were kept in the medicines cupboard and an electronic version on the server. There was good stock rotation with medicines with the latest dates at back of the cupboard and nearer dates at the front of the cupboard.
- Intravenous medicines, such as, analgesia for pain, glucose (used to treat low blood sugar), and intravenous fluids were available and staff said these could only be administered by registered paramedics. Glucose and intravenous fluids were kept in a tamper proof and secure bag.
- There was an explicit policy and process to ensure that some drugs, such as drugs used to treat heavy bleeding, were only administered on the request and approval of a qualified medic, such as a doctor.
- During our last inspection in 2018, we were not assured that the provider had effective systems and processes in place for recording controlled drugs in accordance with the Misuse of Drugs Regulations 2001. During this inspection, we found there were no controlled drugs on the premises. However, there were secure facilities for storing controlled drugs. The service provider had requested and received confirmation from the Home Office that they would be provided with a certified licence to order and stock controlled medicines in the future.
- The registered manager reassured the inspection team that they would have personal oversight of all controlled drugs and understood their responsibilities.

- A medicines management audit in 2019 showed 100% compliance for all management criteria regarding monthly stock taking, stock cleanliness and packaging checks and correct storage.

Are patient transport services effective?

Good

We rated the provider as **good** for providing an effective service**.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance.

- All staff had references, pre-employment checks and the relevant training and certificates to ensure that they were evidenced to undertake their role.
- All policies and processes had been uploaded to the intranet and management were able to see when staff had opened documents. This was an improvement since our previous inspection in 2018, where there had not been a monitored system in place to ensure staff had accessed service policies. Staff had remote access to all policies and protocols.
- The service had implemented a new audit programme that had started in March 2019. We saw that there were ongoing audits being undertaken for stroke management, patient report form compliance, chest pain management, seizure management, cardiac arrest management. There were also fortnightly audits which included those for medicines management, infection control, health and safety and safeguarding.
- All audits were undertaken through extrapolation of the uploaded patient report forms and other documentation. All patient report forms were audited by taking a random 10% of records and ensuring they were completed correctly. Staff were immediately given feedback if it was urgent, and there were plans to assess trends.
- The service referred to Joint Royal Colleges Ambulance Committee (JRCALC) guidelines and followed NICE (National Institute for Health and Care Excellence) guidance where appropriate.

Nutrition and hydration

The provider showed that it gave consideration to patients and staff regarding comfort and need of nutrition and hydration.

- On long journeys patients could access drinks when required.
- We witnessed a patient being offered refreshments both before and after a short journey.

Patient outcomes

There were not yet embedded systems for monitoring the effectiveness of care and treatment.

- During our last inspection in 2018, we found that the service did not monitor key outcome data. We saw this had improved. For example, the number of patient journeys and the number of patients transported was routinely collected.
- We also found during our 2018 inspection that the service was not monitoring the number of bookings crews attended on time. This had improved. The registered manager told us that they now monitored the timeliness of a crew starting their shift at an NHS location. The registered manager told us compliance was 100%.
- We did not see evidence that journey transport times had been monitored up to the time of the inspection. However, after the inspection we were assured that all journeys were logged minute by minute using specialist software, which was accessible 24 hours a day.
- Patient report form audits had commenced using the new software system. There was not enough data yet analysed to detect any trends, but the intention was to reflect patient outcome data going forwards. The measurement criteria were comprehensively detailed.
- There were now audit schedules for patient report form completeness, and to audit management of particular areas of treatment. These included cardiac chest pain, stroke, seizures, cardiac arrest. There were also audits for safeguarding management, infection control measures, medicines management and health and safety.

- Some information was monitored by a local NHS trust; however, this had not been communicated to the service, despite being requested by the service at the time of the inspection.

Competent staff

The service made sure staff were competent for their roles.

- The service could demonstrate that staff were qualified and had all the appropriate certificates, courses and experience for their role.
- We spoke to one staff member about their training and were informed that they had completed their basic life support training in line with the competencies of the role. There was also confirmation of site specific training and they had received support to develop driving skills to the required standard.
- There were driver checks as part of the induction to ensure that they were qualified to drive the service vehicles. Furthermore, some drivers were trained to Institute of Health Care Development (IHCD) blue light standards, meaning they could respond to patients who required transport in an emergency. All staff in the service had their driving assessed at the beginning of their employment, and then at regular intervals or if there was an incident or concern. The service employed their own driving assessment lead who would ensure competency and correct driving license requirements.
- During our last inspection in 2018, staff did not have paediatric basic life support training. During this inspection all staff had paediatric life support to their competency level, with paramedic grades achieving advanced paediatric life support training in line with their practice.
- All staff received annual training in managing anaphylaxis and epilepsy.
- Clinical supervision was conducted through observational peer reviews undertaken by the clinical and operations manager, the registered manager and the technology and clinical support manager.
- Continuing professional development (CPD) training sessions were being held monthly. There had been a training day in March 2019 that all staff had been invited to, although only a few had been able to attend. This had covered bariatric equipment and patient conveyance, safeguarding and early warning scores documentation. Monthly training days were planned for the year ahead to further cover, for example, areas of bariatric transfer and manual handling of patients.
- In all instances where there was a paediatric transfer, there had been a dedicated expert escort provided by the service requesting the transfer. This was not in the policy, but the management team stated that this was common practice and there had not been a transfer to date without an escort.
- All full time substantive staff were given appraisals on an annual basis. All substantive staff had received an appraisal within the last 12 months. Bank staff were not necessarily appraised annually, although the service did try and undertake as many appraisals annually as they could. At the time of the inspection, 12% of bank staff had received an appraisal in the last 12 months. This was worse (less) than our previous inspection, where 30% of bank staff had received an appraisal.
- The service undertook enhanced DBS (disclosure and barring) checks on all staff. Staff also had to attend a comprehensive induction process on commencing employment.

Multi-disciplinary working

Staff of different kinds worked together as a team to benefit patients.

- The provider's ambulance staff team worked with staff at the patient pick up location to discuss patient needs and effectively plan the patient journeys to meet individual needs.
- We observed staff obtained a comprehensive handover, including a DNACPR (do not attempt cardio pulmonary resuscitation), medicines, medicine chart and a copy of last discharge letter to take home. This was recorded appropriately.
- With patient consent there were two occasions where a patient's GP was contacted about ongoing care for the patient.
- The service had limited examples of multi-disciplinary working. However, management policy stated the

importance of effective communication with other providers when transferring patients, patient record taking, at handover, and if required, with other agencies after a transfer.

- There were communication systems in place for when there was a delay in a transfer.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- The Mental Capacity Act (2005) is designed to protect patients who may lack capacity, to make certain decisions about their care and treatment. The Mental Capacity Act 2005 (MCA), consent, and the associated Deprivation of Liberty Safeguards (DoLS) were included as part of the mandatory training. Data showed staff compliance of 100% for this training.
- There was a service policy on consent which was in date and available on the intranet. This included definitions and guidance on assessing capacity and specific situations where consent may be more complex. Staff we spoke with understood consent, decision-making requirements and guidance.
- We observed a crew gained verbal consent from a patient before conveyance.

Are patient transport services caring?

Good

We rated the service as **good** for providing caring services**.**

Compassionate care

Staff provided compassionate care, treating patients with dignity and respect.

- Staff were observed to maintain patient privacy and dignity with attention paid to their needs.
- Additional blankets were stored on vehicles and were used when patients felt cold or required dignity cover.
- We observed compassionate, respectful and caring interactions between staff members and a patient.
- Staff said they would check if patients required anything from a supermarket if they had been an inpatient for some time or had just returned from holiday.
- We saw 11 compliments given to the service by patients or relatives over the previous year. These included a compliment that stated, 'thanks for an excellent job' getting the patient to hospital as quickly as possible which was much appreciated by the patient and the family, and another one stating how 'amazingly' helpful and caring the staff were.

Emotional support

Staff understood the emotional requirements of patients and relatives.

- The observations on the inspection showed that staff were able to give emotional support to the patient though questioning and reassurance. Staff understood the impact that a patients' condition, care and treatment would have on their wellbeing.
- We saw evidence that staff had supported a vulnerable patient and had referred they patient to the local authority due to safeguarding concerns.
- Staff had received training in communication which included communicating with patients' relatives in the event of a distressing event.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

- A crew were observed discharging a patient to their home address. The staff introduced themselves to the patient and spoke with the patient in a way they could understand.
- Staff were able to recognise when patients and those close to them required additional support to help them understand and be involved in their care during a patient journey. Staff also knew how to access additional support when required. Patients and those close to them were invited to provide feedback about the service. We saw one example of this where the relatives had stated that 'every member of crew

exceeded our expectations and their early arrival at all points and their professionalism and kindness ensured that the patient's journey was as comfortable as possible.'

Are patient transport services responsive to people's needs?

Good

We rated the service as **good** for providing responsive services.

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people.

- The service was open from 8am to 6pm, Monday to Friday, with an on-call manager at weekends. Out of hours pre- planned transfers were accommodated 24hours a day, seven days a week. The facilities and premises were appropriate for the services delivered.
- All communications were directed through a scheduling programme. There were two administrators and a further personal assistant/call taker that dealt with the day to day allocation and management of service needs.
- Service delivery was based on informal agreements held with a local NHS trust, pre-bookings of self-pay patients and forecasting of ad-hoc bookings.
- During our last inspection in 2018, we found transport services provided to local NHS trusts were booked at late notice and therefore the qualifications of staff were not planned in line with the needs of the patients. However, during this inspection we saw evidence that the ability of the crew was matched with the needs of the patients' that they transported.
- Staff in the contact centre monitored and tracked vehicle speeds and locations using a tracking system and could send messages to drivers if speed limits were exceeded.
- There was an active social media presence for staff and public to use.
- The service website was interactive and enabled privately requested on-line bookings through a dedicated booking sheet. This was a comprehensive booking form that requested confidentially, all pertinent information. Anything that required further attention or clarification was passed immediately to a registered paramedic staff member, for example the registered manager or operations manager, to ensure that the transfer fitted the transport criteria and could be carried out effectively, responsively and safely.
- During the winter 2018, the provider had been asked to assist the local NHS trust with the winter pressures.

Meeting people's individual needs

The service took account of patients' individual needs.

- The service had a comprehensive policy in place for all staff to access regarding patient criteria for transport. This ensured that the service would only transport those patients that staff were trained and able to transport safely. This was an improvement since our last inspection in 2018.
- There was an incident where a crew had refused to take an end of life patient as they did not wish to convey with the risk of a death on the journey. This was managed by the service and another crew was able to convey the patient home. Learning points and actions had evolved from this and there was now a training module for all staff on end of life care.
- During the inspection, a patient was witnessed to being securely and safely transported in a wheelchair with the correct safety fastenings.
- There was a vehicle to transport bariatric patients which was equipped with the correct equipment to cater for the extra needs of heavier patients. Some crews had been trained to convey these patients and were competent in using this equipment.
- Staff had training in transporting patients with additional mental health needs such as those living with dementia.
- All staff were equipped with radios for constant contact with the management and patient requirements or needs. All managers and on-call staff had phones and would inform crew staff about clinical resources required for journeys.

- Staff used risk assessments to assess the best way to transport patients. This was to ensure that vulnerable patients, or those with extra needs, could be cared for and were safe when the crew departed.
- There was access to telephone interpretation services for patients who did not speak English and who needed additional support in receiving information.
- Dementia awareness was now part of the training for all staff.

Access and flow

People could access the service when they needed it.

- Self-pay patient journeys were either booked in advance or on an ad-hoc basis. However, the registered manager told us there had been an increase in pre-planned work for customers such as NHS trusts and other ambulance providers. Customers telephoned or emailed the registered manager or the operations manager to request a booking.
- Staff could stand by at their home address when on shift, subject to certain restrictions regarding travel time to the provider location. This meant that for all non-pre-planned transfers staff could be brought in at short notice and the transfer covered, without staff having to wait at the ambulance station.
- The registered manager reviewed bookings each week and on a daily basis and ensured appropriately trained staff were allocated to pre-booked patient journeys.
- During our last inspection in 2018, we found that turnaround times and the number of pre-booked jobs attended on time were not monitored. During this inspection, we saw this had improved. All pre-booked jobs had been attended on time. Turnaround times, when working for an NHS ambulance trust, were monitored by the trust however this information had not been obtained. The registered manager told us they had requested this information.
- All use of blue lights on a transfer was at the request of a trust or hospital and was based on patient clinical presentation. All such transfers were authorised by the service management. Service policy was also to authorise blue lights as part of the process of the deteriorating patient, subject to approval by management.This authorisation was only to drivers who had the required Institute of Health Care Development (IHCD) blue light standards, meaning they could respond to patients who required transport in an emergency.
- From December 2018 to February 2019, there had been a total of 1538 patient transfer journeys, of which four had been paediatric transfers, and three occasions when the ambulance had been utilised for a running call. A running call is a call where the staff would come across an incident, and could treat and convey if within competencies or service policy, or staff would call 999 for aid and advice. This showed an increase from the previous three months (September to November 2018) where there was a total of 1155 patient transfer journeys.
- Patients and relatives were kept informed of delays by telephone. Care homes and hospitals, where they were the destination for the patient, were also informed of any delays.

Learning from complaints and concerns

The service treated concerns and complaints seriously, with systems in place to investigate them.

- There was a service complaints policy that was comprehensive and in date. Any future complaints responses were to be drafted by the clinical and operations manager and then signed off by the registered manager.
- Patients and relatives were aware of the complaints process and this process was clearly outlined in the vehicles. There were also feedback opportunities via the service website and the five day follow up correspondence.
- There were no complaints directly applicable to the service since 1 January 2019 when the electronic system had been installed. However, we saw that the system had recently been adapted to the new intranet software so that all complaints would be part of the incident process and could then be escalated to the risk register if applicable.
- Discussion of complaints, and any learning, was part of the agenda for clinical governance meetings.

Patient transport services (PTS)

- The Independent Healthcare Sector Complaints Adjudication Service (ISCAS) is contracted by Met Medical to provide a fair and impartial third-party adjudication service for all complaints that Met Medical was unable to resolve.
- Compliments were passed to the relevant staff members. In the previous four months, it was shown that there had been 13 compliments regarding care and service quality. These compliments focused on the professional and respectful attention of the crew and the good service provided.

Are patient transport services well-led?

Good

We rated the service as **good** for well led.

Leadership of service

Managers had either acquired the skills and abilities to run a service providing quality sustainable care, or had appointed where required, those with additional skills to facilitate the leadership of the service.

- MET Medical was led by the managing director, who was the registered manager for the service. There was a new senior management in place with a full-time technology and innovation lead, a new clinical and operations manager and a medical advisor.
- Staff spoken to felt that there was a good level of support from the leadership of the service. For example, following an admission from a care home it was identified that the patient was Methicillin-resistant Staphylococcus aureus (MRSA) positive. The registered manager was contacted at midnight, he was supportive, established that the MRSA was contained, offered appropriate advice, ensured that the vehicle was taken out of service and deep cleaned.
- A new clinical and operations manager had been in post since January 2019 and this was seen by staff as a positive move.
- A new medical advisor had been appointed in January 2019 who worked one day per month and could be contacted for advice on an ad-hoc basis. They were involved in the clinical governance, medicines management, compliance and all continuing professional development training delivery.
- When asked at the inspection, the leadership stated that they had no main worries going forwards, except for worries relating to service reputation and plans to expand.
- When asked, two members of staff thought that the leadership had improved and that they were now more approachable than they had been a year before at the previous inspection. They thought that they were listened to and that the organisation had experienced significant improvements since the last inspection, for example with older vehicles being replaced.
- The leadership had invested in technology and was focused into investing yet further into new innovations and communications going forwards.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and workable plans to turn it into action.

- The vision and strategy were focused on marketing and financial goals and to provide a professional and dominating national private ambulance service. The service acknowledged in documents that care may not have been the priority in the past, but that it was now a focus.
- The management aimed to be part of the tender process for future work with NHS providers. According to them, this was to improve the national service and reduce the wait that patients currently faced for ambulance responses.
- The marketing strategy for the future laid out a very ambitious and profitable future growth. However, there was an absence of patient centred focus in some of the planning.
- Staff felt more informed than previously due to the introduction of communication tools such as a digital newsletter from the management, open day training days, and literature around the location premises informing of management initiatives and targets. Management were visibly seen during the week and would work on transport journeys with bank staff.

Patient transport services (PTS)

Culture within the service

Managers across the service promoted a positive culture that supported and valued staff.

- The leadership stated to the inspectors that they believed people enjoyed working at the service, based on informal feedback given to them. This was also repeated by three members of staff at the inspection.
- Management displayed consideration towards the employees. There was a lone working policy.
- Leadership insisted that there was a positive 'no blame' culture. There were open forum sessions held by the registered manager to deal with staff concerns.
- Staff who signed up for the most shifts were rewarded by management. The reward was generally to be given first refusal for medical events that the service attended. Medical cover for events were not in scope for this inspection and therefore these arrangements were not inspected as part of the comprehensive inspection process.
- Staff spoken to at the inspection cited a more positive culture at the service in the last year. They felt more communicated with and enjoyed the working environment.

Governance

The service had improved service quality and governance processes and policies.

- There had been a clear improvement in governance since the previous inspection with up to date polices and processes, and a clear system to review all these in good time. All paperwork had been moved to a new electronic system in March 2019, and therefore not completely embedded at the time of the inspection. However, there was clear oversight by the new medical advisor systems for oversight going forwards for the management team.
- The operations manager and registered manager had an informal breakfast briefing each Monday morning to discuss the overall focus for the week. The operations manager would then have an informal briefing with the fleet team every Monday, to ensure communication and updates with the team.
- Every month there was a senior management meeting which was held off-site and was fully minuted. Also, an all staff forum meeting twice a year, a team meeting for any staff able to attend every fortnight, a fortnightly finance meeting for the leadership, an annual risk meeting with the insurance company, and monthly accountancy meetings.
- Clinical governance meetings were scheduled on a quarterly basis and attended by the newly appointed medical advisor, together with the operations manager and registered manager.

Management of risk, issues and performance

There was a clear and written risk and performance policy for all areas of practice.

- There had been a clear improvement with the introduction of the new software package that recorded incidents, complaints and risk register.
- Risk was discussed at quarterly governance meetings. We saw the latest meeting minutes from the clinical governance meeting in March 2019 where it was clear that risk had been discussed and actioned for all the main areas expected. These areas of risk included equipment, premises, medications, vehicle servicing, fire alarm checks and blue light assessments for staff.
- We saw the risk register for the service. There were 95 listed risks on the register and were a mixture of clinical, financial and health and safety. All had been recorded with a risk severity score, a manager for oversight, and updates on actions undertaken or due to be taken. There were also clear review dates for each risk.
- All documentation was generally completed and recorded. This was an improvement on the previous inspection where documentation completion was poor.
- The service did not have a robust system of monitoring performance. However, there was evidence that the service was to implement a system of auditing, feedback and analysis in the coming months.

Information Management

The service had moved towards an electronic system and used information technology to retain secure records and to promote innovation going forwards.

- All records and personal information was seen to be securely kept, with all paperwork locked in cupboards for up to a week before it was scanned and then shredded. All shredded paperwork was then disposed of appropriately.
- The service had bought 10 personal use portable computer pads for staff to use. These were then issued for the use of staff on duty. There were plans to expand this investment.
- There were modern portable radios for use by all staff whilst on duty and to enable effective and reliable communication with on call management.

Public and staff engagement

The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services.

- The registered manager had implemented an internal newsletter for all staff to access electronically. This included latest clinical and technological news and views, and information on the values of the service. It was detailed and gave a personal view from the registered manager to the staff. The contents encouraged feedback and continued staff engagement.
- We saw an example of an email updating staff on any latest developments. The email was a reminder in bad weather to be aware of the risks of braking in snow or ice, and the need to re-fuel often to avoid being unable to heat the ambulance if stuck in snow.
- Staff meetings were held and all staff were invited. We also saw that staff were invited to in house training days and were paid for attendance.
- Staff mental health and wellbeing was promoted throughout with guidance and contact numbers for further advice.
- The service was promoting itself through local and national media, for example with articles in national trade press for recent financial investment and future plans. It was also targeting marketing and feedback loops into local universities offering paramedic courses.
- Patients were generally contacted around five days after they had used the service to gain their feedback on the service. This data had not yet been compiled and analysed. Also, there were feedback cards in vehicles and a feedback facility on the website. This was an improvement since our 2018 inspection.

Innovation, improvement and sustainability

There was clear investment in new technology and a management policy of innovation to improve the service offered.

- Leadership were embracing new technology such as the trialling of a new easy to use electronic chair for manual handling aid.
- The service was using and planning on increasing the usage of state of the art radios and personal portable tablets.
- The service was looking to tender for contracts at national ambulance trust for emergency work and PTS work under the NHS framework. This was to ensure constant work supply and ensured growth for the future. There were no service level agreements or contracts in place with providers at the time of inspection, therefore we were unable to review how demand that exceeded contract levels was managed.
- The service had invested in a new website that enabled easier accessibility and usage and was capable of giving more information to the public. This was an improvement on the previous website and content.
- The service was investing further in onboard vehicle technology to assess where vehicles were, the speed travelling, and any erratic driving.
- The provider had improved in the areas of governance and staffing, where there had been serious concerns at the previous inspection. There was now a safe working environment where staff and leadership had clearly written policies and documents in place.
- The service could demonstrate improvements in evidence of staff completion of mandatory training, policy accessibility, safeguarding and basic life support training, and feedback implementation systems.
- There had been improvements in staff morale and culture. Staff felt supported by the leadership and there was a clear administrative and clinical oversight in place.

Patient transport services (PTS)

- There was a newly installed system of monitoring risk and incident reporting.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure that they have full oversight and understanding of medicines management, particularly with the administration and implementation of patient group directions (PGDs) in the future.
- The provider should ensure all equipment is regularly serviced and recorded as having been serviced, and that is in good working order at all times.
- The provider should ensure that they continue to implement performance analysis and audits to be able to more accurately gauge service performance and trends.