

Meditransport Ambulance Service Ltd

Meditransport Ambulance Service

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

Patient transport services (PTS)	
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Summary of findings

Letter from the Chief Inspector of Hospitals

Meditransport Ambulance Services is operated by Meditransport Ambulance Service Ltd. The service provides an adult patient transport service (PTS).

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 16 January 2018, along with an unannounced visit to the provider location on 22 January 2018.

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 is patient transport services.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The vehicles we inspected were visibly clean, staff completed daily records of hygiene routines and carried out daily vehicle inspections. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.
- Staff complied with mandatory training requirements and the staff we spoke with during our inspection gave examples of additional training they received to fulfil their roles and responsibilities.
- The registered manager ensured policies and procedures were reviewed in line with set review dates.
- Staff maintained the vehicle station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning staff of the dangers in relation to COSHH (Control of Substances Hazardous to Health Regulations 2002) and other key health and safety issues.

However:

- The provider did not have a formal policy and procedure for staff to follow in the event of a deteriorating patient or eligibility criteria to assist in the assessment of patient risk.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected patient transport services. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (area of responsibility), 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 Why have we given this rating?

The main service was patient transport services.

We inspected but did not rate this service, however we found:

- Staff knew how to report incidents, deal with complaints, recognise, and report a safeguarding concern in relation to adults and children.
- Vehicles we inspected were visibly clean and serviced appropriately, equipment serviced and appropriate for patient use.
- Staff complied with mandatory training requirements and the staff we spoke with during our inspection gave examples of additional training they received to fulfil their roles and responsibilities.
- The provider held up to date policies and procedures as well as guidance for staff to promote best practice.
- The provider monitored data on response times and reviewed these to improve performance.
- Staff described a positive working culture and a focus on team working, saying they could approach the management team at any time to report concerns and got positive feedback when they had done a job well.

However we also found:

- The provider did not have a formal policy and procedure for staff to follow in the event of a deteriorating patient or eligibility criteria to assist in the assessment of patient risk.

Meditransport Ambulance Service

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Meditransport Ambulance Service

Meditransport Ambulance Services is operated by Meditransport Ambulance Service Ltd. The service opened in 2013. It is an independent ambulance service in Attleborough, Norfolk. The service primarily serves the communities within the Cambridgeshire region.

The service had the same registered manager in post since 2013.

Our inspection team

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

How we carried out this inspection

We asked the provider to submit information prior to our inspection via the provider information request. We carried out an announced inspection on 16 January 2018 and visited the providers location at the ambulance station in Attleborough. We completed a further unannounced inspection at the same location on the 22 January 2018.

During our inspection, we spoke with the registered manager, general manager, and ambulance staff. We were unable to speak with any patients, or review any patient records due to the adhoc nature of the service.

Facts and data about Meditransport Ambulance Service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice remotely

The provider offered adult patient transport services (PTS) 24 hours a day, 365 days a year from its ambulance station in Attleborough supporting general non-emergency PTS journeys, including hospital

Detailed findings

discharges and patient transfers, amongst others. The majority of the provider's activity occurred between 7.30am and 8pm Monday to Friday with some adhoc evening and weekend working.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity January 2017 to January 2018:

- In the reporting period January 2017 to January 2018, the service carried out 2,761 patient transport journeys.

Track record on safety:

- No Never events
- No Clinical incidents
- No serious injuries
- One complaint

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service employed two members of staff directly; this included the registered manager and the general manager. The service employed all its other staff team on zero hour contracts; this included four paramedics, two emergency technicians, four emergency care assistants, and ten ambulance care assistants. The provider also used an additional maintenance operative on an adhoc basis to do basic repairs around the ambulance station and on the vehicles, for example changing light bulbs, topping up oil and radiators on vehicles.

The provider held one contract with a local NHS trust and operated two types of non-emergency patient transport service (NEPTS) vehicles, including two ambulances and one car from a dedicated ambulance station.

The provider did not hold any controlled drugs (CDs) or other medication at its location. However the provider did use medical gases on vehicles, ambulance staff replenished this at a local NHS trust.

Summary of findings

We found the following areas of good practice:

- The vehicles we inspected were visibly clean, staff completed daily records of hygiene routines and vehicle daily inspections. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.
- Staff complied with mandatory training requirements and the staff we spoke with during our inspection gave examples of additional training they received to fulfil their roles and responsibilities.
- The registered manager ensured policies and procedures we reviewed in line with set review dates.
- Staff stored patient report forms securely within the ambulance and the ambulance station.
- Staff maintained the vehicle station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning staff of the dangers in relation to COSHH (Control of Substances Hazardous to Health Regulations 2002) and other key health and safety issues.

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

- The provider did not have a formal policy and procedure for staff to follow in the event of a deteriorating patient or eligibility criteria to assist in the assessment of patient risk.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- Meditransport Ambulance Service had a policy and procedure for the reporting of adverse incidents written in November 2016 and due for review in November 2020. The policy and procedure gave staff clear guidance on what constituted an incident, when to report these and who to. However, the provider reported no never events or serious incidents between January 2017 and January 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- We spoke with eight staff during our inspection; all of them knew what categorised an incident, and how to report it. However, none of the staff had reported an incident when working for the provider.
- Staff said they felt confident in reporting an incident and the registered manager and general manager would listen to their concerns. Staff said they attended team meetings, depending on their shift pattern, and this gave a chance to discuss any concerns they had in relation to the service and get feedback on any issues within the service.
- 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 reasonable support to that person.
- The service had no direct policy on the application of duty of candour and the majority of operational staff we spoke with had limited knowledge in relation to the duty of candour or its application. However, the manager described the process and how to apply it if things went wrong. The provider provided an example of a complaint they had dealt with that included a written apology, including a full explanation of what went wrong and the actions taken by the provider in response to the complaint.

Mandatory training

- Staff received mandatory training in safety systems, processes, and practices.
- Data supplied by the provider during inspection showed staff achieved 100% compliance for all mandatory training.
- The general manager was a qualified trainer and delivered training in house to staff, along with a blend of training provision from external sources. The majority of training was therefore face-to-face.
- The general manager managed an IT based spread sheet to record all staff training. This enabled them to identify when staff needed a training update and maintain an up-to-date record of staff competencies to assist in the deployment of staff to the appropriate vehicle and patient transfer.
- The general manager also recorded any additional training that the staff member had achieved with their main employer, which was relevant to the service, for example the first response emergency care training (FREC).
- Mandatory training comprised of first aid, handling and moving, medical gases, pulse and oxygen, infection control, capacity and consent, safeguarding adults and children.

Safeguarding

- The provider had systems, processes, and practices in place to keep people safe from abuse.
- The provider subscribed to the local NHS trust's safeguarding adult and children's policy and adopted this as their safeguarding policy and procedure.
- The provider's general manager was a qualified trainer and delivered safeguarding training in house to all staff. Data supplied by the provider during inspection showed staff achieved 100% compliance with safeguarding adult and children training at level one.
- At the time of our inspection, the provider was in the process of reaccreditation with an additional training provider, to enable them to train all staff to level 2 safeguarding adults and children. However as the majority of the workforce were casual staff and often employed by other trusts, the general manager reviewed staffs qualifications with their substantive

Patient transport services (PTS)

employer to ensure that training was up to date and we noted this in staff employee records. The provider aimed to have all staff trained by its own in house trainer before September 2018.

- Training included key elements of the safeguarding policy and procedure, how to identify and escalate any concerns in relation to safeguarding adults and children in line with guidance within the 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014).
- The registered manager displayed safeguarding flow charts within the ambulance station, with the named contacts and telephone numbers for the local safeguarding adults and children teams. All ambulances contained the same safeguarding flow chart to enable staff out on a journey to make a referral if necessary.
- We spoke with eight staff, all of them knew how to recognise, respond to the signs of abuse, and report a safeguarding disclosure. All of the staff said they would call back to the ambulance station for further advice from the registered manager or general manager if necessary and knew where to access the safeguarding flow chart and safeguarding contact details.
- We spoke with the registered manager who told us they felt comfortable and confident to discuss any safeguarding concerns with the local NHS trust, but had not made any referrals.
- One member of staff gave an example of taking a patient home and finding what they felt were poor living conditions, with a cluttered environment and concerns about their wellbeing. The member of staff contacted the registered manager for guidance, who discussed the concerns with local NHS trust in order to arrange that a home visit to check on the patient's welfare..

Cleanliness, infection control, and hygiene

- The provider had a policy for the prevention, protection, and promotion of infection control; this was in date and version controlled.
- Vehicles we inspected were visibly clean and fit for the purposes intended. The provider had processes in place to clean, deep clean and monitor vehicle cleanliness.
- We reviewed the daily cleaning schedules for vehicles at each location and found staff completed routine checks, and cleaning schedules at all times.
- The provider cleaned all vehicles on site, including any deep cleans, using appropriate detergent. However, the staff team informed us that they could wash the vehicles at the local NHS trust site if required, to deal with any unforeseen vehicle soiling.
- The provider carried out station cleanliness audits on monthly basis. We reviewed station cleanliness audits carried out by the provider between October 2017 and January 2018 demonstrated 100% compliance with audit standards.
- The provider carried out vehicle cleanliness audits on monthly basis, including the interior and exterior condition of the vehicle. We reviewed vehicle cleanliness audits carried out by the provider between October 2017 and January 2018 demonstrated 100% compliance with audit standards.
- During our inspection, we observed staff carrying out their daily checks and cleaning of the vehicles. Staff reported for duty and following a hand over from the registered manager or general manager, they immediately carried out their vehicle checks and equipment inspections.
- Staff reported any areas of concern in relation to ambulance cleanliness, or equipment directly to the registered manager or general manager for action if there were compliance issues.
- The provider stored waste bins clearly identified for clinical, non-clinical waste and confidential shredding locked inside a designated area within the ambulance station. A local waste company removed and emptied the bins as part of a service level agreement. Staff could also dispose of any clinical or confidential waste at the local NHS trust during their routine journeys.
- We observed ambulance staff arms bare below the elbow and staff wearing appropriate uniform at all times. The provider had a uniform policy in place including details on replenishment and standards of dress staff must follow.

Patient transport services (PTS)

- Staff accessed personal protective equipment, for example, gloves on ambulances as well as alcohol gel dispensers and disposable antibacterial wipes to promote hand hygiene and infection control.
- Staff demonstrated how they used antibacterial wipes to clean down equipment between patient use and stored waste appropriately on the vehicles.
- We found staff secured sharps bins and clinical waste bins appropriately within the vehicles. Staff did not overfill these and they were visibly clean, with lids closed.
- The service maintained a contract with an auto recovery service to support any ambulance breakdowns. If staff found any faulty equipment, they reported this to the registered manager or general manager. In the case of a vehicle fault, staff would complete one of the provider's vehicle of road forms (VoR) and display this on the vehicle or hand to the registered manager or general manager. The provider then took the vehicle off active service until the fault was rectified.
- Ambulance staff replenished ambulances and carried out stock control and rotation routinely. We found five out of date paediatric suction tubes, due for renewal in December 2017. The service kept a stock of paediatric equipment to meet the needs of smaller adults. However, the provider replaced these immediately when we brought this to their attention.

Environment and equipment

- The provider used a dedicated ambulance station as its registered location. The ambulance station comfortably fitted one ambulance inside. At the time of our inspection, the provider was in the process of relocating to a larger ambulance station, which will enable them to store more vehicles inside overnight and increase the size of the vehicle fleet.
- Staff maintained the ambulance station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning casual staff of the dangers in relation to COSHH (Control of Substances Hazardous to Health Regulations 2002) and other key health and safety issues.
- Staff locked the ambulance station when not in use and the station was secure. All interior doors leading to storage areas within the station had locks and closed circuit television was in place inside the ambulance station. Staff stored ambulance keys in a locked key safe inside the ambulance station when not in use.
- Cupboards inside storage areas had individual locks, and the keys retained in a central safe with key code access.
- We checked the service records in relation to two ambulances and found both serviced and Ministry of Transport certification in line with specified requirements. The registered manager ensured the routine servicing of ambulances and used an electronic calendar to monitor details of insurance and ambulance service dates.
- Relevant equipment available, the majority of stock was in date, and kept visibly clean, in safe storage areas within the ambulance station.
- All ambulances carried a spillage kit. These were up to date and staff stored these correctly within the ambulances we inspected.
- We reviewed the firefighting equipment within the ambulance station and on ambulances. We found all equipment serviced within the required dates and fit for use.
- We checked the defibrillation machines on two vehicles and found them serviced in December 2017.
- Vehicles carried first aid kits containing a selection of wound dressings plasters, sterile wipes, and triangular bandages. We found all equipment within the first aid kits on the vehicles we inspected to be in date and good condition.
- We found an external company had serviced vehicle equipment, for example, lap belts, straps, and clamps in January 2018 and had no concerns regarding the safety or servicing of equipment. As the service transported adults, there was no requirement to carry equipment for children, for example booster seats or harnesses.
- The registered manager held risk assessment for the ambulance station environment and vehicles. Staff would refer to these when transporting patients to use that the appropriate equipment and handling and moving techniques when supporting patients.

Patient transport services (PTS)

- Staff accessed mobile phone systems to maintain contact with the registered manager and general manager during patient journeys

Medicines

- The provider did not use or store any medications within the ambulance station or within ambulances.
- Staff stored oxygen and nitrous oxide cylinders on the ambulances and within the car, staff piped the gases within the ambulances. Staff secured cylinders safely within the vehicles using appropriate strapping.
- We found the provider had gas flow meters serviced and calibrated in January 2018 and cylinders in good condition and appropriately filled.
- Staff replenished medical gases at the local NHS trust, so the provider did not store medical gases within the ambulance station.
- The provider had a policy and procedure for the use of medical gases by staff and staff received training relevant to their roles to ensure they administered these safely. However, the policy was not dated or version controlled. The provider assured us that they would address this issue and bring the policy and procedure up to date in line with all its others following our inspection.

Records

- Staff had access to appropriate records in relation to patients transport needs. The local NHS trust gave ambulance staff the patient record that detailed the patient needs. However, these always remained with the patient and staff transferred these at the end of a patient's journey so they never returned patient records to the ambulance station.
- The provider did not store any patient records at the ambulance station. Staff completed daily running sheets including journey drop off and turnaround times, and placed these into a locked mailbox when returning to the ambulance station. The registered manager then gathered these to record and monitor journey data.
- Staff explained that during transport, they stored patient records out of site, in a specific opaque folder within the

ambulance to keep the records from public view. The local NHS trust usually sealed patient transfer records within a sealed envelope; these ensured patient records remained safe and out of site during journeys.

- We spoke with the staff about the use of do not attempt cardiopulmonary resuscitation (DNACPR) forms. Staff told us that trust staff would inform them if a patient required a DNACPR and this would go with them on the transport. Staff said they would support the patient in line with the DNACPR and should they deteriorate during the journey, make them comfortable and call for another emergency vehicle and hand the DNACPR details to them on arrival.

Assessing and responding to patient risk

- The provider did not have a formal policy and procedure for staff to follow in the event of a deteriorating patient or eligibility criteria to assist in the assessment of patient risk.
- We spoke with six staff, all knew how to deal with a deteriorating patient and escalate their concerns. Staff clearly described the actions they would take including providing first aid, respecting a DNACPR order and calling for the emergency service.
- The registered manager stated in all cases when a patient with possible mental health issues required transport, they would ask the local NHS trust to provide a trained mental health nurse to provide an escort on the vehicle to maintain the safety of the patient and ambulance staff.
- Due to the adhoc nature of the contract with the local HNS trust, staff did not know the patient acuity or needs until the day of the journey. In all cases, staff would carry out an assessment of the journey and the patient needs to ensure the journey was safe to commence.
- Staff we spoke with during the inspection said if they had any doubts about meeting the patient needs, they would call the registered manager or general manager for advice before agreeing to transport the patient.
- At the time of our inspection, the provider was in the process of moving to new premises. As part of this process, the registered manager had carried out financial business planning and risk assessments including the capacity of the service for example implementing a bariatric vehicle service.

Patient transport services (PTS)

Staffing

- The registered manager leads the service with the support of a general manager; these were the only permanent staff employed by the provider.
- The provider employed all its other staff team on zero hour contracts, including four paramedics, two emergency technicians, four emergency care assistants, and ten ambulance care assistants.
- The provider used an additional maintenance operative on an adhoc basis to do basic repairs around the ambulance station and on the vehicles, for example changing light bulbs, topping up oil and radiators on vehicles.
- The provider offered patient transport services 24 hours a day, 365 days a year however, the majority of the provider's activity occurred between 7.30am and 8pm Monday to Friday with some adhoc evening and weekend working.
- The registered manager and general manager had oversight of the local NHS contract and booked staff onto shifts based on the patient transport service contract demand. The general manager maintained a log of all planned shifts on a weekly basis. This enabled the provider to keep accurate staffing records for employee costs and plan shift rotas in advance to provide effective staff cover.
- The registered manager and general manager aligned staff to vehicles based on their skills and experience.
- At the time of our inspection, the registered manager explained they had few issues with staff sickness or retention, due to the casual nature of the work. The general manager always built capacity into the shift rotas based on the contract demand to allow for any sickness absence and ensure staff cover was in place at all times.

Anticipated resource and capacity risks

- The registered manager and general manager had oversight of the contractual agreement with the local NHS trust. This was the main source of income and demand for the service.
- The registered manager recognised loss of income from this single contract was the biggest risk to the provider

and had dedicated risk assessments based on events likely to disrupt business, for example a serious incident leading to the death of a patient, loss of contract, amongst others.

- However due to the adhoc nature of the service, the registered manager did not know how many PTS journeys would be completed on a day-to-day basis. This local NHS trust booked the transport as and when needed and staff would drive to the local NHS trust and sometimes wait there until a PTS journey was required.
- The registered manager told us they advised staff to take PTS journeys within their normal working hours and not to accept further PTS journeys if this affected staff working hours or the safe running of the service. Staff we spoke with told us they would keep in regular contact with the registered manager or general manager regarding their capacity and safety.

Response to major incidents

- The provider had a business continuity plan and risk assessment that identified incidents likely to cause disruption to the service and the actions to take in a major event.
- The provider did not offer training in major incidents, as the core service was patient transport services.
- The provider had no agreement with the local NHS trust to provide any emergency cover in the case of a major incident occurring locally.

Are patient transport services effective?

Evidence-based care and treatment

- The service provided patient care in line with current legislation and best practice guidelines.
- The service had comprehensive policies and procedures in place, the majority had been reviewed within the review timescales and available as hard copies in the ambulance station. However, policy and procedure for the use of medical gases was not dated or version controlled.
- The registered manager displayed guidance on evidence-based care and treatment to ambulance staff on a notice board in the ambulance station. Guidance included that based on Resuscitation Council

Patient transport services (PTS)

Guidelines 2015, Chemex guidance for chemicals in use under BOC (British Oxygen Company UK) guidelines and the use of COSHH (Control of Substances Hazardous to Health Regulations 2002) and other key health and safety issues.

- Staff carried aide-mémoire cards offering guidance for the care and support of patients with suspected stroke or cardiac arrest.
- Due to the nature of the adhoc service, staff did not carry out a pre-planned assessment of care. The staff would assess the patients' needs at the time the local NHS trust requested transport by reviewing the patients care records and their needs to ensure suitability for transportation. If staff had any concerns regarding the patient transport, they contacted the registered manager or general manager for guidance.

Assessment and planning of care

- Due to the nature of the contract, the provider allocated vehicles daily to the local NHS trust. The NHS trust staff then liaised with the provider to agree appropriate transport for each patient transport journey on arrival at the trust.
- This meant staff did not know patient needs until the day of the journey. Staff carried out an assessment to ensure they allocated the right patient to the right vehicle and the right staff on the day of the journey. If staff had any concerns in relation to meeting patients' needs they would call the registered manager or general manager for guidance
- The provider did not have a formal eligibility criterion for patients to ensure the service could meet individual patient's needs as part of planning and assessing care. This was due to the nature of the contract with the local NHS trust.
- The provider carried fresh bottled water on its vehicles, to support patient hydration when it was safe to do so. Staff told us that patients often brought their own drink or the local NHS trust gave the patients something to eat or drink for the journey.

Response times and patient outcomes

- Ambulance staff made detailed records of response times during the patient journey, this included, the vehicle call time, arrival time and departure time. The

registered manger and general manager used these times to ensure the service was meeting the needs of the contract and to ensure patient journeys provided the patients with a positive experience by gathering patient feedback where possible.

- The provider did not benchmark data or performance against other providers.
- The provider had no patient eligibility criteria to support the risk assessment of patient needs. This meant that staff would assess patients based on hospital records and through discussion with hospital staff, then seek guidance from the registered manager or general manager if they felt they couldn't meet a patient's needs. Eligibility criteria would enable the provider to identify patients who would not meet the criteria for patient transport services.

Competent staff

- At the time of our inspection, the general manager informed us they were in the process of reviewing appraisals and a number of staff that recently started employment did not require an appraisal. We requested additional data on appraisals and reviewed this following our unannounced inspection on 22 January 2018. Data supplied by the provider showed that 17 of the 21 staff had received appraisals with the remaining four due for appraisal in February 2018.
- All staff entering the service completed a comprehensive induction process, including orientation with ambulance station, key health and safety details, and specific training, for example safeguarding adults and children.
- We spoke to three members of staff who said induction was positive and helped them to feel at home in the service and understand the key points they needed when starting a new job, for example, policies and procedures, equipment safety and safeguarding amongst others.
- The provider had a staff handbook, dated 2015, which contained information relevant to staff regarding their employment, for example holiday entitlement, what to do if they were sick, or required time off amongst others.
- Staff we spoke with said training was readily available and the provider offered a range of training both in house and from external providers.

Patient transport services (PTS)

- Drivers completed an initial driver assessment with the general manager during the induction to the service. As the general manager was part of the working rota, they would often be a passenger in the ambulance with other drivers and used this time to observe and feedback to staff on their driving standards. The service only provided patient transport services so staff did not require specific training to drive in an emergency.
- The registered manager ensured all staff received a disclosure and barring service (DBS) check on joining the service and then every three years. The general manager maintained an electronic register to track DBS requirements for all staff within the service.

Coordination with other providers

- The provider had one contract with a local NHS trust and did not have any liaison with other providers.

Multi-disciplinary working

- The provider's ambulance staff team liaised with the local NHS hospital staff, for example the operations director to deliver patient journeys appropriately.
- The provider's ambulance staff team worked with local NHS hospital ward staff to discuss patient needs and effectively plan the patient journeys and to meet individual needs.
- Staff recorded details of the patient's journey in patient care plans as a record for their carers when returning patients to their homes. For example, if they had eaten and drank or taken any medications.

Access to information

- Staff accessed a wide range of policies and procedures. We spoke with four staff; all knew how to access the provider's policies and procedures.
- The registered manager maintained a notice board inside the ambulance station, and displayed details of who to contact in an emergency, the health and safety policy and a safeguarding poster with a hot line number including whom to call in if they received a disclosure.
- The provider maintained up-to-date satellite navigation systems available on all vehicles.

- Staff received patient records from the local NHS trust at the time staff allocated the vehicle to a journey. We reviewed one set of patient records and found these to be comprehensive, including the patient care

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider offered staff training in mental capacity and consent, during our inspection, data supplied by the provider showed staff achieved 100% compliance.
- We spoke to four members of staff regarding the mental capacity act and all staff knew how to support patients to make day-to-day decisions and support best interest decisions.

Are patient transport services caring?

Compassionate care

- Due to the nature of the NHS contract, Meditransport Ambulance Service often only transported patients once and as a result kept no records in relation to patient personal details. We were therefore unable to contact patients directly to gather their views on the service.
- We reviewed six patient comment and complaint forms. Comments from patients included, "I was treated with dignity and respect" and "I felt safe."
- One patient said, "Staff were professional, friendly, and prompt."

Understanding and involvement of patients and those close to them

- One patient gave feedback on the service including, "I was involved in my care; staff explained the process to me."

Emotional support

- We reviewed a letter sent to the provider from a patient's family that said, "Thank you for the excellent service, staff were kind, attentive and caring."
- A member of staff gave an example of supporting a patient who was deeply distressed due to family circumstances. The staff explained how they gave time to the patient to allow them to talk and express their feelings, provided reassurance, and then passed the issues onto the patient's carer at the patient's request.

Patient transport services (PTS)

Supporting people to manage their own health

- If patients or family members asked staff for advice or guidance, staff provided patients with leaflets offering advice and guidance on various health conditions
- Although the service did not store or carry medications, staff would at times support patients on journeys who took their own medication. Staff gave examples of supporting patients to take their medication on time and remember to take medication to their appointments so as not to miss it or not have it available at the hospital or their own home.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The registered manager met with the local NHS trust once per month as a minimum to discuss the contract delivery. However, the registered manager said they had less formal contact sometimes on a weekly basis to discuss contract demands.
- At the time of our inspection, the provider was moving to new premises to enable them to increase the vehicle fleet size, include an ambulance specifically for supporting bariatric patients.

Meeting people's individual needs

- At the time of our inspection, the provider did not provide any bariatric services. However as part of the plans to move to new premises the service was due to implement a bariatric service.
- The provider did not access translation services. However, staff we spoke with explained that if a patient required support they might use a family member to help translate.
- As a part of the staff induction process, staff completed training in dementia awareness, staff received training on how to recognise and effectively manage any challenging behaviours associated with patients living with dementia.

- Two staff told us they ensured patients due for transport around meal times had eaten and drank before taking them on a journey.
- Staff told us when they returned patients to their homes they ensured they had something to eat and drink before they left them where it was safe to do so.

Access and flow

- The registered manager and general manager had oversight of the local NHS contract, however due to the adhoc nature of the service they were unaware of the service demand until the ambulance staff arrived at the local NHS trust. This meant the provider was unaware of what the service demand would be on a day-to-day basis.
- The registered manager and general manager monitored individual areas of performance including response times. Ambulance staff made detailed records of response times during the patient journey, this included, the vehicle call time, arrival time and departure time. The registered manager and general manager used these times to ensure the service was meeting the needs of the contract and to ensure patient journeys provided the patients with a positive experience.

Learning from complaints and concerns

- Between January 2017 and January 2018, the provider had one complaint. The provider investigated the complaint fully in line with its complaints policy and provided a written letter of apology to the complainant.
- We spoke with six staff during our inspection; all of them knew the providers complaints process including how to deal with complaints, and the importance of escalating complaints to the registered manager.
- The registered manager explained if they received a complaint they would discuss this with the local NHS provider as the main contracts provider to ensure they knew the nature of the complaint and any action taken.

Are patient transport services well-led?

Vision and strategy for this core service

- The provider had no formal strapline or vision for the service, but was in the process of moving to new

Patient transport services (PTS)

premises to increase the fleet size and accommodate more vehicles overnight. However, all the staff we spoke with said they wanted to ensure they provided patients with a good experience during their journey.

- We spoke with the registered manager about their core values and they explained they expected staff to treat patients with dignity, respect, and high quality care. The general manager was passionate about patient safety and welfare, but there were no formal organisational values in place. This meant that staff did not have access to a vision or values to promote the service or the needs of the patients they transferred.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service held a risk register based on a generic set of risks to the business for example loss of income, injury of a patient, or equipment failure.
- The registered manager recognised threats to the business, for example, the vehicles going off the road or the loss of business, and had a business continuity plan in place.
- As part of the contractual agreement with the local NHS trust, the trust could carry out a quality inspection of the service at any time. However, at the time of our inspection the trust had not carried out any quality inspection.
- The registered manager and general manager monitored individual areas of performance, for example, response times, vehicle cleanliness, and staff training and dealt with any issues as they arose.
- The provider held monthly meetings with the staff team. Meeting notes from September, October, and November 2017 showed where the registered manager had discussed issues in relation to service quality, for example vehicle cleanliness, complaints and service delivery.

Leadership of service

- The registered manager manages and leads the service with the support of a general manager. The two roles agree and coordinate the business delivery as well as manage and lead staff whilst ensuring quality checks, training and effective staff deployment takes place.

- The registered manager attended the location on a daily basis, speaking to staff and checking staff delivered a service in line with contractual requirements. In the registered managers absence the general manager fulfilled this role.

Culture within the service

- Staff described a positive working culture and a focus on team working, saying they could approach the management team at any time to report concerns and got positive feedback when they had done a job well. However,
- Staff we spoke with during our inspection described the service as a good and positive place to work. Staff described a culture focused on meeting patients' needs and ensuring they did their jobs properly.

Public and staff engagement (local and service level if this is the main core service)

- The provider had no formal process for staff engagement. However, meeting notes from September, October, and November 2017 demonstrated the registered manager encouraged staff to feedback on the quality and future development of the service.
- The registered manager encouraged staff to seek feedback from patients and all ambulances carried patient feedback forms. We reviewed six of these and found the majority of feedback to be positive including the professionalism of staff, and treating patients with dignity and respect.

Innovation, improvement, and sustainability (local and service level if this is the main core service)

- The provider was in the process of moving to new premises. This was to increase storage space and enable the provider to keep all vehicles locked away when not in use to increase the safety and security of the vehicles.
- The provider was looking to offer bariatric services with the implementation of a new ambulance which was not on the road at the time of our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must take prompt action to develop and implement a policy and procedure for staff to follow in the event of a deteriorating patient and implement an eligibility criteria to assist in the assessment of patient risk.

Action the hospital **SHOULD** take to improve

- The provider should consider implementing a set of values and a vision statement for the service.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12. (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include —</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks; purpose and are used in a safe way.</p> <p>The provider did not have a formal policy and procedure for staff to follow in the event of a deteriorating patient or a patient eligibility criteria to assist in the assessment of patient risk.</p>