Health Connections PTS Limited

Millennium House

Inspection report

Gapton Hall Road
Great Yarmouth
NR31 0NL
Tel: 07919367398
www.healthconnectionspts.co.uk

Date of inspection visit: 25 October 2021
Date of publication: 24/12/2021

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	Our rating of this location stayed the same. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Contents

Summary of this inspection

Background to Millennium House

Millennium House is operated by Health Connections PTS Limited. The service opened in August 2017 but has been operational since July 2018. It is an independent ambulance service registered in Great Yarmouth, Norfolk. Millennium House is the sole registered location of Health Connections PTS Limited, a patient transport service dedicated to transporting patients with mental health illnesses, including patients detained under the mental health act, with the use of restraint, where required.

The service was formed by two mental health clinicians. There are three senior managers based at the Norfolk site and one operational manager based at the Sussex site. The service has had a registered manager in post since August 2017. The service is registered for the regulated activity of transport, triage and medical advice provided remotely.

We last inspected the service in January 2019. Our overall rating of this service stayed the same.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector, a second CQC inspector and a paramedic specialist advisor. An inspection manager was available for offsite support. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

Outstanding practice

We found the following outstanding practice:

- The service had gone above and beyond to help a person living under a mental health order to see a parent who was receiving end of life care and was actively dying. The senior team coordinated an ambulance crew at short notice and safely transported the person, who was able to reach their parent in time to say goodbye. A professional responsible for the patient had written to the clinical lead to thank them for their, "…quick and compassionate response."
- The provider had equipped some vehicles with calming lights which twinkled and captured the attention of people, for example some patients living with autism. This helped to prevent patients from becoming distressed during the journey.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations.

Summary of this inspection

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

Action the service SHOULD take to improve:

- The service should ensure all staff have supervision within the timeframes identified by the provider's policy. Regulation 18
- The service should ensure they are able to evidence staff recruitment is in line with policies. Regulation 19

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Patient transport services

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

Are Patient transport services safe?

Good

Our rating of well-led stayed the same. We rated it as good.

Mandatory Training

The service provided mandatory training in key skills to all staff and most people had completed it. The service had systems to monitor compliance with mandatory training. The services overall compliance was below their target according to their records; however, this was because the way training was recorded was in process of changing. Two courses on the training spreadsheet had not been updated due to a change of training provider; this meant everyone appeared to be overdue for these courses. Also, the provider had introduced two new courses which not everyone had completed at the time of our inspection. This impacted the overall compliance rate, which the monitoring spreadsheet gave as 67.5% although the training spreadsheet showed most staff were 87.5% compliant with all their training.

The provider had identified in July 2021 that their training compliance was below their expectations and recorded this on their risk register. They made a decision to bring most training in-house and the registered manager had achieved 'Train The Trainer' qualification to do this. The provider wanted some training to be provided externally and had contacted a training provider to formulate a bespoke training package.

Safeguarding

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

There was a safeguarding policy in place for adults and children at risk and staff were aware of this. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency.

There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations, including when people experienced harassment or abuse in the community. All staff received both safeguarding adults and safeguarding children training at level three and staff training records evidenced this. No new member of staff was permitted to work directly in contact with patients until this training had been provided. One member of staff who worked directly with patients needed to renew their safeguarding training.

Cleanliness, infection control and hygiene

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

The provider had procedures for staff to follow to maintain safe working practices. The service had an infection control and prevention policy which detailed how staff could follow universal precautions and deal with communicable diseases. All staff complied with the organisational standards of hygiene and infection prevention. These included a vehicle cleaning schedule, control of substances hazardous to health (COSHH) assessment, health and safety, and an environment risk assessment. All staff had up to date infection control training. All the crew staff wore uniforms, and all knew to be bare below the elbows when in clinical areas. The company provided the uniforms and staff laundered their own.

Staff carried out an infection prevention and control assessment of each patient before starting the transfer process. Crews were equipped to implement extra precautions if a patient was infected, or thought to be infected, with COVID-19.

The provider had equipped new vehicles with a diffuser that continuously cleaned the air and reduced the risk of transmission of airborne diseases.

We found the provider had introduced a new uniform policy which detailed how to manage contaminated uniforms, though not all staff were aware of it at the time of this inspection.

Environment and equipment

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

Premises and equipment were appropriate and well maintained. The premises were safe and secure and had out of hours' security arrangements. The service had effective systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment meant that there was always safe, ready to use, equipment for the vehicles.

The service operated a fleet of five unmarked 'people carrier' style vehicles in total, which included 'celled' ambulances. These were specially designed ambulances that had a secure section in the rear for transporting patients who were sectioned under the Mental Health Act 1983 (MHA). This meant the vehicle could be driven safely regardless of any incident taking place in the passenger compartment. The ambulances were kept outside the provider office and staff visited the office to collect the keys. Staff carried out the Vehicle Daily Inspection (VDI); this was a regular check that was carried out each time the vehicle was used and included checks on the equipment carried, roadworthiness and cleanliness checks. This was logged electronically using an electronic device on the vehicle.

Good

Patient transport services

We inspected two vehicles and found both were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised, and equipment was in date. Ambulance interior surfaces and equipment were visibly clean, and records of daily checks had been completed. Cleaning logs showed vehicles were deep cleaned every four weeks and cleaned after every patient. There were arrangements for managing general and clinical waste.

The service had a contract with a specialist service provider to do vehicle maintenance. This included servicing and yearly department of transport (MOT) certificates. We reviewed records that showed a countdown to when that vehicle was due to be serviced. The registered manager told us they reviewed this regularly and would not allow any vehicles on the road if they were out of date. The records we reviewed showed that all vehicles they had in use had in date MOT and servicing.

Staff always documented the use of restraint, such as handcuffs. This information was stored and collated, and the senior team audited it to ensure restraint was used appropriately.

Assessing and responding to patient risk

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

The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patients' policy which clearly outlined the roles and responsibilities of staff. This included communication between the service and the planned destination, information to be given to patients and documentation. The policy highlighted links to the consent policy, reminding staff to ensure consent was in place, before transfer.

The provider had suitable triage and risk assessment systems in place to keep patients safe from harm. The registered manager obtained risk assessments from the service they collected patients from. Staff then carried out a second assessment of each patient they planned to transport to ensure their level of need and risk was within the capability of the service.

The registered manager said, and staff confirmed, the presentation of patients often differed from that reported on the initial referral and risk assessment. In such cases, crews were trained to use a 'pause and check' technique to assess the patient's needs and risks and identify if they could safely carry out the transfer. Staff were able to use a traffic light system to identify the level of risk for crews; this also determined the type of vehicle used so patients were able to be transported using the least restrictive transport vehicle. The risk assessment included asking if people were at risk of harming themselves or others, if there were any infection preventions and control issues and if the person had any mental health needs.

The registered manager had changed the forms used so staff could update them with their own findings. This was because a patient may have been more anxious on a ward than with the crew. This also meant the risk assessment was current.

Three members of staff including the nominated individual and the registered manager were registered with the Nursing and Midwifery Council (NMC). The Nursing and Midwifery Council is the regulator for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses, midwives and specialist community public health nurses and nursing associates eligible to practise within the UK. This meant staff had access to other staff who could provide support with clinical issues if necessary, the registered manager was the clinical lead.

Good

Patient transport services

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave all staff, including bank staff, a full induction. The registered manager ensured bank staff kept their skills up to date by doing a minimum of four shifts each month.

We reviewed two staff records and the registered managers' records which showed they had enhanced disclosure and barring service checks done within the past three years. The service had a policy to repeat the enhanced disclosure and barring service checks every three years. The review dates had been recorded in these records. One set of records showed although two references had been requested, only one had been received. This had not been followed up.

The provider had made use of a system designed originally for a taxi firm and innovatively adapted the programme for their own use. This meant the provider, registered manager and office personnel could see exactly where each team was, how many teams were out and the start and finish time of each run. This also meant office staff could see when teams needed rest. Rest time started from when crews arrived home, and start time was when they left home to start their job.

Quality of Records

Although staff did not provide treatment, they kept detailed records of patients' care during journeys. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Records included booking forms which detailed the information staff needed to meet peoples' needs, such as information about how to keep the person safe and if they had any mobility needs. The forms used also had a section about how staff could support the person better if this information was available.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Staff were able to report incidents using incident forms on their Personal Digital Assistant (PDA). Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that were directly affected. Opportunities to learn from external safety events and patient safety alerts were also identified. Improvements to safety were made and the resulting changes were monitored.

Safety Performance

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

There had not been any incidents in the past twelve months.

Good

Patient transport services

Are Patient transport services effective?

Good

Our rating of well-led stayed the same. We rated it as good.

Evidence based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. Staff told us they had the patient's history which included anything that made the person anxious and what support people needed. Staff said, "Patients need reassurance all along. We've got to be a 'people person', everyone is anxious, they all need support, even when they're discharged and going home."

Staff told us they had good working relationships with other providers. Staff provided a handover about how people had coped with the journey and what they found people liked talking about, because this helped people settle in and helped with continuity for the person.

Nutrition and hydration

Staff told us they assessed patients' food and drink requirements to meet their needs during a journey and would ask them if they had what they needed. Staff also received information about nutrition and hydration needs on the booking form. The service made adjustments for patients' religious, cultural and other needs. Staff told us, "Patients know their own needs and will tell us. We always make sure they've got a lunch box and will stop to get drinks if necessary."

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements. The registered manager told us that although national guidelines gave four hours as the expected response time, the provider's guidelines meant staff endeavoured to get there within two hours if there was not a specific time specified.

Competent staff

All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. There was a clear and appropriate approach for supporting and managing staff in place, although the numbers of staff having formal supervisions in line with the providers' policy had not met the providers expectations for the months of August and September 2021. The registered manager explained the expectation was for all staff to have supervisions monthly. One member of the crew was a team leader so would complete supervision for their team. However, informal supervisions were able to be carried out as necessary because the team leader was with the crew throughout the transfers. Team leaders recorded supervisions electronically. Minutes of the provider's board meetings showed the board had recognised supervisions were lower than hoped and they addressed this by stabilising the crews, so staff did work in the same team consistently.

Staff were also supported through annual appraisals. Annual appraisals had all been booked and were due to be completed by the end of December.

Good

Patient transport services

Staff told us they could raise concerns or anything they were unsure about with their team leader or the registered manager.

Multidisciplinary working and coordinated care pathways

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

When people were due to move between services their needs were assessed early, with the involvement of all necessary staff, teams and services. When people transferred between different teams or services, it was coordinated. The registered manager ensured information necessary for transferring people in a way that met their needs was collected before the transfer and shared with staff. Staff worked collaboratively to understand and meet the range and complexity of people's needs. People's discharge, transition and referral plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. Where unexpected discharges, transfers and transitions occurred, processes were in place that did not leave people unduly at risk, including communicating people's specific, individual needs.

The registered manager had made changes to the forms used to collect information about people who required transport to add data around people's exposure to COVID-19.

Health promotion

Staff told us they were not allowed to give patients advice or guidance. However, staff told us they were very good at communicating with patients and always asked them if there was anything else they needed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff were given information about patients' mental health and their capacity to make decisions for themselves before collecting people. Staff told us they would always allow people more independence if they were transferring from hospital to home, based on the risk assessment, for example they may be able to stop and have a drink. If staff were transferring people from police to high custody environments staff would not be able to stop.

Are Patient transport services caring?

Good

Our rating of well-led stayed the same. We rated it as good.

Although we were unable to observe staff interacting with patients during our inspection, the provider has shared many compliments and thank you letters with us. We spoke with six staff during the inspection.

Good

Patient transport services

Compassionate Care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The service had a cell vehicle for transporting patients with a high risk of violence or those under a legal order that dictated how they could be moved. Staff recognised the seriousness of using such equipment and always discussed it with the senior team in advance. This ensured restrictive transport was only used when there were no other options available.

Staff were trained to high levels of restrictive practice with the intent that it was never used. This was the ethos of the senior team and guided staff to provide care that was compassionate and kind first and foremost.

Staff were trained to use a stepped, transitional approach to restraint. This meant they found the least amount of force necessary to support a patient safely during a journey. For example, staff would start by directing patients with a gentle, open-palm hand on their back to indicate when they needed to move.

The service had gone above and beyond to help a person living under a mental health order to see a parent who was receiving end of life care and was actively dying. The senior team coordinated an ambulance crew at short notice and safely transported the person, who was able to reach their parent in time to say goodbye. A professional responsible for the patient had written to the clinical lead to thank them for their, "…quick and compassionate response."

Staff provided patients with covers, such as blankets, for their privacy when being moved between an ambulance to a facility such as a hospital.

Ambulances were designed for discreet transport and to protect the privacy of patients inside. All ambulances had tinted windows and were marked simply, without branding to indicate the service provided mental health transport.

Emotional support

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

Staff received training in providing emotional support to patients as part of a trauma-informed care and patient-centred care approach. Crews were given time to ensure patients' emotional needs were met and anxiety reduced before a transport began. For example, the clinical lead trained staff to exercise patience when supporting people who did not want to be transferred but were under a mental health section or other order. In such cases, staff worked with patients to encourage them to cooperate with the move of their own accord. The clinical lead said, "If this takes 45 minutes of conversation and building a relationship then that's fine. If people move of their own accord and our staff build trust, that is much more important than a forced move with restraint just to save time."

Staff undertook specialist training to help provide emotional support while achieving a successful transfer. For example, crews were trained in the prevention and management of aggression and in managing sexual safety in line with Information, Advice and Assistance (IAA) guidance. This meant they were able to appropriately support patients who presented with risks associated with sexual behaviour.

Understanding and involvement of patients and those close to them

Good

Patient transport services

Staff demonstrated a high standard of adapted communication to support patients experiencing acute mental health need. For example, one crew experienced a three-hour delay with a distressed, acutely unwell patient on board an ambulance while waiting for a receiving facility to prepare a bed. The crew had built a rapport with the patient, de-escalated their anxiety and hostility, and ensured the delay was experienced safely. The receiving facility contacted the provider afterwards and noted the crew's actions had made a significantly positive impact to the patient's subsequent mental health assessment.

Are Patient transport services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Planning and delivering services which meets people's needs

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

Most referrals came from NHS services, including inpatient mental health services. Some referrals came from a third party such as a police station or prison and the service required such work to be booked and assessed by a healthcare provider. The service also provided transport for referrals from independent healthcare services.

Referring staff completed a booking form with a risk assessment for the patient's transport along with demographic information and their mental health status. Referrers were required to identify if the patient was subject to a mental health detention or section. Risk assessments identified if the patient was at risk of absconding during the transport and if they presented with any risks to themselves or others.

On arrival, crews completed their own risk assessment to address any omissions or discrepancies with the existing assessment. Each member of staff had a personal digital assistant (PDA) used to record risk assessments and store them on the provider's live operations system. Operations control staff tracked this information to understand specific risks associated with each transport.

The registered manager told us they did not do enough journeys to make it worthwhile investing in equipment to transport children under 12 years of age. They encouraged families to take children when they needed to transport parents. This was monitored.

Meeting the needs of people in vulnerable circumstances

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

Ambulances and vans used for transport were wheelchair-accessible and staff were trained to use safety and support equipment.

Booking forms included optional information on a patient's cultural and religious needs. While the service depended on referring organisations to complete this information, staff were trained to facilitate related needs and to gather more information on arrival.

The provider had equipped some vehicles with calming lights which twinkled and captured the attention of people, for example some patients with living autism. This helped to prevent patients from becoming distressed during the journey.

The provider had sourced a service where translators could be requested for people whose first language was not English.

Access to the right care at the right time

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

The service operated 24 hours a day, seven days a week. The majority of patient transport bookings had been made in advance therefore the resource requirement and capacity could be arranged in advance. For on-the-day bookings, the registered manager would assess if there was availability within the service to take the booking. The registered manager described how staff would contact patients or services when they departed for a job. They would attempt to provide an estimated time of arrival. The registered manager explained how distressed some patients could be if they were left unaware when their transport may arrive. It was clear the provider understood how a patient may feel and took action to address patient concern. Bookings and referrals could be made by the referral telephone number or email. The service's internet page described how to make bookings and enquiries. The registered manager organised staffing dependent on the patients' needs. Patient delays due to unforeseen circumstances were communicated to patients and health providers as much as possible.

The registered manager was the clinical lead and supported staff during the course of transfers and was their first point of contact to obtain support in situations that presented a risk. For example, staff contacted the clinical lead for support when a diabetic patient refused to take glucose despite a deteriorating physical situation. Such escalation was rare, and crews were trained to engage with patients and resolve situations through skilful de-escalation and rapport-building. However, the support provided a pathway for crews where they were unable to resolve an issue themselves.

Staff provided support to hospital ward staff when preparing patients for transfer. A senior nurse had written to the service and thanked a crew for, "…being approachable and supportive when the ward was in chaos."

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

The senior team proactively sought feedback from referring organisations and professionals. This included from NHS hospital bed managers and mental health professionals. Feedback was unfailingly positive. We looked at a series of compliments received over the previous 12 months, including from social workers, senior hospital nurses, and patients.

Good

Patient transport services

One healthcare professional wrote to the service to thank a crew for being, "…absolutely charming." They said the crew arrived to transport a patient who was feeling very sad and noted how they managed to improve the patient's mood. They said, "[The patient] went from being really sad to relaxed, bright and at ease. It was the happiest I've seen them in a long while."

A mental health professional noted a challenging transfer had been, "…made much easier by your friendly, respectful, and professional crew." Another health professional noted that an aggressive, uncooperative patient had been safely and comfortably transported through the, "…skilful perseverance of your crew."

The service had a complaints policy that set out timeframes for resolution and a process for senior staff to follow. Staff were trained to resolve minor issues at the time they occurred.

There had been two formal complaints in the previous 12 months. The clinical lead investigated both complaints and found they had been caused by poor care at the referring organisation. For example, one patient complained because an ambulance crew came to collect them, and they were unaware of the booked transfer and unaware they had been placed under a mental health section. Similarly, the second complaint was from a patient who had not been told they were being transferred until the crew arrived at their bedside in a hospital ward. In both cases the clinical lead worked with a senior governance manager at each location to improve local standards of planning and communication. We looked at this service's response to each patient and found them to be clearly written, kind, and comprehensive.

Are Patient transport services well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders were clear about the requirements needed to run the service safely and effectively. They were able to clearly demonstrate the risks associated with their service and how they managed them.

The provider conducted a staff survey in July 2021. Staff were asked to agree or disagree with a range of statements, which included whether they felt supported in their work. Ninety-six percent of staff who responded said their manager was accessible to them. Staff also told us they felt supported by their managers.

Vision and strategy

The service had a strategy and vision in place to achieve their vision, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Good

Patient transport services

The service's vision was to expand the services they provided and ensure caring and supportive patient transportation at the highest professional standard. The service aimed to do this by supporting and developing staff, ensuring timely, quality care by the right staff and having equipment and vehicles which were fit for purpose.

Staff were informed about the vision and values of the service which was documented in a staff handbook, and gave staff clear guidance about their employment with the service.

Culture

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

The provider was receptive to feedback from staff. They operated a 'You said, We did' feedback service for staff. When staff said working hours were sometimes too long and they were not always able to have enough rest in-between shifts, the provider explained they had reviewed recruitment and identified training was an issue. The provider made changes to how training was provided, which meant more personnel were available. This in turn meant more staff were available and work could be shared out better, giving staff more rest in between their shifts.

Staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients. Staff said, "I know they want to grow the business in a way that hospitals will take us as the number one, be known for care and responsiveness. It's about the caring side, that comes across with our managers, that's the culture they bring."

Governance

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

The provider had oversight of the company performance and planned growth in a sustainable and realistic way. We reviewed two sets of senior management meeting minutes and these included discussion on risks, incidents, safeguarding and improvements. These meetings occurred once a month.

The service did not have formally imposed key performance indicators as they worked on an ad-hoc basis rather than under a contract established by a clinical commissioning group. The provider engaged in discussions with NHS Trusts to provide transport services as needed.

A variety of meetings were held regularly. Team meetings were held monthly, when staff were informed about the winners of the employee of the month. The provider also awarded an employee of the quarter award. Staff were able to raise anything that was not covered on the agenda during an 'open floor' part of the meeting. Minutes of meetings showed staff asked questions about recruitment and recording test results for COVID-19.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The risk register was updated monthly by the registered manager and was shared with senior managers along with audits and other spreadsheets. Staff were provided with updates along with clinical updates.

Staff demonstrated knowledge of, and adherence to, key policies. For example, a crew was asked to collect a patient for transport who was being cared for under a mental health section. The referring officer refused to show the crew the section authorisation paperwork, which was a breach of the provider's standard operating procedures. The crew liaised with the receiving service to explain the situation and were told that they would not accept a patient with incomplete documentation. The crew referred the matter to the senior team for resolution. This demonstrated how staff applied their understanding of policies responsively.

Software developed by the provider gave the registered manager and provider real-time, live oversight of where vehicles and crews were, together with data about their journeys. The provider had developed software which gave live, up to date information about the vehicle, where it was, how fast it was going and the estimated time of arrival. This meant the service could update other services about arrival times. The driver performance aspect would flag up any driver not driving safely.

Staff always had access to the control room to ensure safety. The nominated individual, managing director and registered manager were all available at any time. Staff requesting assistance were usually supported by control room staff in the first instance, then the operations manager, then the three senior personnel. Staff also had access to guidance by contacting their team leaders or another team leader if necessary.

Information management

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

Compliance, health and safety, human resources and operational data all formed part of an auditable system. The provider had developed this further to include reporting and business intelligence capabilities, auto form filling and introducing auto invoicing and quote creation. The effectiveness and resilience of this operational model and the software was recently tested by the COVID-19 pandemic, whereby the provider explained they were able to move operations from their various offices to work from home seamlessly and almost overnight with no disruption to services or reduction in operational oversight.

All staff accessed policies and updates through their own accounts on the system. The human resources manager checked staff had read and accepted them. Team leaders monitored compliance with policies during supervision sessions. The registered manager reminded staff about policies during training sessions.

Engagement

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

Staff were encouraged to provide feedback and were listened to. For example, staff commented about the design of vehicles used to transport patients. Staff found one vehicle did not meet their needs because the ramp was not integrated into the floor, therefore taking up space. The provider sourced a different vehicle with more headroom and a different ramp. This vehicle also had integrated sensory lights, lighting down the sides to see the steps, a small gap to pass notes through in the bulkhead and a bigger bulkhead for driver security.

Not all patients were able to provide feedback. Staff told us most of their feedback from patients was given informally at the end of their journey.

The provider had regular contact with NHS Trusts and other organisations providing care to people to discuss the services they could provide. The provider was mindful of how transport journeys were changing, with more journeys covering long distances and the need to consider whether they should open more satellite locations.

The provider also supported several organisations in the community. The provider said, “As a company we attempt to give back to the community we serve in any way possible. Annually a cause is identified from which we can offer our support.”

Learning, continuous improvement and innovation

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

The provider told us about an innovative use of technology they have developed with partners. They had developed an electronic form-filling application which captured how they operated presently but also how they wished to operate as they introduced services nationally.

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

The provider had adapted vehicles to ensure patients and staff experienced the most comfortable journeys possible while maintaining multipurpose usage thus allowing the provider to support as many patient presentations as possible without the undue delay of having to send an alternative vehicle type. The newest innovation included sensory calming lights and sounds which was used to support patient management in particular young people and patients with dual diagnosis learning and disability.

In response to the COVID-19 pandemic, all new vehicles were fitted with a diffuser that continuously cleaned the air to support infection prevention and control practices.