County Medics Ltd

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Not sufficient evidence to rate
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

County Medics Ltd is operated by County Medics Ltd. The service primarily provides medical cover at events that is not regulated by the CQC. However, as part of the service County Medics Ltd provide transfers of patients who require an emergency or urgent transfer from an event to a hospital which is reported on in the emergency and urgent care service. (There were three emergency and urgent patient transfers from November 2018 to October 2019).

Patient transport services make up approximately 30% of activity. The service also provides a repatriation service; however, no repatriations had been undertaken at the time of our inspection. County Medics Ltd also provide training such as first aid at work, trauma training, and emergency blue light driving however, this is not regulated by the CQC and was not assessed during this inspection.

The service is staffed by trained paramedics and ambulance technicians.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 14 November 2019.

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

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

The main service provided by this service was patient transport services. The management and leadership of the service is the same for both emergency and urgent care and the patient transport service. All substantive staff deliver both the emergency and urgent care transport service and the patient transport service. Where our findings on patient transfer services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport service core service.

We found good practice in relation to emergency and urgent care and patient transport services:

We rated is as Good overall.

- 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. 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 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.
- From what we were told, 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.

Summary of findings

- 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.

  However,

- The service did not always manage patient safety incidents well. Staff did not always recognise incidents and near misses or report them appropriately. This meant managers could not always investigate incidents and share lessons learned with the whole team, the wider service and partner organisations.
- The service did not always monitor and meet agreed response times so that they could facilitate good outcomes for patients. They could not consistently use the findings to make improvements.
- Leaders did not always operate effective governance processes, throughout the service and with partner organisations.

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

Heidi Smoult
Deputy Chief Inspector of Hospitals (Midlands), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	Urgent and emergency services were a small proportion of activity and made up under 1% of activity. From November 2018 to October 2019 County Medics Ltd completed three emergency and urgent transfers of patients from an event to a local accident and emergency department. The main service provided by this ambulance service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services section. Equipment, vehicles and most processes were the same for both the urgent and emergency services and the patient transport services. We have rated this service as good overall.
Patient transport services	Good 	Patient transport services were a large proportion of activity. The majority of activity was medical cover provided for sports games, festivals, and community events. Events work is not regulated by the CQC however, transfers from an event to hospital is in scope. From November 2018 to October 2019 County Medics Ltd completed three emergency and urgent transfers of patients from an event to a local accident and emergency department. The main regulated service was patient transport services, which included the transfer of patients between health care providers for patients who were unable to use public or other transport due to their medical condition. Leaders were not able to provide the number of patient transport journeys carried out from November 2018 to October 2019. There were four substantive members of staff who undertook patient transport journeys; they were supplemented by bank (temporary) staff employed on an ad hoc basis to support events. We have rated this service as good overall.

Summary of findings

Contents

Good

County Medics Ltd

Services we looked at
Emergency and urgent care; Patient transport services

Summary of this inspection

Background to County Medics Ltd

County Medics Ltd is operated by County Medics Ltd. The service opened in May 2018. It is an independent ambulance service in Evesham, Worcestershire. The service primarily serves the communities of the Worcestershire and surrounding counties however, it also provides a service across the United Kingdom.

The service has not previously been inspected.

The service has had a registered manager in post since May 2018.

Our inspection team

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

Information about County Medics Ltd

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

CQC regulates the emergency and urgent care service and patient transport service provided by County Medics Ltd.The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of County Medics Limited that are not regulated are training and sports and training events.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had not previously been inspected.

County Medics Ltd provides a range of transport services for non-emergency movement of patients to and from independent, private and NHS facilities. This includes the transportation of patients who use wheelchairs or require transportation on a stretcher. Journeys include inpatient admissions, outpatients' appointments, non-urgent transfers between hospitals and discharges from hospital. County Medics Ltd also provides an emergency and urgent care service to transport patients requiring hospital treatment from events to a local NHS trust. A repatriation service is also available from airports throughout the country however, no repatriation work had been completed at the time of our inspection.

The service employs four substantive staff who work across patient transport services and emergency and urgent care with shifts seven days per week. Bank paramedics are employed on an ad-hoc basis to support events when there is a possibility emergency or urgent care work will be required.

Activity:

In the reporting period from November 2018 to October 2019, the registered manager was unable to provide the exact number of patient transport journeys completed as this would mean counting individual paper records. Patient transport journeys accounted for approximately 30% of the business, with the majority of activity carried

Summary of this inspection

out at events. From November 2018 to October 2019 County Medics Ltd completed three emergency and urgent care transfers from events to a local accident and emergency department.

Most journeys were commissioned by a local NHS trust, private hospital or ambulance services.

During our inspection we interviewed three members of staff including the registered manager, clinical director and operations director. We reviewed four patient record forms and five staff records.

Track record on safety:

- There had been no reported never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There had been no reported clinical incidents.
- There had been no reported serious injuries.
- There had been no reported complaints.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Not rated	Good	Good	Good
Patient transport services	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Good

Are emergency and urgent care services safe?

Good

We have not previously inspected County Medics Ltd. We rated it as **good**.

Mandatory training

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

The four substantive staff employed in patient transport services and additional bank (temporary) staff were employed to cover events work, where emergency and urgent care services may be required. All bank staff held substantive positions in the NHS. Bank staff completed mandatory training in their respective NHS jobs and staff records confirmed they were up to date with required topics.

A bank paramedic, who had had training in emergency and urgent care, was allocated to work at each event where emergency and urgent care journeys may be required. Emergency and urgent care staff had additional training such as blue light driver training, tracheostomy care, use of suction units, and medical gas training.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Safeguarding

The management of safeguarding across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Cleanliness, infection control and hygiene

The management of cleanliness, infection control and hygiene across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Environment and equipment

The management of the environment and equipment across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

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.

Paramedics working within emergency and urgent care made clinical assessments of patients. The individual clinician treating the patient was trained to make the clinical decision if the patient should be taken to hospital.

Good

Emergency and urgent care

The service provided resuscitation equipment such as defibrillators and this would be used, if required, to provide clinical intervention for patients who were being transferred. The service prepared an event medical plan for all events. This included the location of emergency hospital services.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Staffing

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

All four substantive staff within the patient transport service worked at events where urgent and emergency care services may be required. The provider did not employ any additional substantive staff within urgent and emergency care and all staff were bank (temporary) staff employed on an ad hoc basis, such as first responders and paramedics. All bank staff were recruited directly by the provider and every staff member held a substantive position within the NHS at the time of our inspection. Recruitment processes confirmed references, pre-employment Disclosure and Barring Service (DBS) checks, qualifications and training, and driver licence checks, had been completed. Paramedics were registered with the Health and Care Professions Council (HCPC) and had zero hours contracts.

Staffing levels and skill mix were planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times. For example, a paramedic was present at every event when an urgent and emergency care transport service was provided by County Medics Ltd as set out within a contractual agreement. The event medical plan confirmed the staffing levels and service provided during each individual event.

There was an induction policy that was in date and version controlled. The policy set out the roles and responsibilities of the manager and employees in completion of the induction and stated a local induction checklist would be used to ensure all required areas were covered. The registered manager and clinical director informed us the company did not have an induction checklist however, they confirmed they would ensure a checklist was devised for any new staff joining the company. When signed by the new employee and manager, this would ensure all areas of the induction had been completed to support with the provision of safe patient care.

The registered manager and clinical director informed us all new staff had an induction that included a review of policies and procedures. All bank staff were accompanied by the clinical director during their first shift to enable immediate advice to be given as part of the induction process.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Records

The management of records across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The service provided a small stock of medicines. Medicines used included salbutamol (for difficulty in breathing), paracetamol for pain relief, and adrenaline (for severe anaphylaxis reactions). The responsible member of staff explained these were stocked according to the nature of the event and adrenaline could only be administered by a paramedic.

Stock checks, administration records and audits were in place to ensure safe storage of medicines. During our inspection, we found the stored medicines reconciled

with the stock recorded on the medicines 'log' book. A monthly medical drugs stock check audit was completed and, from May 2018 to October 2019, these demonstrated 100% compliance with stock levels.

Medicines bags were allocated to clinical staff who had received appropriate training and recognition on the Patient Group Directions (PGDs). PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without an individual prescription. The medicines bags were signed out by the person taking control of the medicine and signed back in at the end of their duty. At the time of inspection, we saw documented evidence that medicine was logged out on a patient report form and recorded on a medicines folder as required.

Paramedics had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance, which provided them with clear instructions about the administration of medicine.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Incidents

The management of incidents across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Good

We have not previously inspected County Medics Ltd. We rated it as **good.**

Evidence-based care and treatment

The management of evidence-based care and treatment across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Pain relief

The management of pain relief across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Response times and patient outcomes

The service did not monitor response times for urgent and emergency care. They did not provide a service that had response time standards. However, as the service only provided emergency and urgent care services at events, these incidents were usually witnessed, and life support would be commenced immediately. There had been three emergency and urgent care journeys in the previous 12 months and the operations director told us two of these were non-urgent.

The clinical director told us they were available for advice and held a debrief with staff that included the outcome for any patients transferred to hospital.

The service recorded pick up times, arrival times and site departure times through the crew daily job sheets. However, there was no formal system in place to monitor the service's performance and response times to ensure they were delivering the service in a timely manner.

The service did not carry out any emergency (999) work, so was not required to monitor performance against the national targets.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Competent staff

Good

Emergency and urgent care

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

The service followed recruitment processes that ensured checks were completed to make sure staff had the necessary skills, experience and competencies to carry out their assigned role. This included pre-employment checks, references and training/skills assessments records and the checking of paramedic's registration against the Health Care Professionals Council (HCPC) register, staff held the appropriate driving licence to allow them to drive the ambulances and records of the training staff had completed prior to commencing employment with County Medics Ltd.

All staff completed an induction programme when they commenced working for the service however, an induction checklist was not used which meant there was no formal record of completion.

The service had a policy that detailed the training staff were required to complete. The registered manager monitored the training completed by staff in their respective NHS employment and alerted them verbally and by email if they needed to renew any training.

All members of staff who carried out driving duties, including emergency driving, had evidence of additional driver training.

All staff employed by the provider had pre-employment checks, references and training/skills assessments records to ensure that they were competent, experienced and suitable for their role.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Multidisciplinary working

The management of multidisciplinary working across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Health promotion

The management of health promotion across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The management of Consent, Mental Capacity Act and Deprivation of Liberty Safeguards across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We have not previously inspected County Medics Ltd. We have not rated it as we did not gather sufficient evidence from patients.

Compassionate care

The management of compassionate care across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Emotional support

The management of emotional support across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Good

Emergency and urgent care

Understanding and involvement of patients and those close to them

The management of understanding and involvement of patients and those close to them

across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Good

We have not previously inspected County Medics Ltd. We rated it as **good.**

Service delivery to meet the needs of local people

The management of service delivery to meet the needs of local people across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Meeting people's individual needs

The management of individual needs across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Access and flow

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

Patients accessed the service for transfer to hospital from events by presenting at the onsite medical centre and being assessed by staff. Staff would attend calls from around the event site for patients who were unable to attend the medical centre.

At events that required patients being transferred to hospital there was always a vehicle available for this.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Learning from complaints and concerns

The management of learning from complaints and concerns across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services well-led?

Good

We have not previously inspected County Medics Ltd. We rated it as **good.**

Leadership

The management of leadership across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Vision and strategy

The management of vision and strategy across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Good

Emergency and urgent care

Culture

The management of culture across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Governance

The management of governance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Management of risks, issues and performance

The management of the management of risks, issues and performance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Information management

The management of information management across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Public and staff engagement

The management of public and staff engagement across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Innovation, improvement and sustainability

The management of Innovation, improvement and sustainability across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Good

Are patient transport services safe?

Good

We have not previously inspected the service. We rated it as **good.**

Mandatory training

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

Managers were clear which staff needed to complete training and that this would be booked. There were only four staff (the registered manager, two operations managers, and one substantive employee) who worked in the patient transport service. We reviewed all four training records and found all staff had completed mandatory training which included fire safety, moving and handling, protecting vulnerable adults and children, duty of candour, health and safety, infection prevention and control training.

There was a statutory and mandatory training policy that was in date and version controlled. The policy listed the topics that were mandatory and referred to relevant company policies such as infection, prevention and control, and the complaints policy. All staff had training in basic life support (BLS) as a minimum level of life support training, and paramedics had advanced life support training (ALS). Staff with driving responsibilities had completed the necessary training, and fitness to work checks were in date.

Training records were in the process of being transferred from a paper-based system, to a new human resource, electronic database that had been commissioned by the company. The system would enable an alert to be sent to the operations manager when refresher training was required. At the time of our inspection, a review of all staff records had been completed and the operations manager and registered manager showed us records and informed us of the processes completed to monitor mandatory training compliance.

The registered manager told us mandatory training had been reviewed and it was planned for staff to complete a higher level of health and safety training in February 2020. Safeguarding children training had been upgraded to ensure all staff received level 3 training. Mental capacity act (MCA) and depravation of liberty safeguards (DoLs) training were not mandatory topics however, each staff member, including bank staff, had completed this within their other NHS roles. The operations director informed us MCA and DoLS training would be included as a mandatory training subject moving forward.

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.

The service had a safeguarding policy for vulnerable adults and children that was in date and version controlled. It contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. The safeguarding referral forms contained details of local authority safeguarding teams who could be contacted for advice or to make a safeguarding referral.

Staff we spoke with were aware of the process for reporting any safeguarding concerns and were able to describe events that may trigger a referral. Safeguarding referral forms were comprehensive and stored in paper format in the vehicles, and electronically.

All staff completed level 2 safeguarding adults training. The registered manager informed us staff previously completed level 2 safeguarding children training. A review of staff records found that refresher training had lapsed for one staff member during 2019, and action was taken to ensure all members of staff completed level 3 safeguarding children. Records of bank staff compliance with safeguarding training were held in staff personnel files. We observed all staff had completed level 3 by October 2019.

The designated child protection officer was trained to level 4 safeguarding children and adults and delivered training to staff on induction to the service, and on a yearly basis to all staff. Training included the recognition of abuse, the responsibilities of all staff members in reporting abuse concerns, and the different types of abuse such as the risk of female genital mutilation (FGM).

Staff had completed Prevent duty e-learning (electronic) training. The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 by which staff in health care settings must have training to recognise signs that a person may have been drawn into terrorism and report this appropriately. We observed that most staff had completed the 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.

There was an infection, prevention, and control (IPC) and decontamination policy and procedures that was in date and version controlled. The policy was comprehensive and gave staff advice about how to reduce the risk of cross infection; however, it contained some information that was not specific to County Medics Ltd. For example, the policy referred to the 'occupational health department' that was not relevant to County Medics Ltd.

Following a service review, the registered manager had entered a contract with an external provider in November 2019, for the deep cleaning of the ambulances on a quarterly basis. Prior to this arrangement, staff deep cleaned the vehicles themselves and action had been taken to ensure IPC was completed to a level to keep patient care safe. The deep cleaning records for both patient transport vehicles, we inspected, were stored in the front of the vehicles, with swabbing results taken before and after the clean. The records were complete and there were no gaps in the quarterly schedule.

A cleaning schedule for ambulances was on site in the office. We saw it had been completed after each shift.

There were no cleanliness concerns for the two patient transport vehicles we inspected. Both ambulances were visibly clean on the outside and inside.

All clinical waste was stored and disposed of in line with legislation. County Medics Ltd had a contract with a clinical waste disposal company who collected bags on a regular basis.

All staff were trained in infection control as part of mandatory training and all vehicles were compliant with hand hygiene, personal protective equipment (PPE) and isolation.

Spill kits were visible and spill kit procedures were on board ambulances and in date. We found hand gel in sinks in the site office with appropriate washing facilities available.

Uniforms were clean and staff were bare below the elbow.

Mops and buckets were colour coded correctly to prevent cross contamination by accidentally mixing up the mop heads.

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.

County Medics Ltd premises were situated in a shared building on a business park. The building could be freely entered by members of the public however, County Medics Ltd was secured inside the building with its own lock. The maintenance of the corridors/entrance/washroom areas and security of the building was the responsibility of an external company. County Medics Ltd premises included an

office with a kitchen area, and a separate training/storage room. There was also a locked indoor garage and a secure outdoor area where vehicles were parked. The building was monitored by CCTV.

The service had a system to ensure the safety and maintenance of equipment. We saw a clinical engineering report which showed all equipment had been service tested and calibrated.

The service was compliant with Ministry of Transport (MOT) testing and servicing of the vehicles. We reviewed the company's electronic fleet management system. It was comprehensive and tracked when each vehicle was next due for servicing, tax and MOT. There were three vehicles used for patient transport services; one vehicle was off road at the time of our inspection. A further two vehicles were used for events that included a four by four and one ambulance. We saw evidence all vehicles had a current MOT, service and insurance and an email alert was sent to key staff from the fleet management system to remind them of when a MOT, for example, was due for renewal.

The service had an agreement with local garages who maintained the vehicles. The two vehicles we checked had appropriate checks for roadworthiness.

We checked a range of equipment in two vehicles including personal protective equipment, masks, suction equipment, wheel chairs, a child harness, and stretchers. We found equipment was clean and safely stored meaning, it could be accessed quickly when required.

Blankets provided by the contractor and used during a patient journey, were placed in a laundry bag, tied, and returned at the end of a shift for cleaning.

Each ambulance had a fire extinguisher secured appropriately in the vehicles. We found fire extinguishers were clearly marked with the next service test date and all were within date.

Daily checks before a shift started included checks of engine oil, coolant level, steering washer and windscreen wiper fluid, lights, tyre tread and first aid content checks. We saw the vehicle checks sheet was completed for both vehicles we inspected.

The operations staff were responsible for cleaning the vehicles at the end of a shift and a deep clean was undertaken regularly and a logbook stored within each vehicle.

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.

Risks to patients were assessed, and their safety monitored and managed. The provider had an exclusion criteria and therefore would only accept patients for transport if they were able to meet their needs for safe transport. The bookings staff completed a booking form with the help of the referrer to enable the service to complete a risk assessment for each patient. The risk assessment included the risk of violence, suicide, self-harm and absconding. Using the outcome of the risk assessment, the bookings staff identified if they could safely meet the patient's needs. Information and risks about patients' needs was communicated to staff on the electronic personal digital assistant. We observed patient booking information that confirmed risk factors, such as mobility, access to buildings and the patient's medical condition had been reviewed before a booking was accepted.

Staff carried out risk assessments during the transfer of patients. For patients whom staff were transferring long distances, the location of acute hospitals on the journey was identified, so staff could divert to these if the patient's condition deteriorated and needed clinical interventions the service could not provide. There was appropriate equipment on board ambulance vehicles to provide monitoring and assessment of patients during patient transport journeys. For example, patients could have oxygen saturations, non-invasive blood pressure, temperature and blood sugar levels recorded. Patient records showed staff monitored patient's health and wellbeing during patient transport journeys and recorded their findings. Staff responded to deteriorating patients by providing first aid, calling for the emergency services or diverting to the nearest accident and emergency unit. Within the vehicles, there were information sheets to assist crews with assessing a patient should their condition deteriorate.

The fleet management system tracked the movements and speed of a vehicle during its journey which helped maintain safe patient care.

Staffing

Good

Patient transport services

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

The registered manager, two operations manager, and one substantive member of staff were the only staff who were employed to undertake patient transport services. An administrator was also employed on a part-time basis.

The registered manager reviewed staffing levels against planned activity to ensure there were two members of staff available for each vehicle being used. The service only accepted bookings for patient transfers that the planned staffing could accommodate safely.

The service followed recruitment practices that ensured all staff had the relevant qualifications, skills training and experience to carry out their role. Our review of staff records confirmed the registered manager followed this process when recruiting staff. This included confirmation of completed checks against the disclosure and barring service (DBS), driving licence, and staff references before staff commenced employment.

The service did not use agency or bank staff for patient transport journeys, staff worked flexibly to cover bookings.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The leadership team had recently invested in an electronic staff and patient record dispatch system, provided by an external company. The system enabled County Medics Ltd staff to upload and download files quickly through a secure, password protected system. At the time of our inspection, the company was in the process of transferring all staff and recent customer records to the system.

The information technology system was used to monitor the quality and provision of care. The registered manager informed us the system was invaluable to inform care through the vehicle tracking system, and with the safe storage of personnel records. Journey booking details were sent to staff on a personal digital assistant (PDA) which meant no confidential patient records were stored in vehicles which minimised the risk of a potential data breach. All new patient bookings were made electronically, and the registered manager told us they had a vision to scan and upload all paper records over time with the aim of becoming a 'paperless' company.

We observed relevant patient information was collected during the booking process to inform the crew of the patient's health and circumstances. For example, any information regarding access to property, illness or individual needs was collected. Staff received the information on a PDA which provided collection times, addresses, and patient specific information such as if an escort was travelling with the patient.

Our review of the patient record forms showed staff detailed the care provided during transport. Information was collected on an audit spreadsheet following a patient transport journey to evidence if a response time was met. However, no analysis of the information had been completed overall to influence service improvements. The registered manager informed us the recently introduced electronic patient information system would allow reports to be produced in future to demonstrate targets and response times. This would enable areas where service improvements were required to be identified and acted upon.

The electronic system enabled all vehicle documents to be stored securely and alerts were sent to managers by email when a MOT renewal, for example, was due.

Staff records were in the process of being transferred to the new human resource electronic platform. These were password protected to ensure only those with authorised access could enter the database. The system supported the safe recruitment and employment of personnel as records were accessible through a web-based application from any location.

All paper records were stored in locked cupboards in the ambulance office and the office was locked at all times when not in use.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

There was a medicines management policy that was version controlled and was reviewed in April 2018. Whilst

the policy outlined key roles, responsibilities and accountabilities with the safe management of medicines, not all information was service specific. For example, the policy contained a chapter on the management of controlled drugs however, the service did not use or store controlled drugs (medicines that require an extra level of safekeeping and handling). Furthermore, the policy referred to personnel not employed by County Medics Ltd, such as nurses, dentists and health care assistants. Whilst some information was not service specific, the policy outlined processes relevant to staff (paramedics) working in the events side of the business, and for those completing patient transport journeys where over-the-counter medicines were available only.

There was an effective system to manage medicines. The clinical director took responsibility for the safe provision and management of medicines. Medicines were prescribed by a doctor who provided support to the company on a contractual, ad hoc basis, and they were ordered by the manager and stored securely. Medicines were stored in a locked medicines cupboard and the keys were stored in a key safe that was only accessible by the service manager and directors of the company.

No paramedics were employed for patient transport services and therefore only over-the-counter medication, such as paracetamol, was stored in the vehicles. We found medicines on all vehicles were stored securely and were in date.

We saw that staff maintained a record of the name of and amount of medication given, the batch numbers, expiry date and patient details, alongside the date of administration.

We were told and saw expired medicines were returned to the pharmacy for destruction. We saw evidence of this process being completed.

A medical gases supplier provided oxygen and nitrous oxide (a medical analgesic gas) in cylinders that were stored inside the garage, in purpose built secure storage. Cylinders were stored in line with the British Compressed Gases Association that recommends a well-ventilated storage structure for medical gases. The cylinders were labelled full or empty.

Incidents

The service did not always manage patient safety incidents well. Staff did not always recognise incidents and near misses or report them appropriately. This meant managers could not always investigate incidents and share lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff would apologise and give patients honest information and suitable support. Managers explained how they would ensure that actions from patient safety alerts would be implemented and monitored.

According to data submitted by the provider, there had been no incidents reported during 2019. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. The service manager and directors were mostly able to describe what would constitute an incident however, we identified one incident that was not recognised or reported as an incident. During a patient transport service journey, the ambulance crew were required to interrupt the journey to support a person who had become unwell at the roadside whilst awaiting an emergency ambulance to arrive. This was appropriately recorded as feedback on the patient transport journey form. However, it was not recognised as an incident which meant it had not been reviewed to identify if, for example, policies and procedures were adhered to, or if there was any learning that could be shared with staff within the service. In addition, staff told us there were some delays in collecting patients from hospitals which were not reported as incidents, which meant the service was unable to influence learning and performance.

There was an incident reporting policy that was in date and version controlled. Whilst the policy included information on the reporting of clinical and non-clinical incidents, not all information in the policy was clear or relevant to the service. For example, the policy stated that one objective was to '…describe the grading system to be used for assessing the impact of each incident, and the likelihood of recurrence, and to use the risk matrix score for establishing the extent of the investigation to be undertaken'. There was no grading system or risk matrix within the policy, or

instruction to locate them. The policy also referred to the emergency operations centre and the medical priority dispatch system, information that was not service specific to County Medics Ltd.

A significant or serious incident, or 'near miss' reporting form was stored in each patient transport service (PTS) vehicle for completion by the crew and was also available electronically should this be required; staff were familiar with the process for reporting an incident and told us an incident would be reported to the duty manager immediately by telephone.

We observed 'near misses' was an agenda item under the category of health and safety on the quarterly director's meeting minutes. Whilst the minutes were detailed, there was no agenda item for patient safety incidents.

The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering a written apology. Staff had an awareness of the requirements of duty of candour, and all four PTS staff had received awareness training from the clinical director during 2019. The PTS staff had read the duty of candour policy, dated January 2019, that was version controlled and comprehensive.

Are patient transport services effective?
(for example, treatment is effective)

Good

We have not previously inspected County Medics Ltd. We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff had used updated and new guidance as it was made available to them. New medical guidance was shared by the clinical director and then shared with staff. Staff told us they had access to the Joint Royal College's Ambulance Liaison Committee (JRCALC) guidelines.

The registered manager told us that the service followed the unified do not attempt cardio-pulmonary resuscitation orders (DNACPR) from the hospital wards. Staff told us if a patient deteriorated while on board the ambulance and a do not attempt cardio-pulmonary resuscitation order (DNACPR) was in place, they would transport the person to the nearest NHS emergency department.

All staff could access the online staff portal where they could read policies. We were told that any alert to changes to policies or urgent information sharing was done through a staff electronic communication application (app) group. However, not all policy documents were noted to have a version control or review date. This meant staff would not be able to tell if they had read the most recent version. In addition, there was no formal process for ensuring staff had read and understood the policies.

The service had a local audit schedule that included environmental, cleaning and medicines. An audit of incomplete staff documentation had been completed that highlighted gaps in the staff training log, and action had been taken to ensure staff had received training appropriate for their roles to support the delivery of evidence-based care and treatment.

Staff did not require any specialist mental health skills and specialised vehicles were not required as the service did not convey patients subject to the Mental Health Act 1983.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Patients' food and drink requirements were recorded on the patient journey form, for example, if a patient required sugar free drinks. When transporting patients, the crews attempted to meet people's nutrition and hydration needs. Bottled water was available and on an extended journey, the crew would ask the staff in advance if the patient had been fed, or if there were any special dietary requirements if the need to supply food arose.

Specific nutrition and hydration needs were assessed at the time of booking, for example, if a patient was diabetic and required regular snacks. Key information was shared with staff on the electronic patient journey form.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed pain verbally and were able to provide patients with over-the-counter analgesia, such as paracetamol, that was stored in the vehicles. This would be recorded on the patient transfer form. Patients would be asked to score their pain level on a scale of 1 to 10 that enabled patient transport staff to monitor if over-the counter medication was required. We did not review any records for patients who required pain relief.

Response times and patient outcomes

Whilst the service monitored agreed response times so that they could facilitate good outcomes for patients, they did not consistently use the findings to make improvements. However, a new electronic dispatch system stored patient journey information that would enable the service to effectively monitor response times and patient outcomes in future.

The provider did not have a consistent system in place to allow them to determine whether they were delivering an effective patient transport service. As a result, the service was unable to benchmark itself against other independent ambulance services carrying out a similar service or build on their own performance. All but three of the patient transport journeys completed in the previous 12 months however, were sub-contracted from other ambulance services and feedback about response times or any other problems were reported to the companies directly. Whilst managers collected data on their response times, nothing further was done with this information. The registered manager told us they were aware peak traffic times, such as rush hour, could impact on drop-off times and providers were kept informed of any delays.

The service was unable to give us exact numbers of journeys made in the last year. They told us they would have to count each paper record to enable them to supply us with that information. The operations manager told us that from November 2018 and October 2019, three private patient transport service (PTS) journeys were completed and a further two for an NHS trust. The manager reported that '…numerous assignments' had been completed on a sub-contract arrangement with other patient transport service providers, including one longer-term contract supporting hospital discharges. The number of journeys to be completed were not pre-determined.

The service had no contracts with commissioners that required them to submit response data as part of on-going monitoring. They did not participate in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, or (approved) accreditation schemes.

As the service had invested in an electronic dispatch system, the registered manager informed us this would automatically collate patient journey details that would enable an analysis of outcomes to assist with the identification of areas where service improvements could be made.

Patient journey plans for transport considered patient behaviour and preference. For example, there would be consideration of where the patient was sat in the vehicle and the closeness of the staff member.

The service had not been accredited under relevant clinical accreditation schemes.

Competent staff

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

Staff had the appropriate qualifications and experience for their role within the service.

The service had systems in place to manage effective staff recruitment processes. For example, we reviewed four substantive patient transport staff files and found evidence that staff had an employment contract. Staff files showed evidence of satisfactory references being requested and reviewed.

The service undertook Disclosure and Barring Check (DBS) checks on substantive staff members and we observed these were held in staff personnel records. The registered

manager told us they checked the bank paramedic registration details on the Health and Care Professions Council (HCPC) website. This registration required paramedics to demonstrate every two years they are trained and competent to work as a paramedic.

There was an induction and recruitment policy in place. The clinical director told us that whilst an induction was completed for all staff, a checklist was not used to evidence they had been completed.

Drivers had the correct licence category for the type and weight of vehicles used within the service. The registered manager and clinical director held an advanced driving qualification and observed staff driving as part of their induction. However, the driving observation was not documented as there was no induction checklist.

One patient transport journey staff member had not received an appraisal and the registered manager told us there was an action to ensure this was completed.

All staff had competencies in administration of medical gases and staff, that included the registered manager, two directors, and a substantive employee, had completed additional training within their other NHS and fire service roles. For example, the registered manager had a level 3 teaching qualification in trauma care and had completed quality assurance training. They were also registered as a critical and debrief counsellor and held trauma scenario learning days that events staff were invited to attend.

The company directors employed a medical doctor on an ad-hoc basis to support with the review of practice and procedures. This ensured action could be taken to ensure all staff remained competent for their roles.

Multidisciplinary working

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

Staff worked with staff from referring agencies to ensure key patient information was collated and assessed to ensure the patient transport service could meet the identified needs.

When staff transferred patients between services, they received a formal handover from staff at the transferring hospital.

Staff liaised with the local emergency department about specific patients' care. When they transferred an acutely unwell patient they alerted the hospital to ensure the department was ready to receive the patient.

Staff telephoned care providers if there was a delay with the transfer of a patient.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff told us if they identified that a person may require additional support services, for example, from Age Concern or the local authority, they would discuss this as appropriate. Consent would be gained before a referral was made to a relevant organisation with the aim of enabling people to seek advice and support in managing their own health.

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.

The service had an up-to-date policy on 'do not attempt cardiopulmonary resuscitation' (DNACPR) however, the document was not dated or version controlled. The policy contained key information and guidance on definitions, guidance and legislation, assessing capacity, and specific situations where consent may be more complex. Some information in the policy was not service specific, which meant it was not always easy to identify the roles and responsibilities and processes that should be followed by County Medics Ltd staff. For example, a paragraph on discharge/transfer outlined responsibilities of staff in a healthcare setting before the patient could be discharged when a DNACPR decision was in place. There was not always specific reference to the responsibilities of ambulance clinicians, for example, with the requirement to check for DNACPR paperwork as soon as possible after arrival at the patient's location, and to ensure that it was

currently valid and signed by the responsible clinician in charge of the patient's care. Patient transport staff explained the process they would follow however, and no concerns had arisen at the time of our inspection.

The Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) was not part of the mandatory training staff needed to have completed before commencing their employment with the service. However, we observed all staff had completed this within their other NHS roles and the operations director confirmed they would ensure the training was mandatory "going forward".

Staff we spoke with however, could articulate the process they would follow when booking and transporting patients if a DNACPR was in place. Patient record forms included DNACPR instruction at the point of booking and staff were required to ask for a hard copy before transporting patients with a DNACPR in place. This was not clearly set out in the service policy on DNACPR as a requirement when transporting patients with a DNACPR in place. Staff we spoke with were aware of this requirement however, and told us they always followed this process.

Staff gave examples of how they supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent and gave examples of when they had been required to ask for consent during a patient's journey. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. A capacity assessment tool was stored in an information folder on all transport.

The service did not use restraint or transfer patients against their will. Staff told us they would always seek consent from the patient to transfer them to a hospital emergency and urgent care services and this would be recorded in the comment box of the patient treatment record. If the patient declined transfer, staff recorded this on the record and the patient was asked to sign.

Staff accessed relevant information, which was confirmed at the time of booking on the patient record form. This was supported by their own assessment of the patient.

Are patient transport services caring?

Not sufficient evidence to rate

We have not previously inspected County Medics Ltd. We have not rated it as we did not gather sufficient evidence from patients.

Compassionate care

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

Although we did not observe any direct patient care during this inspection, staff explained how they took the necessary time to engage with patients. They told us they communicated in a respectful and caring way, taking into account the wishes of the patient at all times.

Staff were passionate about their roles and were dedicated in providing a service where the patient came first. Staff enjoyed their roles as they felt they were making a difference to the patients' lives. One director told us the "…palliative care side was really important to the staff" and that they provided a "…patient focussed" service at all times.

Staff maintained patients' privacy and dignity, by using clean blankets to cover them and ensuring they closed the vehicle door before moving or repositioning patients.

Comments on the feedback cards we reviewed on site showed patients felt staff were caring. One statement thanked staff for "…providing an excellent and professional service". Further comments included, "Excellent care" and "Very knowledgeable and caring".

Emotional support

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

Although we were unable to observe staff and patient interactions directly, we spoke with ambulance staff in the service about what they would do when transporting a patient who required additional emotional support. All staff we spoke with demonstrated a consideration for the emotional wellbeing of patients and their relatives.

Good

Patient transport services

The clinical director told us how they had supported a patient during a long journey and how they reassured them to help reduce their anxiety and made additional stops at their request.

A counselling service was offered to all staff members following a critical incident to support them with processing the event and reflect on its impact.

Understanding and involvement of patients and those close to them

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

Staff told us they were respectful and encouraged the input of family members. They asked family members about the patient's likes and dislikes and how best to interact with the patient. This meant staff could provide a more personalised approach to transporting the patient. Feedback from one parent confirmed they were very pleased with the service and interaction from staff.

We were given examples of how patients were involved in decisions about their care and treatment. Staff gave clear explanation of what they were going to do with patients and the reasons for it. Staff told us they checked with patients to ensure they understood and agreed.

Staff ensured they collated full details of the person being transferred during the pre-booking process to enable them to be aware of any communication needs, for example, to support them with involving patients in decisions about their care.

Patient transfer staff told us they kept patients, and/or their relatives updated if there were likely to be any delays.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Good

We have not previously inspected County Medics Ltd. We rated it as **good.**

Service delivery to meet the needs of local people

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

The service held some contracts with NHS commissioners. Most of the work carried out by the service was on request from local NHS trusts, one of which supported the discharge of patients during 2018/19. Three private journeys had been undertaken in the previous 12 months. The NHS providers commissioned work directly from County Medics Ltd and the company therefore relied on sustaining and managing the contracts successfully.

Due to the type of contracts on offer, County Medics Ltd had to be flexible and dynamic. Patient transport journey requests could be made at any time however, the directors told us they assessed each contract or individual journey request to ensure they could provide the same quality service at all times.

The registered manager told us the directors had joined the Independent Ambulance Association to ensure they were kept informed of best practice and learning to enable them to continue to meet the needs of local people. For example, a higher level of health and safety training was recommended and had been booked for February 2020.

Meeting people's individual needs

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

The patient transport staff were alerted of a person's specific needs before the start of a journey from the company's electronic personal digital assistant (PDA). Booking information reflected the cultural, religious or preference needs of the patient. For example, a female member of crew could be made available if requested. Staff told us they would clarify the information at the time of handover and ask if there was anything that may make the person more comfortable during a journey.

Staff told us when transferring patients with mental health issues, such as for patients living with dementia, they acted respectfully and allowed them to have as much choice as possible over their transfer. They reported that this enabled them to develop a rapport with the patient which assisted with reducing any anxiety.

Good

Patient transport services

Staff told us they rarely transported patients who required an interpreter however, they would ask for any requirements at the point of booking. Handbooks were available on each ambulance to assist staff with communicating with people whose first language was not English. The handbooks had a list of frequently asked questions and medical conditions. The provider also had a contract with a translating service and the contact number was stored in each vehicle and on each ambulance mobile phone.

All ambulances were equipped to transport patients who required assistance with getting in and out of the ambulance, or who used wheelchairs or other walking aids. There was a child harness available for use with the stretcher on the ambulance.

Staff told us that patients living with dementia and learning disabilities were treated with compassion and care. Staff gave us examples of how they had met individual patient needs. Examples included one patient being transported from a hospice to a treatment centre at a slow pace to ensure they remained as comfortable as possible; a long distance journey was planned in advance to ensure the patient was able to take regular comfort breaks when required; and two relatives were accommodated on the transport to support a patient living with dementia at end of life, during a journey to a hospice.

The provider did not transport patients with a BMI over 40, as they did not have the equipment to accommodate these patients.

Access and flow

Most people could access the service and receive the right care when they needed it in line with national standards, however, it was not known if this was always received in a timely way.

The service operated 24 hours a day, seven days a week.

Patient transport bookings were booked on the day of travel or in advance. Staff assessed the resource requirements and capacity on an individual basis. The operations managers and registered manager were responsible for taking patient transport bookings. The service advertised a contact number and an email address for bookings, and a duty manager responded to calls or email messages each day.

Patient transport journey times pick up and drop off times were not collectively monitored which meant it was not possible to identify if patients received a timely service.

The service was able to collect patients who needed to be repatriated to other areas of the country. The registered manager told us that no repatriation journeys had been completed at the time of our inspection.

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 service had a complaints/concerns policy that was in date and version controlled and stated all complaints would be acknowledged within three working days of receipt. This gave clear guidance to staff on how to record a complaint and how it would be investigated. The duty manager was responsible for managing and investigating the complaint. Timescales for response were 10 days for all complaints however, if the investigation was likely to take longer to investigate, then the policy set out that the complainant must be informed.

The service had a mechanism for recording verbal complaints/concerns. No verbal or formal complaints were recorded during 2019.

The two patient transport vehicles included information for patients on how to raise a complaint, concern, or a compliment about the service. The service also invited feedback on its website.

As there had been no complaints received by the service it had not been possible to identify any learning. A director gave an example of a historic complaint the company had received and told us how this had been managed that was in accordance with the complaints/concerns policy.

Are patient transport services well-led?

Good

County Medics Ltd had not previously been inspected. We rated it as **good.**

Leadership

Good

Patient transport services

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.

The leadership team was made up of three people. The registered manager, who was also the managing director, was a medical lead in the fire service. The second member of the leadership team, the clinical director, was a paramedic. They provided clinical and professional support to the registered manager. The third member, an operational director, held a level 4 certificate in First Response Emergency Care. Each of the three leads rotated on-call/duty manager responsibilities and were jointly responsible for running the business. The on-call manager was available to support staff, providers, and customers 24 hours a day, 365 days a year.

Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. For example, leaders had undertaken literary reviews of similar services and had embedded identified areas of good practice within the company. This included the provision of level three safeguarding to all staff, the embedding of a systematic audit programme, and investment in an electronic dispatch system.

To support the challenges to quality and sustainability, leaders had engaged in a contractual arrangement with a medical doctor/advisor who reviewed practice and provided advice to the company. The doctor attended quarterly governance meetings and reviewed clinical practice and protocols as requested.

The operational director was also responsible for the management of risk, complaints and incident investigation and governance of the service.

The clinical director acted as senior clinical advisor and was available for staff to contact for clinical advice. They were responsible for updating staff on clinical guidelines and overseeing the clinical support of the team. The registered manger told us they would meet with the clinical director each week and that they also attended quarterly governance meetings.

We observed that all three managers were visible and approachable and worked together to seek improved outcomes for both patients, staff and the business.

We found the leadership team were very responsive. Many new processes to drive improvement had been introduced since the company was first registered in May 2018.

Vision and strategy

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

The vision for the company was to have robust processes and systems in place to support gradual growth that would enable continuity in the provision of a high-quality service to all current and future customers. Leads explained the quality strategy included the embedding of the recently introduced electronic HR and dispatch system that would support the longer-term vision of expansion. The company's future aim was to employ additional staff, expand the premises, move to a 'paper free' organisation, and purchase new vehicles at a pace that enabled ongoing commitment to customers.

The company values always included the provision of a quality service to all patients whilst showing respect and care. Each staff member displayed the company values when speaking about their work, strategy and motivations.

The provider had a statement of purpose giving clear details about the service and its values.

Culture

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

The three leaders who all worked as patient transport drivers demonstrated throughout the inspection that they placed a high priority on ensuring a good standard of

patient centred care. They were proud of their commitment to treating all patients and carers with compassion and kindness. They aimed to provide emotional support to patients, families and carers.

All three leads/staff members worked together and they respected, supported and valued each other's contributions in making recommendations for continuous service improvement.

The registered manager was visible and approachable and, throughout our inspection, we observed there was a culture of openness and honesty in ensuring a continued focus on patients' needs and the provision of good quality care.

The service promoted equality and diversity in daily work by enabling a staff member with specific needs to work flexibly and attend special cultural days.

Staff were available during the week and worked flexibly on weekends, when needed.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. However, 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.

There were structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. However, the processes and arrangements were not always effective in ensuring policies and procedures were all dated, version controlled, and that all information was specific to County Medics Ltd. For example, within the incident reporting policy, medicines management policy, infection prevention control policy, and do not attempt cardiopulmonary resuscitation policy. We observed policies were entered as a risk on the company risk register and were under ongoing review.

A systematic audit process was in place to review and support continuous service improvement in many areas. For example, regular audits were completed for environmental, cleaning, staff documentation, and medicines processes. We observed action had been taken to drive up performance in relation to safeguarding training, vehicle deep cleans, and with the identification of a higher level of health and safety of training for staff.

There were no audits of patient record forms or journey times however, which meant there was limited process to provide assurance that these were completed accurately and provided detail of the care and treatment patients received. In addition, there was no cumulative record of the number of journeys completed under contractual arrangements for other providers, or information about any concerns that may have arisen. Whilst the information was shared with providers, there was a lack of monitoring of quality and outcomes which meant there was a risk opportunities for learning or the identification of where service improvement was required could be missed.

The process for internal recruitment in roles was comprehensive. Staff records were clear and concise with job descriptions, DBS, references and staff training and investment in a new electronic human resources system supported effective monitoring of information.

The electronic fleet management system supported effective governance of the maintenance of company vehicles.

There were quarterly governance meetings between the directors and there was a comprehensive record of these meetings. Set agenda items included equipment, health and safety, training, recruitment, contracts, infection prevention control and clinical practice. There was no set agenda item for the review of incidents and we were not assured that the directors always understood what constituted an incident. There had been no incidents reported in the previous 12 months however, we found an example of feedback provided on a patient transport record that would have constituted an incident. Furthermore, there were reports of delays in patient transport journeys which were not reported as incidents. We were not therefore assured that opportunities for learning from incidents or service improvements could be made.

We observed governance arrangements were recorded as an amber risk on the company risk register. An amber risk required ongoing review and we observed that the directors were proactive with the completion of a continuous business review. Advice was sought from

external bodies such as the Independent Ambulance Association, from a medical doctor, and from the review of literature regarding similar providers to ensure the ongoing improvement of governance arrangements.

Management of risks, issues and performance

Leaders and teams mostly 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.

There were processes in place to manage current and future performance and most, but not all, key performance data was collected and monitored. For example, journey time information and the number of journeys completed on sub-contract basis was not collated on a regular basis. This meant paper records would have to be reviewed which meant risks may not be readily identified.

The leadership team and staff who provided patient transport were clear about their roles and understood what areas they were accountable for.

The service had a formal risk register to record and manage risks. A risk register is a management tool, which enables an organisation to understand its risk profile, as risks are logged on the register and action taken to respond to the risks. This meant they were able to notice trends in incidents and put systems in place to lower any risks to patients, premises or the business.

The service had a business continuity plan that was in date and version controlled. This meant that in the event of IT failure, adverse weather conditions, catastrophic fire to premises, or vehicle theft, there were plans to enable the business to continue.

Information management

The service did not always collect reliable data and analyse it. Historically, data they needed could not always be found in easily accessible formats to understand performance, make decisions and improvements. However, the recent implementation of an electronic data system enabled data to be collected and measured going forward. The information systems were integrated and secure.

The leadership team had recently invested in an electronic dispatch system, provided by an external company. The system enabled County Medics Ltd staff to upload and download files quickly through a secure, password protected system. At the time of our inspection, the company was in the process of transferring all staff and current customer records to the system.

The information technology system was used to monitor the quality and provision of care. The registered manager informed us the system was invaluable to inform care through the vehicle tracking system, and with the safe storage of personnel records. Journey booking details were sent to staff on a personal digital assistant (PDA) which meant no confidential patient records were stored on vehicles which minimised the risk of a potential data breach.

All paper records were stored in locked cupboards in the ambulance office and the office was always locked when it was not in use. The registered manager was able to demonstrate the arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. No data security breaches had occurred to the registered manager's knowledge. The registered manager was familiar with the general data protection regulation changes that took place in May 2018.

Public and staff engagement

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

Leads had joined the Independent Ambulance Association, a body that shares up-to-date practice, policies and information between its members.

Patient surveys were carried out and we saw evidence of patient feedback cards completed by patients who used the service.

County Medics Ltd engaged with the local fire service and loaned an events ambulance on occasion to support in a role play exercise delivered to young people with the aim of reducing deaths in the county.

Good

Patient transport services

County Medics Ltd engaged with a local county council college to explore the possibility of apprenticeships however, a position was not offered due to business time constraints.

Innovation, improvement and sustainability

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

The service managers were proactive at seeking ways to continually improve the service. Investment had been made in an electronic, modern human resource and dispatch system that enabled managers to have immediate oversight of staff training needs, driving documentation, vehicle maintenance, and patient booking information, for example. The electronic system had reduced the need for paper documentation and associated risks of a data breach, whilst it also provided a platform to support future growth within the company.

County Medics Ltd used feedback from people to make service improvement. For example, they had recently provided envelopes with feedback forms in patient transport vehicles to improve confidentiality, following a comment received from one customer.

The provider has engaged with discussions with the Independent Ambulance Association regarding an appropriate level of health and safety training, as they had recognised more knowledge was required if the service was to expand. Leaders were booked to complete a national examination board health and safety training in February 2019.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure policies are dated and version controlled and that the detail in policies and procedures give clear and up to date guidance for staff. Reg 17 (1)(2)
- The provider should ensure that all incidents are reported as required and that there is an effective arrangement to review and share learning from incidents. Reg 17 (1)(2)
- The provider should consider including mental capacity act and deprivation of liberty safeguards training as a mandatory training subject.
- The provider should ensure there is evidence that all staff have completed an induction. Reg 18 (1)(2)
- The provider should ensure patient record forms completion are audited to provide assurance of safe patient care. Reg 17 (1)(2)
- The provider should audit journey times to identify if service improvements are required. Reg 17 (1)(2)
- The provider should ensure all staff receive an appraisal. Reg 18 (1)(2)