

Secure Care UK Limited

Secure Care UK Limited

Inspection report

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

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

This was the first time we inspected the service. We rated it as requires improvement because:

- Management systems at this location did not alert leaders when there were risks to patient safety, such as infection prevention control risks, and when staff had not been given required training,
- We found the patient transport vehicles had not had a deep clean since May 2022.
- Not all staff had completed all elements of their induction, including modules on first aid and basic life support.
- Staff were not aware of learning from incidents, complaint, or feedback from governance meetings and national communications.
- New identification badges issued to new staff were not fit for purpose.

However:

- Operational staff were clearly passionate about providing high quality care to the people they transported.
- Staff had access to all the information they needed to care for their patients.
- Staff used restraint techniques and the vehicle secure cells only when required.
- Staff did not work in isolation and the new members of staff we spoke with were extremely positive about the support they were given by their colleagues.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Requires Improvement

Rating



Summary of each main service

This was the first time we inspected the service. We rated it as requires improvement because:

- Staff and leaders could not easily access policies on their electronic tablets provided. Leaders could not provide assurance that staff could access the policies when required.
- Infection prevention controls were not effective. The vehicles used to transport patients had not been deep cleaned since May 2022. The management team were unaware of this as systems did not flag the vehicles had not been deep cleaned. Not all staff were aware of the seat coverings to be used when transporting patients.
- Leaders did not ensure learning from complaints and incidents was shared with staff. Although these were discussed at governance meetings, details were not cascaded to operational staff. Staff did not always receive feedback when they raised concerns about the service.
- Some staff had not completed elements of their induction, including first aid and resuscitation. The management team were unaware of this as systems did not flag staff who had been unable to complete their induction.

However:

- Staff provided good care and treatment, and assessed patients' food and drink requirements. The service met agreed response times.
- 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.
- 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.

Summary of findings

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Summary of this inspection

Background to Secure Care UK Limited

Secure Care UK is operated by Secure Care UK Limited. This service offers secure transport for patients with mental health conditions including patients detained under the Mental Health Act. They collect patients from their own homes, hospitals, and custodial settings. They transport patients to hospitals or other facilities to receive treatment for their mental health conditions. In the past 12 months, the service had undertaken 2,791 patient journeys.

The location was registered to provide the following regulated activities

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibilities for meeting the requirements set out in the Health and Social Care Act 2008.

This location registered with the Care Quality Commission in June 2021 and this was the first inspection. We carried out a comprehensive inspection on 24 January 2023 after we gave the service 24 hours' notice.

How we carried out this inspection

The team that inspected the service comprised a CQC inspector and a specialist advisor. The inspection team was overseen by Catherine Campbell, Deputy Director of Operations.

During the inspection, we visited the location in Bristol. We spoke with 14 staff, which included leaders and senior leaders. We looked at two vehicles, five staff records, complaints, logs of incidents, minutes of meetings, board reports, training records and various audits and policies.

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

Outstanding practice

We found the following outstanding practice:

Secure Care UK had invested to provide training as required under the Restraint Reduction Network training standards, which ensured they complied to embrace the cultural needs and values of restraint reduction. They were very proud to be the first and at the time of the inspection, the only Secure Mental Health Transport provider to become accredited in their own right.

Summary of this inspection

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure policies are up to date and easily accessible to staff and leaders. (Regulation 18 (2a)).
- The service must ensure all vehicles have deep cleans in line with policy. (Regulation 15 (1) (2)).
- The service must ensure systems allow leaders better oversight of when standards have not been met, or when staff have not received a full induction, and ensure all staff have completed all elements of their induction. (Regulation 17 (2a)).
- The service must ensure local risks are reflected on the corporate risk register (Regulation 17 (2a)).

Action the service SHOULD take to improve:

- The service should ensure staff are aware of infection prevention and control measures to keep patients safe.
- The service should ensure staff identification badges are fit for purpose.
- The service should improve communication with staff, especially in relation to concerns raised and learning from incidents.
- The service should ensure staff survey results are available per location, so the registered manager is able to identify results relating to their service.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Inspected but not rated	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Inspected but not rated	Good	Requires Improvement	Requires Improvement

Patient transport services

Safe	Requires Improvement 
Effective	Good 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Requires Improvement 

Is the service safe?

Requires Improvement 

This was the first time we inspected the service. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. It was comprehensive and met the needs of patients and staff. Training included person centred care, conflict resolution, distressed signs, the Mental Care Act and Deprivation of Liberty Safeguards. Overall compliance rates for all mandatory training was 96%.

Staff attended yearly refresher training in the prevention and management of violence and aggression. All other training modules were repeated every two years.

Leaders had good oversight over their team's compliance with mandatory online training as they had access to the training compliance log which was up to date.

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.

Staff received training specific to their role on how to recognise and report abuse. Records showed 92% of all staff had completed safeguarding adults' level 2 training, and 92% of staff had completed safeguarding children level 2 training.

Staff had access to information which helped them to determine if a known safeguarding concern was identified prior to transport taking place. Leaders told us as part of the risk assessment on arrival to convey a patient, call handlers asked if there were any potential safeguarding concerns, this was noted on the driver's conveyance record sheet.

Leaders made sure staff completed safeguarding training and monitored staff compliance.

Patient transport services

There was a dedicated safeguarding lead for the provider who maintained oversight of all safeguarding matters. The registered manager was trained to safeguarding level 4 for children, and the company's safeguarding lead was trained to safeguarding level 5 in children. This was in line with 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document Third edition: March 2014'.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could explain how they would respond if they witnessed or suspected abuse. They knew who their safeguarding lead was, who to inform if they had concerns, and how and why to make a referral.

Staff had access to support with safeguarding matters, which included out of hours support.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean, but could not produce evidence of deep cleaning of vehicles.

Leaders could not find a copy of their infection prevention and control policy during the inspection. They assured us they had a policy, but this was not easily accessible for staff or leaders.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Vehicles were cleaned cosmetically by operational staff, using a jet wash system which was maintained locally under contract. Vehicles were vacuumed before each shift. Cleaning products were clearly labelled and readily available for staff.

We looked at three vehicles which were visibly clean and well-presented both inside and outside. Vehicles we inspected had personal protective equipment, decontamination wipes, hand gel as well as aerosol decontaminant 'bombs' for use before and after direct patient contact with staff and vehicles.

However, staff raised concerns over the deep cleaning process and stated this had not been undertaken for many months. We checked the records and found no vehicles in the site fleet had been deep cleaned since May 2022. Leaders told us vehicles should all be deep cleaned every six weeks and whilst accepting this wasn't currently happening, due to a recent loss of contact with the cleaning company, they were not aware it had been eight months since any of the fleet vehicles had been deep cleaned.

We also noted three of the eight vehicles had original manufacturer fabric seats, which meant they could not easily be wiped clean. However, staff had access to a valeting machine for use along with suitable sanitising chemicals. Seat covers were available for staff to use to cover the seats which were wipeable and disposable. However, not all staff we spoke with were aware of this. We requested to see the infection prevention and control policy to see what guidance was available to staff, but the management team were unable to find this.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had a good understanding of the personal protective equipment (PPE) that was required. Staff uniforms appeared clean and tidy, and the staff were well presented.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Patient transport services

Environment and equipment

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

The design of the environment followed national guidance.

Staff carried out daily safety checks of specialist equipment. We reviewed the fleet management system. The fleet comprised of hire purchase and leased vehicles.

We looked at five vehicles. We found the MOT, tax and servicing in were in date. Service vehicle schedules were up to date. We noted one vehicle had been reported defective by a crew and this vehicle was awaiting repair.

Vehicle keys were stored securely in a locked cupboard which was password protected. Staff restocked vehicles and equipment bags regularly. There were laminated posters in the control room which confirmed what should be in each vehicle and equipment bag. This included diagrams to confirm where each item should be stored. Equipment bags were secured with tamper evident seals.

Vehicle kit bags were checked and were sealed. Basic resuscitation equipment was available and was also sealed and in date. Before each shift vehicles and equipment were checked by staff, including checking kit bags were sealed, dated and tagged. We reviewed the vehicle check sheets, both on paper and electronically. Staff could not accept a job without undertaking a thorough vehicle check at the start and finish of each shift. Digital records were available through a systems audit. Audit results for vehicle cleanliness was 100% in November and December 2022.

Staff disposed of clinical waste safely. Staff stored clinical waste securely on vehicles and their base, until it was collected by a third party.

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

Staff responded promptly to any sudden deterioration in a patient's health. They were trained in first aid and basic life support. They identified deteriorating patients and escalated them when required. Staff took patients to the nearest accident and emergency department or called 999 if they needed emergency care.

Staff completed risk assessments following each patient referral. The control operator took required to ensure safe transport, including medical history, medicines, anything that triggered the patient, physical aggression, history of self-harm or suicidal thoughts, sensory impairments and learning difficulties.

The service had one vehicle with a secure cell, designed to provide safe transport for those who were at risk to themselves or others, who may be detained under the Mental Health Act. However, the use of the cell was extremely low. Staff told us they were reluctant to use the secure cell as they preferred to support patients in a less restrictive manner on almost all occasions. When the secure cell was used, staff immediately raised an incident and alerted the management team who could then audit cell usage.

Patient transport services

Use of secure hand cuffs was also very limited. Staff told us they could use communication in most instances to mitigate the use of cuffs. However, there were times when cuffs were used, either as a requirement by the referring provider, such as the Ministry of Justice, or following a multidisciplinary team meeting to consider the risks to both staff and patient. We saw this decision making was documented, contemporaneous, and mindful of all persons involved with the patient at the forefront of the decision. If cuffs were used their use was clearly documented, an incident raised (and audited). Staff undertook repeat 15 minute observations including bodily checks for any harm. Any harm identified was always incident reported.

Staff had access to a clinical records system through an electronic tablet. It was mandated that patients had 15 minute observations during their journey considering their physical appearance, medical conditions and visual observations which included emotional and psychological state. We looked at records which confirmed staff undertook these observations regularly.

During the visit there was a problem identified with the tablet devices. A new software upload had significantly affected the usability of the devices and was preventing cases being updated and recorded in a timely fashion. Leaders were aware of these issues, although this had not been formally documented as a risk. During the inspection this issue was highlighted to the CQC inspectors, who raised this with the management team. Following this, the problem was rectified with an immediate action to remove a piece of software enabling the devices to once again operate as they originally had.

Staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Leaders regularly reviewed and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep patients safe.

The service had enough staff to keep patients safe. The service employed 52 members of staff at the time of inspection.

They did not use agency staff. The service ensured all staff were trained, before allocated to any patient transfer. The booking team refused transfer requests if they did not have enough trained staff available.

The service had a low vacancy rates, at the time of inspection there were two vacancies. The service had low sickness and turnover rates.

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.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. Staff had individual electronic tablets which were password protected. Staff were familiar with the system and reported positive feedback.

Patient transport services

Patient notes were comprehensive, and all staff could access them easily. They recorded mandatory information in the electronic records. This included the patient's risk assessment, if they used any form of restraint, details of the patient's search on collection and handover, patient's property and medicines, and how this was stored during the journey.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them. Leaders investigated incidents and but it was not clear lessons learned were shared the teams. When things went wrong, staff apologised and gave patients honest information and suitable support. Leaders ensured actions from patient safety alerts were implemented and monitored.

Staff we spoke to had reported incidents and were clear about what type of incidents to report and how.

Staff received feedback from investigation of incidents. Learning from local incidents were shared through deputy care operations leaders and team leaders to crews and staff. Examples shared with use included unplanned use of handcuffs. This information was logged onto the system, and this information could be reviewed by the registered manager and the senior leadership team. Any identified learning was then shared back with the crews.

Staff understood the duty of candour (DoC). They were open and transparent and gave patients and families a full explanation when things went wrong. Staff explained what had happened and apologised to patient.

The company's governance team reviewed incidents at their weekly review committee. This ensured they were categorised correctly, investigated and external organisations such as the CQC were notified as required.

Incidents and complaints of note from other locations were discussed at the national monthly governance meetings. We saw these included discussions of a patient who was known to self harm, a patient being sexually abusive to staff, and a patient with medication not noted in the journey booking. However, we could not find evidence learning from these incidents were shared with staff locally.

138 incidents were reported within the service in the previous 12 months. The service reported no never events. Never events are serious incidents which are preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Is the service effective?

Good 

This was the first time we inspected the service. We rated it as good.

Evidence-based care and treatment

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

Patient transport services

The service provided care and treatment based on national guidance and evidence-based practice. Staff followed national guidelines and evidence-based practice. Staff provided non-clinical treatment only.

Staff received training regarding the Mental Health Act 1983. All staff were up to date with training at the time of inspection.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

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.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff had access to bottles of water which they collected from the main location site to take on patient journeys. Crews were also permitted to buy lunch and hot drinks for patients on long journeys.

Response times

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

The service received bookings from two local NHS trusts and other providers they had contracts with. They had time targets for collecting patients. It was dependant on the type of booking, although they aimed to collect patients as soon as practicable. Staff recorded the time they arrived to pick up patients, the time they left the pick-up location, and when they reached their destination.

Delays were communicated in a timely way. If a journey was unexpectedly delayed on route, staff communicated this to the control operator. The control operator then communicated the delay to staff expecting to receive the patient.

Leaders tracked the location of the vehicle and provided an updated estimated time of arrival if the crew were delayed and not contactable.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There was an appraisal system for all staff. Vehicle crews were appraised by team leaders and deputy care operations leaders.

Most staff had completed an induction course when they joined the organisation. This comprised of a five day course followed by a period of shadow shifts. However, we identified two staff whose induction had not been completed. We

Patient transport services

raised this with the management team who confirmed, due to the sudden unavailability of the trainer, the induction had not been completed. We found that systems did not flag this to managers so they could quickly rectify this. This included the first aid and resuscitation elements of the induction. We did note new staff were always deployed with experienced staff.

Secure Care UK had invested to provide training as required under the Restraint Reduction Network training standards, which ensured they complied to embrace the cultural needs and values of restraint reduction. They were very proud to be the first and at the time of the inspection, the only Secure Mental Health Transport provider to become accredited in their own right.

The location employed one accredited trainer whose role was to train all ambulance crew staff. The trainer was formally assessed in their role in December 2022.

Staff did not work in isolation and the new members of staff we spoke with were extremely positive about the support they were given by their colleagues,

The location's manager met with their team every two weeks to share information from senior leaders as well as to hear concerns raised by crews and operational staff.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. It was clear staff engaged with other professionals on a regular basis to ensure risks were identified and mitigated. There was a clear understanding of this process and it was documented on clinical electronic records.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were trained in the Mental Health Act (MHA). Staff told us they would talk to patients and explain the reasons for their journey. This helped patients to understand what was happening and to provide informed consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. However, patient records did not show whether patients were being transported under the MHA or MCA. Staff would support patients to make decisions.

Staff were trained in using risk assessments with regard to transportation of patients detained under the MHA, and could explain clearly the justification and understanding regarding the legal authority to convey patients.

Is the service caring?

Patient transport services

Inspected but not rated 

This was the first time we inspected the service. We were unable to rate this as, due to the nature of the service, we were unable to observe or speak to patients.

Compassionate care

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

We spoke with a number of staff, who all demonstrated a clear passion for the work they did. They focused on patient dignity. Staff explained patients were at the centre of the service they provided and in discussions it was clear they treated their patients with absolute dignity and respect. Staff gave examples where, when transporting patients in handcuffs, they would cover the patients hand with a coat to respect their dignity.

Staff told us they kept patient care and treatment confidential. The vehicles they transported patients in were unmarked so people would be unaware the patient was subject to a secure journey.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Emotional support

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

Staff were clearly articulate about encouraging patients to ask questions during their journey and answered them to the best of their ability. They told us this helped to ease the patient's anxiety and helped to develop a rapport with the patient. Leaders told us they were proud crews were able to deescalate any potential anxieties with their personal, friendly and informal approach.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were clear their patients at the were at forefront, mindful of their backgrounds, and would ensure dignity and respect were upheld.

Staff could explain to us how they supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity.

Understanding and involvement of patients and those close to them

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

Patient transport services

Staff told us they made sure patients and those close to them understood their care and treatment. They would take time to calmly explain their role and where they were taking the patient when they were collecting patients from their own home.

Patients and their families were able to give feedback on the service and their care through the service's website. However, the service had not received any feedback in the preceding 12 months.

Is the service responsive?

Good 

This was the first time we inspected the service. 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.

Leaders planned and organised services, so they met the changing needs of the local population. The registered location had toilets, storage areas and space to store the vehicles. The base also had facilities to hold staff meetings and complete paperwork.

The service collected patients from mental health units, police stations, custodial settings, and people's own homes. They had agreements with two local NHS trusts and completed individual journeys for other local providers. With one local trust the service provided key performance data reports each week which highlighted and reviewed any journey that was over an hour late.

Leaders monitored and took action to minimise delays to patients. Leaders dispatched another vehicle when the assigned vehicle broke down. This was to reduce the delay experienced by patients.

The service transported one patient per vehicle. All staff we spoke to were aware they were only to transport one patient at a time.

Meeting people's individual needs

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

Due to the nature of the service and their short and limited engagement with the patient they did not complete individual care plans.

All staff were issued with an electronic tablet with a translator application installed. This application was able to provide written translation and verbal interpretation and could be used to assist where a patient had any visual or hearing impairments, or for translation. Staff also told us their kit bags included translation cards and picture books.

Patient transport services

Staff had a good understanding and were able to make reasonable adjustments for people with learning disabilities or dementia. Staff had access to sensory toys they could give patients. Staff told us how they supported one patient with distraction methods, including playing a favourite card game with them.

Key information was requested of the referrer. For example, they routinely asked if the patient had a gender preference for the crew, or if the patient had mobility issues. Control operators then allocated resources to ensure those needs were met and equipment was available. Special requests were recorded on the booking form.

Staff made sure they made reasonable adjustments when supporting patients living with mental health problems and learning disabilities. Control operators requested information on additional care needs. This included their mental health, physical health, learning disabilities, and dementia. Patient records showed consideration of how to meet specific needs of each patient.

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.

Leaders monitored waiting times and made sure patients could access services when needed and within agreed timeframes. Transport was booked through the call centre and staff logged the details, delegated the job and then drivers assisted by other staff collect patients and offered transfer between sites. Most bookings are booked and deployed on the same day and only a minority being pre-planned. The service ran 24 hours a day, seven days a week. The service had targets for collecting patients from time of referral and leaders monitored their compliance with these targets.

In 2022, the service undertook 2,791 patient journeys. Bookings were received through the call centre where staff completed an electronic booking form. Control operators reviewed the referrals and assigned staff and a vehicle to collect the patient. Referrals contained information of the individual needs of the patient including number of staff required, equipment needed, and type of vehicle requested. The control operator provided an estimated time of arrival for the referrer and communicated any delays.

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.

Leaders told us it could be challenging to get feedback from patients, but when they did, they used it to improve the service. They estimated they received one complaint a month regarding timings of journeys.

Any serious complaints were discussed at monthly national governance meetings, but none of these related to this service.

Leaders shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

Patient transport services

Is the service well-led?

Requires Improvement 

This was the first time we inspected the service. We rated it as requires improvement.

Leadership

Leaders mostly had the skills and abilities to run the service. They understood, but did not manage, the priorities and issues the service faced.

The leadership of the service consisted of a registered manager who was responsible for the operational side of the business. They were supported by a team of deputy care operations leaders. In addition, there was a manager whose role was to offer support to staff and overseeing the auditing process. The registered manager was supported by a regional manager.

The registered manager attended monthly governance meetings organised by the head office. There were leaders responsible for human resources, training, compliance with legal and regulatory requirement management of accounts and contracts.

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 company philosophy had been to expand and develop once safety and quality had improved.

The company's values were patient first, openness, respect, unity and determination. This was on their electronic platform, with a mechanism which allowed staff to show they had read and acknowledged the charter.

Culture

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

Staff stated they felt very supported by colleagues and team leaders and, to a lesser degree, by management. Some staff felt that leaders were not always supportive or approachable.

Although staff we spoke with were not aware of a whistle-blowing or grievance policy, they told us they felt confident to speak up through their team leaders.

Leaders openly talked about challenges faced by the service and acknowledged potential areas for improvement.

Patient transport services

All staff we spoke with spoke positively about patient care and how patients were the centre of their focus. They were proud of their colleagues and team working and felt reassured by the feedback from patients which was overwhelmingly positive. Several members of staff told us working at Secure Care was like working with family.

The company had provided mental health first aid support to their staff. This included a senior member of staff holding 'I'm Free Fridays', where they made themselves available to any staff who had mental health concerns.

The company had annual staff surveys, but results were not available per site, so the registered manager was not able to identify results relating to their service.

Governance

Leaders did not operate effective governance processes locally. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, but leaders could not demonstrate that staff had opportunities to discuss and learn from the performance of the service.

Staff at all levels were clear about their roles and accountabilities. They had regular opportunities to meet, discuss and learn from the performance of the service.

The clinical governance committee met monthly. Meeting minutes showed evidence of audit results, incidents and complaints, information security, policies, the risk register and business continuity being discussed. A report was presented every month, but we noted that the section which related to local issues in the South West had not been completed for the last two meetings.

Incidents and complaints of note were also discussed at the national monthly governance meetings. However, it was not clear messages from this service were escalated in this meeting, nor that key messages were cascaded back to operational staff.

The minutes provided for November and December 2022 had an entry for an update from the South, West and Central regions which covered this location, but no information or updates had been included.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact. However, key risks to the location were not effectively escalated.

Leaders identified and escalated risks and issues and identified actions to reduce their impact. The provider had an up to date risk register. However, we found key risks, known to the local management team had not been effectively escalated to the risk register. For example, the issue of the new software on the electronic tablets was causing systems to crash. This had been recognised as an issue for a number of weeks, but it was not on the risk register. Also, the poor quality identification badges were not entered onto the risk register. Each risk entry was reviewed and had actions recorded to reduce the risk. These risks were assessed for likelihood and severity which produced a risk score with most risks recorded as 'low' or 'medium'.

Patient transport services

We found leaders were not aware when vehicles had not been deep cleaned in six weeks. Although the service had systems which captured data regarding cleaning of vehicles, it did not alert staff or leaders when standards were not met.

We also found leaders did not receive alerts or reports when staff had not completed their inductions satisfactorily.

We also found new members of staff had been issued with paper identification badges. These did not have the staff surnames, nor did they have expiry dates. There was potential for these to be easily forged, and staff reported some organisations to which they collected or dropped off patients were not happy with the standard of ID. When we raised this with the management team, we were told this situation existed because it had been financially unviable to buy a machine to produce plastic identification badges. However, it was recognised this was a risk, and new ID badges would be issued to staff shortly.

Information Management

The service did not collect reliable data and analyse it. Staff could not find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information systems did not alert management when standards were not met (see Management of risk, issues and performance above).

Information was shared with staff through an electronic web based platform, emails, phone and posters around the site – there were also regular meetings with team leaders. However, we found the system to access policies was difficult to use and neither staff or leaders were able to find key policies, such as infection prevention and control policies. Some policies had been printed out and were available to staff in the base room. However, there was no process to ensure these policies were up-to-date, not any assurance staff had read them.

All computer systems were password protected and staff locked computer screens when leaving their workstation. Staff knew their responsibilities regarding data protection, where the data protection policy was stored and how to keep records safe. Staff files for current employees were held in a locked filing system.

Engagement

Leaders and staff did not always actively and openly engage with staff.

Staff did not always feel included and involved. Staff had regular meetings with their team leaders who could escalate concerns to deputy care operations managers. Staff told us they appreciated this opportunity, but they did not always receive a response from concerns raised. When we raised this with the management team we found, in most cases, they were aware of issues and had plans to address them. However, this had not been communicated to the staff. Leaders told us some plans were long term, and they did not want to raise staff hopes for faster changes. However, this did mean staff did not always feel their concerns were heard.

Patient transport services

Staff had access to an electronic application on their phones. They used it to communicate with each other. Staff could review rotas and allocations, find out about upcoming events and information, send confidential messages to the management team or post general messages to all staff. They had the opportunity to feedback on their experiences of working at the service, including through anonymous staff surveys.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff we spoke with were committed to improving the service, and providing the highest levels of care to their patients. Staff were committed to learning from incidents and complaints.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Vehicles had not been deep cleaned in line with policy.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Leaders did not have oversight of when standards had not been met, or when staff had not received a full induction, and ensured all staff have completed all elements of their induction.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Local risks were not reflected on the corporate risk register.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Leaders and staff were not able to easily access provider policies and not all policies were up to date.