

# MBS Medical Limited

# MBS Medical

## Quality Report

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

## Ratings

### Overall rating for this ambulance location

Patient transport services (PTS)	
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# Summary of findings

## Letter from the Chief Inspector of Hospitals

MBS Medical Limited is based in Maidenhead, Berkshire. The service provides a patient transport service and medical cover at events across the South of England.

Services are staffed by trained paramedics, ambulance technicians, ambulance care assistants and first responders on a casual basis.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 2 March 2017. We did not carry out an unannounced inspection as the service was not carrying out any duties during the unannounced time period.

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

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

### Services we do not rate

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

We found the following areas of good practice:

- Staff followed infection prevention and control procedures to reduce the spread of infection. They kept vehicles clean, tidy and well stocked.
- The system for servicing vehicles was effective. All had an up to date MoT and insurance, and schedules were in place to monitor servicing dates with accurate records kept.
- There were recruitment processes so all staff employed had the experience and competence required for their role. Appropriate pre-employment checks had been carried out.
- The service had a system for handling, managing and monitoring complaints and concerns.
- The service operated a patient transport service and event cover, which was mainly at weekends at times agreed by the event organiser. They provided an appropriate number of vehicles and staff dependent on the needs of the specified transport or event.
- Feedback seen from patients and event organisers was overwhelmingly positive.

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

- The management of medical gasses was not robust and needed to be improved.
- The service was not auditing infection control procedures and could therefore not assure themselves of their effectiveness.
- The service had yet to implement a proposed preventative maintenance schedule for equipment carried on vehicles.
- There was no provision on vehicles to support people who were unable to communicate verbally or who did not speak English.
- The service had no child restraints on their vehicles.

# Summary of findings

- Staff were aware of safeguarding and had received training however, there was no safeguarding policy and we were not assured of the level of training received was relevant to role.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve.

We also issued the provider with three requirement notices that affected Patient Transport Services.

Details are at the end of the report.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# MBS Medical

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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## Background to MBS Medical

MBS Medical Limited is operated by MBS Medical Limited. The service was set up in 2008 and was registered with the CQC on 12 July 2011. It is an independent ambulance service based in Maidenhead, Berkshire and primarily serves the communities in the south of England.

The service provides non-emergency patient transport and, in addition, medical cover at events. Medical cover at events is outside the scope of the CQC registration and is regulated by the Health and Safety Executive.

The MBS Ambulance Limited fleet consists of four ambulance vehicles: two fully equipped ambulance vehicles and two off road vehicles. The service employs two directors and one part-time administration manager. The service uses state registered paramedics, first aiders and emergency care responders on a casual basis.

The service has had a registered manager in post since its initial registration on 16 August 2011.

## Our inspection team

Our inspection team comprised of an inspector and a specialist advisor who had experience of emergency ambulance services and non-emergency patient transport services.

The inspection team was overseen by Leanne Wilson, Head of Hospital Inspection.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

MBS Medical Limited is an independent ambulance service, which primarily provides non-emergency patient transport services. In addition, they also supply first aid services to patients at public events. The service is staffed by trained paramedics, ambulance technicians and ambulance care assistants on a casual basis.

We inspected this service as a patient transport service as this was their primary work.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC which, at that time, found that the service was meeting all standards of quality and safety it was inspected against.

Activity (1 January 2016 to 31 December 2016)

- In the reporting period there was one patient journey and the service attended 71 public events.
- No never events
- No incidents of low harm
- No serious injuries
- No complaints

During the inspection, we visited the service base in Maidenhead. We spoke with five staff both in person and via telephone including emergency care assistants, ambulance technicians and management.

We did not speak to any patients or relatives as there were no patient transport duties or events taking place during our inspection.

We inspected four vehicles and reviewed 15 patient record forms completed by staff employed by the service.

We reviewed service's policies and procedures. We checked to see if complaints were acted on and responded to. We looked at documentation including relevant monitoring tools for training, staffing and recruitment. We also analysed data provided by the service both before and after the inspection.

# Patient transport services (PTS)

## Summary of findings

We do not currently have a legal duty to rate independent ambulance services.

### Are services safe?

We found the following areas of good practice:

- Vehicles were well maintained and checked on a daily basis.
- Staff understood their responsibilities to protect patients from avoidable harm.
- Staff had received training and were able to describe their awareness of safeguarding and what constituted abuse.
- There were policies and procedures for cleaning and deep cleaning ambulances and ambulances were visibly clean.
- Patient records were held securely and included appropriate information and the service regularly audited these.
- Staffing levels were sufficient to meet patient and event needs.
- Staff were confident in assessing and managing specific patient risks and processes were in place for the management of a deteriorating patient.

We found the following issues that the service provider needs to improve:

- The arrangement for safeguarding adults and children was not robust. We found that there was no safeguarding policy and we were not assured of the level of training received was relevant to staff role.

### Are services effective?

We found the following areas of good practice:

- Staff had been trained in their responsibilities in the Mental Capacity Act 2005 and showed awareness of consent issues.
- There were systems to ensure staff were suitably appraised or received clinical supervision.

### Are services caring?

Although we were not able to speak with patients we found the following:

- Staff we spoke with were passionate about their roles and providing excellent care.

### Are services responsive?

We found the following areas of good practice:

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

- The service utilised its vehicles and resources effectively to meet patients' needs and the events being covered. Specially adapted ambulances were available to accommodate patients of above average weight.
- We saw information about how to make a complaint available in all of the vehicles we inspected. Staff were aware of the service's complaints and compliments system.
- The service had a robust process in place to respond to feedback from patients and members of the public.
- There was no provision was made for patients who did not speak English or patients who had communication difficulties.

### Are services well-led?

We found the following areas of good practice:

- The culture amongst the directors and staff we spoke with was good, and they liked working for the service. The approach of staff was to provide person-centred care.
- All staff felt supported by the managers of the service and said the managers were competent, approachable and accessible should they require any advice.
- However, we found the following issues that the service provider needs to improve:
- There was no audit strategy or plan in place, which meant that managers could not always be assured of the quality and performance of services.
- There were limited effective governance arrangements in place to evaluate the quality of the service and improve delivery.

# Patient transport services (PTS)

## Are patient transport services safe?

### Incidents

- The service had a paper-based system for staff to report accidents, incidents and near misses. However, we did not see evidence of an incident reporting policy. Staff told us that they would report any incidents to a director both verbally and using the paper based system.
- The provider told us that they had no reported incidents within the reporting period of 1 January 2016 to 31 December 2016. As there were no reported incidents we were unable to test the extent to which staff understood incident reporting. Staff were unable to give examples of a change occurring as the result of an incident. We were therefore not assured incident reporting was embedded in the culture of the service.

### Cleanliness, infection control and hygiene

- We looked at four vehicles at the ambulance base and found them to be uncluttered and visibly clean.
- Staff were provided with sufficient uniform, which ensured they could change during a duty if necessary. Staff were responsible for cleaning their own uniform, unless it had been heavily contaminated, when it was disposed of as clinical waste.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection between staff and patients. Crews carried a spills kit on their vehicle to manage any small spillages and reduce the infection and hygiene risk to other patients.
- We were not able to observe staff providing care, as there were no transport duties or events taking place during our inspection. However, staff told us they were trained in infection control procedures, including washing their hands and using hand-sanitiser after patient contact. Records confirmed this training had been received.
- Cleaning materials were available for staff use. Different coloured mops and buckets were available for different areas; advice as to which mop should be used in which area was prominently displayed to prevent cross infection.

- We saw the service had a policy in place regarding safe disposal of clinical waste and sharps (such as needles) and also a service level agreement was in place with a waste contractor for removal.
- Vehicles were cleaned inside and outside between duties in line with the Infection Control Policy. Crews were required to ensure their vehicle was fit for purpose, before, during and after they had transported a patient. Decontamination cleaning wipes were available on all vehicles.
- A deep clean involves cleaning a vehicle to reduce the presence of certain bacteria. The service had an internal deep cleaning procedure for staff to follow. Vehicles were deep cleaned when necessary or twice a year. All vehicles we checked had a record of the last deep clean, which was in date. However, the service did not swab pre and post each deep clean to confirm the clean had been effective and there were no audits of cleaning activity in line with 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'.

### Environment and equipment

- The ambulance base provided secure ambulance vehicle parking facilities. The base was located within a locked farm complex. The service operated four ambulances and we inspected all four vehicles.
- All vehicles had an up-to-date MOT, service and were insured. We saw there were systems in place to monitor servicing and Ministry of Transport (MoT) testing of vehicles. We saw records of vehicle MoT tests, service records and insurance policies.
- All vehicles were locked when unattended. We found that vehicle keys were stored securely in a key safe to ensure only staff within the service could only access them.
- We looked at the arrangements in place to service and maintain ambulance vehicles. The service did have forms to document vehicle defects such as a description of a fault or defect and further action required. Staff informed us they reported any defects using these forms and directly to managers.



# Patient transport services (PTS)

- There was a standard equipment list on each vehicle, therefore, it was possible for staff to check and identify missing items. There was also an inventory of all equipment held in the stores at the base. This was audited on an annual basis.
- Equipment we inspected had been safety tested, stickers showed when the equipment was next due for testing and records were available to support their suitability for use. All vehicles we inspected had appropriate resuscitation equipment.
- There was appropriate equipment on board ambulance vehicles to provide monitoring and assessment of patients. For example, patients could have oxygen saturations, non-invasive blood pressure, temperature and blood sugar recorded.
- There was a variety of equipment on the vehicles that ensured the safety of patients. This included carry chairs, slide sheets, standard safety belts and strapping to attach wheelchairs to the vehicle floor. These were observed to be in good working order however, there was no schedule of preventative maintenance in place for these items. The service confirmed that they had sourced someone to carry out the maintenance but this was not yet in place.
- We saw training records that showed staff had received training on the equipment held on the vehicles.
- We found that there were no paediatric restraints on any of the vehicles. We advised the service of this during the inspection and they told us that it was extremely rare for them to have the need to transport a child.
- All four vehicles carried single use, disposable fire-extinguishers. A visual check showed that all four were out of their service date. The service was informed during the inspection and they confirmed that they would rectify this.
- The ambulances we inspected were fully equipped with disposable single use equipment which was stored appropriately and was, with the exception of the fire-extinguishers, all in-date.
- One of the ambulances had oxygen flow meters and oxygen pipes in place. However, the oxygen flow meters were out of date according to the manufacturers stamp and there was no evidence of oxygen pipe testing. We

informed the service during the inspection and they confirmed that they did not use piped oxygen. Therefore, as the flow meters and oxygen pipes were not used they said would arrange to them to be removed.

- Staff knew the process to follow if their vehicle broke down or was involved in an accident, addressing the immediate needs of any patients first and then liaising with the director on call. There was a vehicle incident form which staff would complete to record details such as time and location of incident or defect, who was involved and who was informed for example the directors.

## Medicines

- There was an 'Equipment and Management of Medicines Policy' (2016) for staff to follow for the order, receipt, storage, administration and disposal of medicines. The policy included guidance for staff to adhere to, concerning which medicines they could administer dependent on their role and scope of practice.
- Medicines at the base were stored in a locked shed within a locked barn, which was located on a secure farm site. However, the medicines were not locked away within the shed and there was no record of what was taken out and what was returned. This meant the directors could not be assured who was accessing medicines and they did not have control on stock levels.
- The service did not keep controlled drugs on site. Controlled drugs are a group of medicines that require special storage and recording arrangements due to their potential for misuse.
- Medical gases were carried on each ambulance vehicle. We found that oxygen cylinders on the vehicles were safely secured and were in date.
- There was no guidance for staff to follow regarding the administration of oxygen to patients in the course of their work. For example in line with the British Thoracic Society guideline for oxygen use in adults in healthcare and emergency settings.
- The service also kept a stock of medical gas cylinders. These were securely stored in a locked shed within the ambulance base. There were signs to alert staff and visitors to the flammable nature of the gases. However, full and empty cylinders were not segregated and the

# Patient transport services (PTS)

temperatures were not monitored in line with nationally recognised guidance such as 'The code of practice 44: the storage of gas cylinders (2016)' and 'Technical information sheet 36 (2017)' from the British Compressed Gases Association.

## Records

- Senior managers collected relevant information during the booking process to inform the drivers of patient's health and circumstances. For example, any information regarding access to property or illness issues would be collected. However, we were unable to test this due to the minimal numbers of patient transport activity for the service.
- The service ensured that up-to-date 'do not attempt cardio pulmonary resuscitation' (DNACPR) orders and end of life care planning was appropriately recorded and communicated when patients were being transported.
- If a patient received treatment, staff completed patient report forms (PRFs), based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines.
- Staff stored completed PRFs securely on vehicles in the cab area, which they kept locked when the vehicle was unattended. We saw patient information and patient record forms kept within locked metal cupboards at the ambulance base.
- The service audited every PRF record informally and would discuss any anomalies with the staff. Feedback was given to staff on both the content of the PRF and the care they provided to patients.
- Due to the minimal number of patient transport activity we reviewed 15 PRFs relating to events. The directors told us they used the same forms for both transport and events. We saw they were completed legibly, contained appropriate information and were signed and dated.
- The directors told us that staff personnel files were stored in a locked cupboard held at the homes of the directors. Only the directors had access to the files to ensure the confidentiality of staff members was respected.

## Safeguarding

- Systems and processes were not established and operated effectively to prevent abuse of service users or to recognise and report concerns. There was no oversight or scrutiny of the safeguarding process.
- The service did not have policies for safeguarding children and for protecting vulnerable adults from abuse. One of the directors was the safeguarding lead for the service but had not received additional training for this role.
- However, 100% of staff we spoke with had a good understanding of safeguarding and when they would report an incident. Staff we spoke with could describe the signs of abuse, knew when to report a safeguarding incident, and knew how to do this.
- Safeguarding vulnerable adults and child protection was part of mandatory training. Records confirmed all staff had received training. Training was provided by an external, independent trainer but we were not advised which level the training was. This meant we could not be assured that training was at an appropriate level for staff role as set by 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014'.
- 100% of ambulance staff had valid enhanced Disclosure and Barring Service (DBS) checks. An outsourced company checked these every three years.
- We were able to see a check with the DBS had been carried out prior to staff commencing duties, which involved accessing patients and their personal and confidential information. This protected patients from receiving care and treatment from unsuitable staff.

## Mandatory training

- Mandatory training covered a range of topics including, fire safety, Mental Capacity Act 2005, and information governance.
- Mandatory training was delivered as face to face training using internal and external trainers. All staff were required to complete and record their mandatory training and we saw records which confirmed this training had been undertaken.
- The directors maintained records to see the training that staff had completed and training due for renewal.

# Patient transport services (PTS)

- Staff completed training as part of their induction process, upon beginning employment with the service.
- Both directors of the service had received training to 'drive under blue lights'. They confirmed the service had no 'blue light' transfers during the period January to December 2016. They had commenced discussions with the local police service to set up driver awareness sessions for staff.

## Assessing and responding to patient risk

- The service had a 'Patient Deterioration Policy' (January 2017) to provide guidance for staff. Staff told us when they provided support during patient transport or at events, staff completed clinical observations on patients, as part of their care and treatment to assess for early signs of deterioration. If a patient did deteriorate, the policy stated that staff request additional emergency clinical support. No examples were provided for the reporting period as the situation had not arisen, and so were we unable to test this.
- Staff used equipment on board ambulance vehicles to provide monitoring and assessment of patients in their care. For example, patients could have oxygen saturations, non-invasive blood pressure, temperature and blood sugar recorded.
- Members of staff told us that in the event of patient deterioration they would call 999 for emergency backup. This was confirmed by the directors as the process that should be followed.

## Staffing

- The service used 12 self-employed staff, which included emergency care assistants, first responders, paramedics and technicians on an ad-hoc, casual basis.
- The directors reviewed staffing levels and the appropriate skill mix of staff to cover allocated patient transport duties and events. Shifts were allocated in advance once patient transport duties or events had been confirmed. Directors told us they would not accept a duty if they were unable to staff it appropriately.

## Response to major incidents

- The service primarily carried out 'ad hoc' work, so would assess resource requirements and capacity on an individual basis when requested. Demand fluctuated and the service only undertook work that was within

their capacity. The directors considered the impact of different resource and capacity risks and could describe the action they would take to mitigate any risks. For example, if they could not adequately staff an event they would not accept the contract.

- The service had a business contingency plan that identified how the service would function in the event of an emergency or outage such as a vehicle breakdown.
- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and would generally include the involvement, either directly or indirectly, of large numbers of people.
- As an independent ambulance service, the provider was not part of the NHS major incident planning.

## Are patient transport services effective?

### Evidence-based care and treatment

- Staff provided care and treatment to patients in line with the Joint Royal Colleges Ambulance Liaison committee (JRCALC) clinical practice guidelines. However, there were no regular clinical audits to monitor adherence to these guidelines. This meant the provider did not have systems or processes to monitor and improve the quality and safety of the service.
- The service had limited policies and guidance to support evidence based care and treatment. The documents we looked at were up to date.
- The service's policy on Do Not Attempt Cardiopulmonary Resuscitation was based on, and referred to, the Resuscitation Council (UK) guidance.

### Assessment and planning of care

- Staff adhered to relevant national and local protocols (when available) for their role, when assessing and providing care for patients during patient transport duties.
- During the booking process, information was gained regarding mobility aids, whether or not a stretcher was required and details of any oxygen required. Staff told us they were able to make assessments of the needs of patients at the point of pick up and make adjustments where necessary.

# Patient transport services (PTS)

## Response times and patient outcomes

- From 1 January 2016 to 31 December 2016, there had been one patient journey.
- The service was very small however there was no formal system in place to monitor the services performance to ensure they were delivering an effective patient transport service. The directors we spoke with confirmed that the service did not benchmark itself against other providers.
- The service was very small however it did not undertake audits which would allow it to assess if it was meeting the needs of the patient groups it served. We found the service did not have a system to routinely collect or monitor information on how the service was performing.

## Competent staff

- The directors informed us that all staff had received an appraisal within the last twelve months. An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. All staff we spoke with confirmed that they had received an appraisal.
- All new staff were required to undertake a set induction programme that refreshed and tested knowledge on safeguarding, manual handling, infection control and health and safety. We saw training records which confirmed this training had taken place.
- Directors told us that they reviewed qualifications of new staff. For example they checked paramedics were registered with the Health and Care Professions Council, which is required to enable paramedics to practice in the UK. We saw records which confirmed these checks.
- The directors told us that they periodically reviewed patient record forms completed by staff for completeness and accuracy. Feedback was provided to staff during appraisals.
- Driver and Vehicle Licensing Agency (DVLA) checks were conducted at the start of employment. All crew were aware of the need to notify the managers of any changes to their license in line with the driving standards policy.

## Coordination with other providers and multi-disciplinary working

- Managers and staff told us they worked in a multi-disciplinary manner with healthcare staff from other services they liaised with for patient transport and when attending events they were supporting.

## Access to information

- Staff felt they had access to sufficient information for the patients they cared for. If they needed additional information or had any concerns, they spoke with the managers.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act 2005. An external trainer provided this training, information provided by the service showed all staff had attended training or were subsequently briefed and were up to date.
- Directors and staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. They described how they would support and talk with patients. For example, they told us they would seek the patients verbal consent before providing care and treatment and when they used seatbelts or straps to restrain them safely.

## Are patient transport services caring?

There were no patient transport duties scheduled during the inspection period so we were unable to observe any patients interactions or episodes of care during the inspection. This also meant we were unable to test the information given by staff and managers.

## Compassionate care

- We reviewed feedback that the service received from patients and event organisers, which included positive and appreciative comments about the service they had received and the caring attitude of staff.

## Understanding and involvement of patients and those close to them

- Staff told us that they always gave clear explanation of what they were going to do with patients and the

# Patient transport services (PTS)

reasons for it. Staff told us that they checked with patients to ensure they understood and agreed and that patients were involved in decisions about their care and treatment.

- Staff told us they provided clear information to patients about their journey and informed them of any delays.

## Emotional support

- Ambulance crews did not routinely transport patients who were end of life or had passed away. However, staff were aware of the need to support family or other patients should a patient become unwell during a journey.

## Are patient transport services responsive to people's needs?

(for example, to feedback?)

## Service planning and delivery to meet the needs of local people

- The non-emergency patient transport service was an 'ad hoc' service to meet the needs of their patients and workloads were planned around this.
- Booking requests were taken by the directors and quotations would be submitted. If the transport or event organiser wanted to proceed they would then advise the service, who would schedule the appropriate level of staff.

## Meeting people's individual needs

- The booking process meant people's individual needs were identified. For example, the process took into account the level of support required, the person's family circumstances and communication needs.
- There were no formal arrangements for interpreting services. For patients with communication difficulties or who did not speak English, we were informed staff would use their own telephones to look up phrases and words to help them communicate. However, should they be in an area with no mobile signal, there was a potential risk to patient care if a phrase book was not on the vehicle.

- The service did not have any communication aids, to support patients who were unable to speak due to their medical condition or who had complex needs. There was a potential risk of patients not being able to explain what was wrong or understand.
- The service had one vehicle equipped with a bariatric stretcher and other specialist equipment to support bariatric patients. Bariatric patients are those with excessive body weight, which can affect patients' health.
- There was seating in the ambulances to allow family members or additional medical staff to travel with the patient.
- Ambulances had different points of entry, including sliding doors, steps and tailgates so that people who could walk or in wheelchairs could enter safely.
- Staff told us they would transport a patient in their own wheelchair if possible, rather than transferring them to a trolley, so they were more comfortable.

## Access and flow

- Directors confirmed that patient transport services did not do emergency transfers and patients transported were usually clinically stable.
- The 'job sheets' carried by staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- If a journey was running late, the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.

## Learning from complaints and concerns

- The service had a system for handling, managing and monitoring complaints and concerns. For example, each vehicle had patient feedback forms available for patients to complete. They had details of how to contact the service and how to complain attached.
- We had no specific feedback relating to transport duties, so we reviewed the feedback responses received from



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patients and event organisers to get an understanding of the service. Feedback was overwhelmingly positive and the service had not received any formal complaints for the last 12 months.

- The 'Complaints and Feedback Policy' (January 2016) outlined the process for dealing with complaints initially by local resolution and informally. Where this did not lead to a resolution, complainants were given a letter of acknowledgement within 21 days of receipt followed up by a further letter as soon as possible, once an investigation had been made into the complaint.

## Are patient transport services well-led?

### Leadership / culture of service related to this core service

- The day-to-day management of the service comprised of two directors and a part-time administration manager. The directors looked after the welfare of the staff and were responsible for the planning of the duties undertaken.
- Staff spoke positively about the directors of the service. They had confidence directors had the appropriate skills and knowledge for their roles, felt able to raise any concerns with them and found them easy to contact. Staff we spoke with said the organisation and the directors were good to work for and they felt they were well looked after.
- Staff said they were proud to work for the service. They wanted to make a difference to patients and were passionate about performing their role to a high standard.
- All staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the directors.
- The directors we spoke with during the inspection had a clear understanding of the concerns we raised and how they would address these to ensure compliance.

### Vision and strategy for this this core service

- The service did not have a written vision and strategy statement. However, they had values of compassion and a service committed to excellence. All staff we spoke with were aware of these values and could express them in terms of their role.
- The strategy and focus was to consolidate the business and to develop and improve the quality of service. The directors informed us they had no plans for service expansion.
- Staff understood the instability of the work through ad hoc contracts and the desire to develop a more long-term plan.

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

- We found no evidence of a clinical governance framework and no formal system for clinical support. Medical director support was provided by a local GP on an ad hoc basis.
- We reviewed minutes of three directors meetings, August, September and October 2016. The meetings followed a standardised agenda to ensure consistency of reporting and included agenda items such as staff matters, training issues, workload, vehicles and equipment, premises and financial concerns.
- The service had a mechanism to identify and manage risk. The service held a risk register to identify and monitor the highest risks to the organisation, both clinical and non-clinical. However, this did not reflect all risks identified during the inspection for example there was no mention of services dates for equipment such as fire-extinguishers.
- There was no formal system to disseminate learning from incidents, safeguarding and complaint outcomes.
- The service did not carry out audits to measure the quality and effectiveness of the service delivered such as cleanliness and infection control. However, patient records were audited and information and learning was shared with staff during formal and informal development discussions.

### Public and staff engagement

## Patient transport services (PTS)

- Patient feedback was encouraged through access to forms on vehicles. All of the feedback we looked at was complimentary about the care and treatment they had received from staff.
- The service had a web site with information for the public about what the organisation could provide.
- Due to the nature of the service and the majority of staff being part-time, team meetings were not held regularly and were not minuted. However, staff met for one evening per month for planned training sessions. This gave the service an opportunity to share information and ideas. Staff we spoke with valued these sessions and found them useful.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- Improve its processes for safeguarding adults and children. It must ensure that staff are trained to the appropriate level for their role, there are appropriate reporting arrangements in place, and that this is monitored.
- Ensure there are appropriate infection control and prevention arrangements. They must swab pre and post each deep clean to confirm the clean had been effective and audit cleaning activity.
- Ensure that all equipment is fit for use and required checks and maintenance is carried out. It must introduce proposed preventative maintenance schedule for equipment carried on vehicles without delay.

- Ensure that a policy for the administration of oxygen is in place to ensure oxygen is stored and administered to minimise risks to patients or staff.
- The risk register must describe all risks to the service and what plans are in place to reduce the risks.

### Action the hospital **SHOULD** take to improve

- The service should ensure provision was made for patients who did not speak English or have communication difficulties.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that safe care and treatment was provided at all times because:</p> <ul style="list-style-type: none"><li>• Not all health and safety risks in the service had been assessed and mitigated to reduce risk to staff and patients.</li><li>• Not all vehicles and equipment that had been maintained to ensure they were fit for use</li><li>• There were no infection prevention control audits conducted to ensure high standards of cleanliness were being maintained.</li><li>• There were limited systems or processes to ensure the proper and safe management of medicines, specifically oxygen.</li></ul> <p>Regulation 12 (1)(2)(a)(b)(c)(e)(g)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• Systems and processes were not established and operated effectively to prevent abuse of service users or to recognise and report concerns.</li><li>• There was no oversight or scrutiny of the safeguarding process.</li><li>• Staff had received safeguarding training however assurance is required that it is relevant to staff role.</li></ul>

This section is primarily information for the provider

## Requirement notices

Regulation 13 (1) (2) (3)

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- The risk register did not reflect all identified risks and ensure appropriate actions are taken to mitigate risk.
- The provider did not have systems or processes, such as regular audits of the service provided or assess, monitor and improve the quality and safety of the service.

Regulation 17 (1)(2) (b)(f)