

Cartello Adams Ltd

Cartello Ambulance

Quality Report

Unit 6 West Cannock Way
Chase Enterprise Centre
Hednesford
Staffordshire
WS12 0QW

Tel: 01543 897200

Website: www.cartello-ambulance.co.uk

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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.

Summary of findings

Letter from the Chief Inspector of Hospitals

Cartello Ambulance is operated by Cartello Adams Limited and provides a patient transport service. The service was registered on 4 September 2014 and provides a service for both adults and children.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 17 January 2017.

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.

Cartello provided regular services such as taking and picking up children with complex medical needs from school or day centres, supplying ambulances to another private ambulance on a sub-contractor basis and transporting NHS patients discharged from hospital or attending outpatient appointments. The service was based in Hednesford, Staffordshire. There was an office and a garage, which housed the seven ambulance vehicles

We found the following areas of good practice:

- The service employed staff who were knowledgeable about how to carry out their role.
- We saw that vehicles and equipment were clean and well maintained.
- Staff worked effectively with other providers in order to provide the transport service.
- Staff were caring, helpful and respectful.
- Staff within the service had completed training to assist with meeting the needs of individuals including patients living with dementia and learning disabilities.
- There was a positive culture within the organisation with approachable leaders.

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

- A culture of incident reporting was not embedded in the service. Staff reported incidents verbally but there was no formal recording of incidents or their severity or how learning from incidents had been shared.
- We saw that patient records were not always available or complete and did not specify patients' needs or actions to be undertaken in an emergency.
- Staff and managers were not aware of the duty of candour regulations or actions that the service was required to undertake under these regulations.
- There were no practical checks of driver competence at the time of our inspection although this was planned.
- Staff had never had an appraisal or a formal review of their performance.
- The safeguarding policy included both safeguarding vulnerable adults and children but did not fully detail the legislation to safeguard both vulnerable groups.

Summary of findings

- The organisation did not have any policies or procedures that referred to obtaining consent from patients or considerations, which should be made with regard to the Mental Capacity Act 2005.
- There was no formal recorded vision and strategy for the service.
- Governance arrangements needed to be strengthened to ensure the service was able to develop systems to minimise the risk to patients and staff.
- There was no registered manager or responsible individual for the organisation.

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 four requirement notices, details of which are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals

Cartello Ambulance

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Cartello Ambulance

Cartello Ambulance is operated by Cartello Adams Limited. The service opened in October 2014 as an independent ambulance service in Hednesford, Staffordshire. The service primarily serves the communities of the West Midlands.

The service is registered for the regulated activities of patient transport services.

This was the first inspection of this service. The inspection was undertaken on 17 January 2017.

The service has been registered since September 2014 and at that, time had a registered manager. However, the registered manager was no longer employed and had not been involved with Cartello Ambulance for some time. At the time of the inspection, a new manager had recently been appointed and had applied to be the registered manager with CQC.

Our inspection team

The team that inspected the service comprised of two CQC inspectors one of whom was also a paramedic. The inspection team was overseen by an inspection manager.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

- Patient transport services.

Cartello Ambulance operates from Hednesford (Staffordshire) location only. Requests from third parties to provide patient transport by Cartello Ambulance were received into the Hednesford office. The service provided regular services such as taking and picking up children with complex medical needs from school or day centres and supplying ambulances to another private ambulance provider on a sub-contractor basis, transporting NHS patients discharged from hospital or attending outpatient appointments. The service was also contacted on an adhoc basis if other patient transport services were struggling to meet patient demand. During the inspection, we visited the Hednesford location, where the office and garage, which housed the vehicles, were situated. The service had between five and seven ambulances providing a patient transfer service each day.

The service had eight patient transport ambulances on the road and two patient transport ambulances off the road for repair at the time of our inspection. Nine of the ten ambulances were able to carry patients on a stretcher in addition to seated patients.

We spoke with 10 staff, which included six patient transport drivers and three managers/ office staff. We did not speak directly to patients or observe care provided during the inspection. Following the inspection, we spoke with two relatives of patients. During our inspection, we reviewed two sets of patient records.

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 found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January 2016 to December 2016)

- There were 4217 patient transport journeys undertaken.
- 18 patient transport drivers worked at the service and three managers. Staff worked on a zero hour contract and all but one staff member worked solely for Cartello Ambulance. Two of the managers were also mechanics who serviced, and repaired the vehicles. A manager took booking for ambulances.

In the reporting period January 2016 to December 2016, there had been:

- No clinical incidents reported
- No serious injuries reported
- Two complaints

Patient transport services (PTS)

Summary of findings

Are services safe?

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

We found the following areas of good practice:

- The ambulance fleet was maintained to a good standard. Vehicles were well equipped and visibly clean and were 'deep cleaned regularly.
- Staff had a good understanding of safeguarding and were able to identify the process for escalating a safeguarding concern.
- All staff were trained to First Person on Scene (FPOS) intermediate level 3 to provide emergency or urgent first aid.

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

- There was no formalised approach to reporting, recording and reviewing incidents. This meant that learning from incidents could not be shared.
- Staff and managers were not aware of the duty of candour regulations or actions that the service was required to undertake under these regulations.
- Storage/ linen rooms did not meet infection prevent and control guidelines.
- Equipment such as automated external defibrillators (AED) was not stored securely in overhead lockers, which meant there was a risk of injury to the ambulance occupants if there was a collision.
- There was insufficient information about patient needs and plans of care in an emergency (patients who were transported on a regular basis with complex needs) at the time of our inspection although this has since been addressed.
- There was one safeguarding policy, which did not fully identify the safeguarding requirements of both adults and children.
- There were no practical checks of driver competence at the time of our inspection although this was planned.

Are services effective?

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

We found the following areas of good practice:

- The service employed competent staff who were knowledgeable about how to carry out their role.
- Staff worked effectively with other providers in order to provide the transport service.
- Staff conducted handovers both at sending and receiving establishments; ensuring relevant information was shared in a timely way.

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

- No staff had received an appraisal or a formal review of their performance.
- Information such as operational policies required review and updating.
- The organisation did not have any policies or procedures that referred to obtaining consent from patients or considerations, which should be made with regard to the Mental Capacity Act 2005.
- Staff were unsure about their responsibilities under the Mental Capacity Act and did not understand the relevant consent and decision making requirements of legislation.

Are services caring?

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

We found the following areas of good practice:

- Staff were respectful, caring and considerate.
- Patient comments on the patient experience forms identified that staff were caring, respectful and helpful.

Are services responsive?

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

We found the following areas of good practice:

- The service was available 24 hours a day, every day of the year.
- The needs and requirements of the patient were identified to ensure appropriate equipment and staff were available.

Patient transport services (PTS)

- The service provided ambulances with suitable equipment, which could accommodate bariatric patients.
- The service had received two complaints to which it had appropriately responded.

Are services well-led?

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

We found the following areas of good practice:

- Staff told us that the managing director and all the managers were supportive and approachable.
- Staff were proud of the work that they carried out.

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

- There was no documented vision and strategy for the service. However, staff were clear on the vision and values of the service.
- Governance arrangements were not robust to ensure risks to patients and staff were appropriately identified and minimised.
- The knowledge of managers and leaders in relation to the Health and Social Care Act and regulations under the act was weak.

Are patient transport services safe?

Incidents

- The service had an accident and incident reporting policy. The policy identified that all staff should be aware of policy and procedure to report incidents and accidents. However, the policy did not identify how incidents should be reported.
- No serious incidents had been reported between 1 January 2016 and 31 December 2016. Staff we spoke with were clear about what constituted a serious incident.
- The managing director told us that incident reporting forms had been introduced within the last month and were available on all vehicles, which we observed. Staff told us that if there were any incidents such as a road traffic accident, patient accident or incident they would phone the office to inform them.
- During our inspection, the managing director was unable to show a record of any incidents. However, we were told of one incident that involved an aggressive relative and a patient fall. Which should have been reported and documented. The managing director told us that following this incident new stretchers had been purchased that enabled the patient to be vertical and could be used within small spaces including spiral staircases. This shows that despite it not being recorded, learning had taken place.
- We saw that records in relation to the vehicles and crews were electronic and were linked to identified contracts/ jobs. This meant that managers were able to look back to check which staff were responsible for the vehicle at the time of any incident.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. Staff were not aware of the duty of candour regulations and the requirement to be open and honest. However when we asked them what happen if something went wrong they told us that they would

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apologise to the patient. The managers were also not fully aware of the duty of candour regulations as either the main provider or when they provided a service on behalf of service.

Cleanliness, infection control and hygiene

- We saw vehicles and equipment were all visibly clean. Cleaning schedules were electronic and we saw that vehicles were cleaned at least daily and deep cleaned every four weeks. We saw that the electronic system also flagged when vehicles were due to be deep cleaned. Records we saw also confirmed that deep cleans had been undertaken.
- We saw that coloured coded mops and buckets were used appropriately with a chart specifying which colour should be used to minimise the risk of cross infection. There were appropriate arrangements in place for laundering dirty and contaminated linen. However, we found that storage/ linen rooms did not meet infection prevent and control guidelines with linen stored on the floor and shelves which were not easily cleanable.
- Data provided by the service showed that 11 (52%) staff had completed infection prevention and control training. The trainer told us that staff had annual infection control and prevention training updates and this would be ongoing to ensure that all staff received appropriate training within the next three months.
- We saw that staff wore uniforms, which were clean and smart. All staff had access to hand gels to use both prior to and following any patient contacts. We saw that there was adequate personal protective equipment available for staff to use when caring for patients. At the time of our inspection, no audits had been undertaken to assess staff compliance with hand hygiene. The managing director told us that they were planning to undertake staff spot checks starting in April 2017, which would include a hand hygiene assessment.
- We saw clinical waste was disposed of safely and there were appropriate arrangements in place for this to be collected, which met the requirements of the Environmental Protection Act 1990.

Environment and equipment

- We saw the design and maintenance of the station environment met the requirements of the service.

- We saw training records to show that all staff had been assessed as competent with using equipment such as defibrillators.
- Records for vehicle servicing, maintenance and MOTs were available electronically and flagged when service checks or MOT was due. Vehicle MOT checks were undertaken by a third party and we saw evidence that vehicles met compliance with MOT testing. Vehicle servicing was up-to-date with effective processes in place to ensure they were well maintained. The service had its own workshop and mechanics that ensured any issues were rectified in a timely manner.
- Staff completed a checklist when they were allocated a vehicle. The checklist confirmed that the vehicle met basic safety standards such as functioning lights, windscreen wipers, seat belts, and tyres were of an appropriate safe standard and all identified equipment was available.
- Staff showed us that wheelchairs could be clamped securely to the ambulance floor with purpose made equipment and locked to a fixed upright 'docking station'. Staff also showed us that a three-point seatbelt harness secured to plates in the ambulance floor was used to secure patients in their own chairs. This met safety standards.
- We observed that automated external defibrillators (AED) were stored in overhead lockers in the ambulance, storage arrangements did not meet current health and safety legislation. There was a risk that if there was a collision the equipment may fall onto the ambulance occupants and injure them. We raised this with the management team and they told us this had been addressed and doors had been replaced to ensure that equipment was now stored securely .
- We saw that equipment such as oxygen masks were available for both adults and children.

Medicines

- Medicines were not carried on ambulances and staff did not administer any medicines with the exception of oxygen.
- We saw that oxygen was stored appropriately and safely.

Records

Patient transport services (PTS)

- Staff told us they received paper based 'job cards' with printed information about patients they were going to transport such as name, address, if they would be accompanied and any significant health or mobility issues.
- The service transported four children within two ambulances who had life limiting conditions and complex medical problems to and from school. We asked to see records of the plan of care of these children during transportation. There were only plans of care for two of the four children and we saw that the care plans did not include all care needs such as actions to be taken in an emergency. We informed managers of this and the service have forwarded us the revised plans of care which included information about the children's needs and actions staff should take in an emergency.

Safeguarding

- The service had a safeguarding policy in place that covered both safeguarding adults and children arrangements. However we found that the policy did not include all required information such as details of the levels of safeguarding training and its frequency, referral to the relevant acts such as the Children's Act 1989 and 2004 or types of abuse including updated information on neglect being abuse.
- Staff demonstrated a good understanding of their responsibility to report safeguarding concerns. We saw that contact details for safeguarding teams were available for each area the service covered. All staff had completed online safeguarding vulnerable adults training and safeguarding children level 2 training. Following our inspection, staff commenced further safeguarding training in relation to safeguarding children level 3. Information received from the provider following our inspection confirmed that all required staff had completed this training.

Mandatory training

- The service had a mandatory training programme in place, which included first aid at work, basic life support, patient handling, automated external defibrillators AED, airway management and medical gases. The training manager told us that since their

appointment, they were ensuring that all staff had up to date training. We saw records evidencing that all staff were on target to undertake up to date mandatory training.

- At the time of our inspection, the training manager told us that staff had training to undertake vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required.
- No checks on driver's driving competence were undertaken at the time of our inspection. Four staff had completed blue light training with another training provider. The training manager told us that all staff would complete a 12 hour ambulance driver awareness course, which was scheduled for completion by the end of April 2017. The course was in line with the Highway Code and Police Drivers Road craft course.

Assessing and responding to patient risk

- The service provided a regular service taking and collecting children with life limiting conditions and complex medical problems to school. We asked to see a plan of care for these children. We saw that two of the four children had no identified care plan, which detailed actions the children health difficulties and actions to be taken in an emergency. We highlighted this to the service and care plans with actions to be taken in an emergency have since been made available to ambulance crews.
- All staff we spoke with had a good awareness and understanding of when it would be appropriate to call an NHS ambulance and when a patient should be transported to an Emergency Department.
- All staff were trained to First Person on scene (FPOS) intermediate level 3 to enable them to provide emergency first aid.

Staffing

- The service employed 21 staff in total including office and management staff. Of these, 18 were patient transport drivers/assistants.
- Records we reviewed contained evidence that appropriate recruitment checks were undertaken prior to employment. These included proof of identification,

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references and with the appropriate criminal records checks through the Disclosure and Barring Service (DBS). The service had a recruitment policy that set out the standards it followed when recruiting staff.

- All staff were employed on a 'zero hours contract', 20 staff had no other employment and worked solely for Cartello Ambulance. The three staff who worked in the office were also trained to drive ambulances and support patients when required.
- The company used an electronic system to identify patient transport jobs and the availability of staff to ensure all jobs were staffed to the correct level.
- We saw a whiteboard in the main office, identified all planned work with appropriate staff for the current and following week.
- The managing director informed us that they were able to supply staff to their regular contracts but if they had an adhoc request and were unable to meet the staffing requirement, they would not accept the job.
- Managers told us that all drivers had their driving licence and eligibility to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency.

Response to major incidents

- The manager told us and we saw that all vehicles were covered with emergency breakdown cover for any vehicle failures whilst on the road. The staff described how they dealt with a recent breakdown; calling breakdown services and the office for a replacement ambulance whilst managing the needs of the patient.
- We saw that a business continuity plan was in place to deal with a range of emergencies and major incidents that may affect the daily operation of the service. Risks identified included adverse weather preventing vehicles from operating. The plan ensured that the service would be able to maintain services to patients in the event of an incident affecting the availability of the building or the services required to run the building.

Are patient transport services effective?

Assessment and planning of care

- When the service received the request for patient transport direct from a hospital, the call taker completed a 'patient job card' which detailed the patients' needs, such as mobility, if the patient would be accompanied on the journey or if the patient had a valid 'do not resuscitate' form in place. Information would then be recorded electronically within the job cards for the crew to refer to during the transfer.

Response times and patient outcomes

- The service had a target to respond to any job to collect a patient within two hours. However, the managing director told us that the average response time was within 10 minutes.
- We saw that the service monitored data for one trust, which included time the call was taken, time of arrival at the pickup location, when applicable time on the ward and journey time. We saw information that detailed 153 patient journeys in November 2016, which showed that the average response time from call to arrival for one trust was 18 minutes (156 patient journeys). The managing director told us that they had offered to share similar data with commissioners and other trusts if required to demonstrate the responsiveness of the service.

Competent staff

- All staff undertook an induction programme that detailed the expectations and requirements of the role, the company and policies and procedures. Their mandatory training then followed the induction.
- The trainer told us that all staff received annual training updates, which included resuscitation, infection control, moving and handling and safeguarding.
- All staff before they went out on ambulances completed an extended first aid at work course, which met the standard of first person on scene (intermediate level 3). The course also included information and management in an emergency of chronic diseases such as stroke, diabetes and epilepsy.
- Driving licence checks were completed prior to commencement of employment. The service also received notification from the Driver and Vehicle Licensing Agency notifying them of drivers whose driving status changed such as penalty points on their driving licence.

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- Staff told us that they felt they received good and thorough training to meet patient's needs. There was a training room with equipment available such as resuscitation equipment for staff to use. Staff told us they were able to have regular skills refreshers and practice. Staff told us that they also frequently had adhoc training. The trainer would do spot testing on what actions staff would undertake in given scenarios. In addition, when at the ambulance station they would also carry out practical tests with the resuscitation equipment.
- Staff we spoke with told us that whilst they regularly met with the managing director, they had never had an appraisal.
- The managing director told us at the time of our inspection they did not carry out competence checks on staff whilst out on jobs but this was planned to commence by 1 April 2017.

Coordination with other providers and multi-disciplinary working

- Office managers worked with other providers of healthcare when they took bookings directly. When ambulances worked on a sub contracted basis, site managers, who worked at local trusts would coordinate transfer requests with available ambulances. This enabled communication between the service and hospital staff. Any problems could be dealt with on site and questions regarding patient needs and requirements of crews could be discussed with the site managers.
- We received feedback from two organisations that Cartello provided ambulances to. Comments we received were positive and included, "responsive service with friendly and professional staff".

Access to information

- Patient transport crews had electronic access to patient details such as name, date of birth, address and drop off locations.
- Operational staff told us that they undertook patient handovers on arrival at destination. Staff shared special notes such as, 'do not resuscitate' orders and other information with the receiving providers.

- All vehicles had accurate and up-to-date satellite navigation systems.
- The service's policies were available electronically and may be accessed remotely.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us that they completed training on the Mental Capacity Act (MCA) 2005 as part of their safeguarding training.
- Staff we spoke with were unsure about their responsibilities under the Mental Capacity Act and did not understand the relevant consent and decision making requirements of legislation.

Are patient transport services caring?

Compassionate care

- We did not observe any direct patient care.
- The management team told us that they had received a request from a relative to take an end of life patient to see their horse. They told us that they had taken the patient at no charge. One manager told us that, "It was our opportunity to give something back".
- One relative told us that staff sung songs with their child whilst they were on the ambulance, which their child enjoyed.
- Relatives also told us that staff were discreet with catheter bags and other incontinence aids and would ensure they were hidden from view to ensure the patient's dignity.
- Comments we saw within patient surveys identified: "X and y (staff names) were very kind", and "lovely crew chatted to me and were kind and helpful".
- Carers we spoke with told us: "The staff are lovely", and described the service as the best ambulance company they have had."
- From the patient survey information we reviewed for the months of October 2016, November 2016 and December 2016, patient satisfaction was 100% (71 responses). No patient response identified a poor service had been provided.

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- One staff member told us that they had been asked to transport a patient living with dementia with two carers due to the patient's aggressive behaviour. The staff member told us that initially the patient had refused to get onto the ambulance. They said they asked the patient what was wrong and they said they wanted to go to bed. They then explained to them they were going to take them home so they could go to bed and the patient then got onto the ambulance without aggression or distress.

Understanding and involvement of patients and those close to them

- Carers told us that staff had contacted them for information about their relative's needs.

Carers told us that staff were always helpful and supportive to them and their child or relative.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Service planning and delivery to meet the needs of local people

- Cartello Ambulance provided patient transport services for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, patient discharges from hospital wards and school.
- The service provided NHS and Local Authorities patient transport and ad-hoc private work. Bookings were undertaken either through a direct contract with the trust or via a second ambulance provider.
- The service also provided out of area and out-of-hours patient transport on an adhoc basis.

Meeting people's individual needs

- Staff told us at the time of the booking for transport the call taker asked about the patient and their needs.
- Cartello Ambulance provided bariatric ambulances. These ambulances were equipped with the necessary equipment to accommodate bariatric patients.
- All ambulances stored bottled water for patients to use to maintain hydration. Staff also liaised with partner

agencies prior to transfer to ensure that Cartello staff did not interfere with protected meal times. For long distance transfers, staff arranged with the commissioner for them to provide pre-packed lunches.

- The identification of patients with complex needs, such as those living with dementia, learning disabilities; physical or mental disabilities was assessed both at the job booking stage and via crew interaction with their patient.
- Staff said that at the time of booking it was asked if the patient required a relative or carer to support them. This ensured that an appropriate vehicle was allocated to ensure seating arrangements were suitable.
- The service could use a telephone interpreting system to support people whose first language was not English. The managing director told us they had not needed to use this service.

Access and flow

- The Managing Director told us and we saw the service had carried out 4217 patient transfers between January 2016 and December 2016.
- The office was open 7am to 7pm for both telephone and email bookings. After 7pm there were on call divers to the three managers' phones to ensure they could respond to transport requests and other issues. In addition, all three managers had access to emails outside the office so email enquiries were responded to out-of-hours. This meant that the service and its staff were available 24 hours a day, seven days a week.
- Managers liaised directly with clients and patients to schedule and book patient transfer jobs. The job details were recorded electronically and were used to inform the resource required in order to fulfil the booking.
- The main office had a whiteboard that identified staff on duty and vehicles that were available. Jobs were then allocated to staff and vehicles. Staff attended the Hednesford location at the beginning and end of their shift with a plan of patient transfers that had been booked and the keys and ambulance were booked in and out electronically.
- The service also ran contracts awarded from commissioning groups and other healthcare providers.

Patient transport services (PTS)

Each contract had its own booking system, which was run by the contractors. Patients were booked for transport against a set of eligibility criteria, which was determined by the contracting authority.

Learning from complaints and concerns

- We saw that information about making complaints and sharing patient experiences were displayed within the ambulances we viewed.
- The service had received two complaints between 1 January 2016 and 31 December 2016. One complaint was due to a longer than expected patient wait following a vehicle breakdown. The service was not directly involved with the other complaint however the service had demonstrated learning following the concerns raised.
- We found that both complaints had been investigated to see if there anything might have improved the patient's experience. We found that all expected actions had been taken such as informing the patient of the delay.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- The management team included the managing director, office manager, training manager and garage manager. The managing director was in day-to-day charge of the business. The managing director said that they would apply to be the responsible person for the service.
- At the time of our inspection, there was no registered manager or responsible individual for the organisation. The previous manager who was also the responsible individual left the company over 12 months before the inspection and we were not formally informed of this as required by the regulations. An application for a new registered manager who was currently the training manager had been made and was being assessed at the time of our inspection.
- We found that the leadership was not fully knowledgeable in relation to the requirements of a registered service and the Health and Social Care Act 2008.

- We observed a positive culture throughout the service. Staff we spoke to were proud of the work that they carried out.
- Staff told us that the managing director and all the managers were supportive and approachable.
- Staff told us that team meetings were not held and they usually met individually with the managing director if needed. Staff meetings, particularly if notes are available for staff who are unable to attend are an invaluable opportunity to share information and practice directly with staff.

Vision and strategy for this this core service

- There was no formal recorded vision and strategy for the service.
- Whilst there were ideas to increase the number of ambulances available, there was no plan to demonstrate that managers had strategically planned this growth.
- Staff we spoke with said that managers had discussed the values and expectation of the service at the time of their interview. Staff told us that the values for the organisation included being smart and caring.

Governance, risk management and quality measurement

- There was no framework in place for the service to describe its governance arrangements. We found that arrangements for identifying, recording and managing risk including incident reporting were not robust.
- We found that an assurance system to monitor and report the service's performance system in areas such as waiting times and performance against the contracts was not fully utilised. This meant that goals and when needed actions to improve the service had not been identified.
- We found that although patient feedback was sought this was not undertaken systematically. This meant that there was no assurance that all patient feedback was received to enable performance when required to be improved.

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- We found that arrangements to ensure effective information sharing to support decision making were weak. Risk management systems were in place but required development to identify risks and the level of those risks.
- The service's policies were available electronically. However, we found the clinical operations policy was identified for review in January 2015.
- Systems to identify performance were in place but data had not been fully utilised to demonstrate the service's compliance in areas such as training and staff supervision.
- We saw that the service had insurance in place and included employers liability and public liability insurance for £10,000,000, motor insurance and roadside and recovery insurance.
- The electronic monitoring fitted to each of the company's ambulances provided managers with

evidence on the manner in which they had been driven. Monitoring included feedback about acceleration, braking and speed. This encouraged drivers to practice safe driving techniques and improved safety and comfort for patients and other staff.

Public and staff engagement

- The service's publicly accessible website contained information for the public in relation to what the service was able to offer.
- Staff were able to access information such as policies and procedures and duty rotas via the services website. Staff also told us that they received emails from managers informing them of any changes to the service or working arrangements.

Innovation, improvement and sustainability

- The service and its staff demonstrated a willingness to develop and improve the service provided.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must ensure that incident reporting is embedded to highlight risk and when needed take actions in response to that risk.
- The provider must ensure that all staff are aware of the duty of candour regulations.
- The provider must ensure that there are appropriate arrangements in place to meet the requirements of the Mental Capacity Act 2005, to ensure patient consent is received and when appropriate decision-making requirements of legislation are met.
- The provider must ensure that there are arrangements in place to both appraise and review staff performance.
- The provider must ensure that records include all required information to ensure that patients may receive a safe service and safe and appropriate care.

Action the hospital **SHOULD** take to improve

- The provider should ensure that the service meets infection control guidelines.
- The provider should ensure that equipment is stored appropriately and safely to reduce the risk of accident to patients and staff.
- The provider should ensure their safeguarding policies fully reflect the requirements of safeguarding both adults and children.
- The provider should ensure there is a formal recorded vision and strategy for the service.
- The service should have a system to monitor and report the service's performance.
- The provider should ensure that all policies are reviewed and updated and reflect current legislation.
- The provider should ensure there is an effective patient feedback system to identify performance of the service and when needed any areas that may be improved.

This section is primarily information for the provider

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

Transport services, triage and medical advice provided remotely

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The service did not have policies and procedures in place for obtaining consent to care and treatment. This meant staff were not familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive regular appraisal of their performance or supervision to ensure they were undertaking their role appropriately.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was no system of governance in place that effectively assessed the quality and safety of the service, identified, monitored and mitigated any risks relating to the service.

Incident reporting was not embedded to highlight risk and when needed take appropriate actions in response to that risk.

There was no risk register in place.

Records were not complete and did not include all required information to ensure that patients may receive a safe service and safe and appropriate care.

This section is primarily information for the provider

Requirement notices

There were no regular audits of the service, and incidents and accidents were not routinely recorded, analysed and reviewed.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Managers and staff were not aware of the duty of candour regulations and a policy was not available that demonstrated how the service would respond in an open and transparent way in respect of a notifiable safety incident.