

Criticare UK Ambulance Service Limited

Criticare UK Ambulance Service

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

Good



Emergency and urgent care services

Good



Patient transport services (PTS)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Criticare UK Ambulance Service is operated by Criticare UK Ambulance Service Limited. The service provides emergency and urgent care and a patient transport service.

We inspected this service using our comprehensive inspection methodology. We gave the service 48 hours' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 29 August 2019.

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.

The main service provided by this service was patient transport services with some emergency and urgent care transport from events. On this inspection we inspected both core services.

Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but refer the reader to the patient transport core service.

We rated it as **Good** overall.

We found the following areas of good practice:

- The service managed patient safety incidents well. There was improved incident reporting and sharing of learning through a staff electronic communication application (app) group and staff bulletins.
- Staff had mandatory training in key skills, including advanced life support.
- 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. Safeguarding concerns were raised correctly and clearly reported to the local authorities.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. An external company had been employed to service all medical equipment.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified patients at risk of deterioration and acted quickly if their condition worsened.
- 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. There had been significant improvements in the forms used to record patient details and transfer information including the development of electronic patient booking and record keeping.
- Staff assessed and monitored patients' pain regularly and gave pain relief when required in a timely way.
- The service provided care and treatment based on national guidance and evidence-based practice.
- The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff work performance.

Summary of findings

- Staff supported each other to provide good care and worked with other organisations to benefit patients.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The registered manager was visible and approachable for all staff and staff could raise concerns without fear.
- It was clear throughout the inspection that governance systems had much improved since the last inspection in 2018. This included a detailed performance dashboard and a clearer governance overview.
- The registered manager and staff were very responsive to requests for information and in completing actions required to maintain compliance with regulations.

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

- Staff did not always clearly document mandatory training in staff records.
- Documentation of staff appraisals was not clearly recorded.
- Records that showed the cleaning vehicles were not completed. There were discrepancies in the recording of time and date the daily vehicle checklist and the vehicles leaving the site to start work and the deep cleaning for one vehicle was not fully documented.
- Servicing dates were due to expire for medical equipment on two vehicles and staff had not booked a date for this to be completed.
- The child safety harness for use on the ambulance was on another vehicle currently off site for servicing.
- Staff used an electronic booking system alongside paper-based patient record systems and these did not always correlate.
- The service had systems and processes to administer, store and record medicines but staff did not always document these.
- There was no documented assurance of adequate breaks between or during shifts for drivers and technicians.
- There was no evidence of annual driving licence checks for staff.
- We noted policy documents had a version control but no evidence of review date. This meant staff were not be able to tell if they had read the most recent version.

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

Summary of findings

Nigel Acheson

Deputy Chief Inspector of Hospitals (Acute Hospitals South), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating

Good



Why have we given this rating?

Patient transport services were the main regulated activity provided by the service. The same staff group provided all services including patient transport, urgent and emergency services and events activity.

We have rated safe, effective, responsive and well-led as good. As we were unable to speak to patients on this inspection we were unable to rate caring. However, we were able to see from patient feedback cards and compliments evidence that staff were caring and compassionate.

Overall, we rated the service as good because the service was responsive in addressing the concerns raised at the last inspection. They complied with all previous warning and requirement notices. The service kept people safe and provided effective care that met people's needs. The registered manager had developed systems to monitor governance of the service and had implemented new electronic performance management and booking processes to ensure the service was organised and delivered safely. Staff reported they were well supported by a leadership team that was open and had a vision for the future.

Patient transport services (PTS)

Good



The service provided urgent and emergency care at events which is not currently in our scope of regulation. However, the service transferred a small number of patients to hospital services when required. This meant the service met the criteria for the emergency and urgent care core service. The service did not carry out any emergency ambulance work, for example, responding to 999 calls.

Urgent and emergency services were a small proportion of activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport service section.

Criticare UK Ambulance Service

Detailed findings

Services we looked at

Emergency and urgent care; Patient transport services (PTS)

Detailed findings

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Background to Criticare UK Ambulance Service

Criticare UK Ambulance Service is operated by Criticare UK Ambulance Service Limited. The service was registered on 6 April 2011. It is an independent ambulance service in Southampton, Hampshire. The service primarily served the communities of Hampshire, Dorset and Oxfordshire.

The service has had a registered manager in post since 27 January 2014.

The service provided pre-planned patient transport services, for all age groups from birth. Journeys included discharges from hospitals, transfers for specialist treatment, transport to and between care homes and repatriation of patients from within the UK and Europe.

The service had four vehicles, one response car and three ambulances. Three vehicles were equipped to carry out outpatient transfers, hospital discharges, repatriation work, admissions and urgent transfers. At the time of our inspection, one ambulance was being serviced before an MoT and another was off the road and not in service.

The service also provided high dependency transfers to private organisations and some NHS trusts. The ambulance crew were accompanied by a medical crew, who were provided by an air ambulance provider for all high dependency transfers.

The service also provided medical cover for some events including a small amount of transport for other locations. The CQC does not have the power to regulate this service

We inspected this location in August 2018 and issued three requirement notices and one warning notice. We told the provider they must take action to address concerns in eight areas. We told the provider they must ensure all staff were competent to carry out their role, the needs of patients were assessed and recorded at the time of booking, staff received regular and documented appraisals. The provider must ensure all medical devices were serviced according to manufacturer's guidance, monitor the safety and quality of the service and keep adequate records of this. The provider must check vehicles for roadworthiness and ensure equipment checks were carried out and recorded by staff daily. The provider must formally record incidents and ensure lessons learned from were shared with staff. The provider must ensure all patient records were stored securely. On this inspection we found the provider had made significant improvements in all areas of concern.

We inspected this service using our comprehensive inspection methodology. We gave the service 48 hours' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 29 August 2019.

Detailed findings

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Facts and data about Criticare UK Ambulance Service

The service provides patient transport to NHS and privately funded patients for admission to or discharge from hospital, attending outpatient appointments and airport repatriations with medical escorts. The service also provides repatriation within the UK and Europe and some events work. Staff carry out some clinical interventions including administration of oxygen and nitrous oxide, cardiac monitoring and suction. The service offers transport services 24 hours a day, seven days a week.

The service did not have any contracts with local NHS organisations. Most of the work carried out by the service was contracted by the local NHS trusts or by private booking arrangements.

At the time of our inspection the service was registered to provide the following regulated activities:

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

During the inspection, we visited Criticare UK Ambulance Service. We spoke with two members of staff including a patient transport driver and the registered manager. We were unable to speak with any patients or relatives during our inspection because no service users were available for us to contact. We reviewed six patient feedback cards and they were all complimentary about the service the staff provided. During our inspection, we reviewed 12 sets of patient records and the electronic booking system. We reviewed vehicle checklists and records. We reviewed eight staff files of which five were permanent staff members and three were employed on a temporary basis for events work.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times, and the most recent inspection took place in August 2018 where we found the service was not meeting all standards of quality and safety it was inspected against.

The service had two ambulances and one response car in active service. The vehicles were parked overnight at the homes of staff members following their shifts.

Activity (September 2018 to August 2019)

In the reporting period September 2018 to August 2019 there were 15 emergency and urgent care patient journeys undertaken from events.

There were 1,139 patient transport journeys undertaken of which 183 were from air ambulances to other departments.

Services are staffed by one Emergency Care Assistant (ECA), two Emergency Medical Technicians (EMT) and the registered manager. The service has access to a clinical advisor and two paramedics who are used when required for specific transfers or events.

The service held no controlled drugs (CDs) but paramedics would bring their own to events. The patients would carry their own medication in their personal belongings on discharge.

Track record on safety:

- No never events
- Seven incidents including one death (the service did not categorise incidents to levels of harm)
- No serious injuries

Detailed findings

Our ratings for this service

Our ratings for this service are:

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

Emergency and urgent care services

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

Information about the service

The service transferred a small number of patients to hospital services from events which meant they were providing emergency and urgent care regulated activities. Therefore, we inspected this core service. From September 2018 to August 2019, the service transferred 15 patients to hospital.

The service provided emergency and urgent care at events however, CQC does not currently have the power to regulate this activity.

The service did not carry out any emergency ambulance work for example responding to 999 calls.

The service employed eight members of staff, three of these solely worked on events and the other five carried out patient transport journeys and event work.

However, the main service provided by this ambulance service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services section below.

Summary of findings

We found the following areas of good practice:

- The service had enough staff with the right qualifications skills training and experience to keep patients safe from avoidable harm and provide the right care and treatment.
- Staff identified patients at risk of deterioration and acted quickly if their condition worsened.
- Staff had mandatory training in key skills, including advanced life support.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients' pain regularly and gave pain relief when required in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff work performance.
- Staff worked with other organisations to benefit patients.

Emergency and urgent care services

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

- The service had systems and processes to administer, store and record medicines but these were not always recorded.

Are emergency and urgent care services safe?

Good



We rated safe as good.

Mandatory training

Staff had mandatory training in key skills, including advanced life support.

- All members of staff had completed mandatory training as reported in the patient transport service section of this report. Out of the three additional members of staff who only worked on events, one member of staff had completed basic life support training and two members of staff had completed advanced life support training. These members of staff would be responsible for providing clinical care to patients when transferring them from events.
- The management and completion of all other mandatory training across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore we have used this to rate this service.

Safeguarding

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

Cleanliness, infection control and hygiene

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

Environment and equipment

Emergency and urgent care services

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

Assessing and responding to patient risk

Staff identified and acted upon patients at risk of deterioration.

- Staff made clinical assessments of patients. We saw evidence that patients had primary and secondary surveys completed. The individual clinician treating the patient was trained to make the clinical decision if the patient should be taken to hospital. The registered manager told us that if any paramedic drugs or interventions had been carried out, the paramedic would also accompany the patient. All staff always had access to senior paramedic clinical advice.
- The service followed National Institute for Health and Care Excellence (NICE) guidelines. Staff followed NICE guideline NG51 the recognition, diagnosis and any management of sepsis. Staff used a recognised sepsis screening tool which provided a flowchart for staff to identify and provide emergency treatment for patients with sepsis.
- The service provided advanced resuscitation equipment such as airway management equipment and this would be used, if required, to provide clinical intervention for patients who were being transferred.
- The service prepared an event medical plan for all events. This included the location of emergency hospital services. For example, at all boxing events the service included the location of the nearest neurology unit should patient need to be transferred. The registered manager told us they also detailed exceptions to this. For example, on one occasion there was roadworks on the route to the nearest neurological unit. Therefore, an alternative neurological unit was found. The registered provider had documented this on the event plan and communicated it to staff.

Staffing

The service had enough staff with the right qualifications skills training and experience to keep patients safe from avoidable harm and provide the right care and treatment.

- The service had eight members of staff who provided care and treatment at events and may be required to transfer a patient off-site. Five of these staff also worked for the patient transport service.
- All members of staff had completed recruitment checks including disclosure and barring service (DBS) checks.
- The service contracted additional staff for events if required. However, these members of staff would not transfer patients.
- The training for staff was the same as patient transport services. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Records

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

- Staff used a patient treatment record form to document the care and treatment of patients transferred off-site during an event.
- We reviewed 15 patient treatment records. We saw the primary and secondary assessment was completed on all patients if required. All the patient records we reviewed were clear and fully complete with a signature of the staff member.
- Staff ensured patient records were available to hospital staff. The registered manager told us that patient records were photocopied if the patient was taken to hospital, so staff had a record of care and treatment provided.

Medicines

The service had systems and processes to administer, store and record medicines but these were not always documented.

- Ambulance technicians working for the service were listed as a group who could make the decision to treat

Emergency and urgent care services

patients with non-parenteral prescription only medicines. This practice is not supported by current legislation and appropriate governance processes were not in place to assess and manage ongoing risk. However, staff had undertaken appropriate training. This ensured people had timely access to safe treatment.

- At the time of our inspection, the service did not have a medicines policy. While the registered manager explained the process to store, administer and record medicines, these steps were not documented. For example, staff told us that all medicines were checked to ensure they were in date on the event site, but these checks were not recorded so the registered manager could not be sure they were always completed. The registered manager told us they were working to implement a medicines management policy for the service.
- Medicines used for events and transferring patients from events were ordered from an external company and delivered to the paramedic attending the event. The registered manager told us that medicines were held in medicines bags with the clinician when in use.
- Individual paramedics were responsible for the storage and control of the medicines allocated to them for the event. The registered manager told us the contents and quantities of medicines for each paramedic were listed and amended as they were used. All medicine administered was also recorded on the patient treatment form.
- The company the medicines were purchased from held a pharmacy licence and had an electronic system to ensure authenticity of medicines. The registered manager and one other member of staff were authorised to make orders. We reviewed an invoice for medicines purchased in August 2019. The registered manager told us deliveries are cross checked with the order form or delivery note. All the medicines purchased could be held and administered by paramedics under the Human Medicines Regulations.
- The service did not use controlled drugs and therefore did not require a controlled drugs licence.
- The registered manager told us the service used a fireproof, steel storage unit within a secured compound

to storing any medicines not used after an event. The storage unit had a keypad entry system and only the registered manager had access to this. We were unable to view this on inspection.

- The service had resuscitation policy which clearly stated the procedure for administering emergency medicines such as oxygen and intravenous fluids. This was in line with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

Incidents

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

Are emergency and urgent care services effective?

Good



We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

- Policies and procedures reflected national guidelines. For example, the resuscitation policy included clear guidance for staff from the United Kingdom Resuscitation Council (UKRC) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC). This included guidelines on how to manage a cardiac arrest, post resuscitation care and hypothermia.
- Staff showed us guidance from the National Ambulance Resilience Unit (NARU) and Public Health England unit to treat patients who had been exposed to hazardous substance such as an acid attack.
- The service had recently worked with a university research project to improve the care of patients taking recreational drug overdoses. As a result of this work, the service reported an increase in transferring patients to hospital as a precautionary measure.

Emergency and urgent care services

Pain relief

Staff assessed and monitored patients' pain.

- Staff assessed patients pain using a verbal 0-10 pain score and recorded this on the patient treatment record. There was also a visual pain scale for children or adults who were unable to communicate their pain verbally.
- We did not review any records for patients who required pain relief.

Response times

- The service did not monitor response times for urgent and emergency care. They did not provide a service that had response time standards
- The registered manager told us they would seek definitive care for stroke and heart attack patients within one hour. However, as the service only provided emergency care events, these incidents were usually witnessed, and advanced life support was commenced immediately.

Patient outcomes

Patient outcomes were recorded in patient treatment records but not audited and used to improve the quality of the service.

- All the patient records that we reviewed showed staff had administered timely treatment and had a clear explanation for why patients were transferred to hospital. The registered manager told us that they held a debrief at the end of each day that included the outcome for any patients transferred to hospital.
- However, the service did not audit patient outcomes, for example time to transfer to hospital from the event site and cardiac arrest outcomes and therefore this information was not used to improve the quality of the service.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff work performance.

- All members of staff that carried out driving duties including emergency driving had evidence of additional driver training. The registered manager held an advanced driving qualification and assessed staff driving as part of their appraisal. This was documented on the vehicle crew and monitoring checklist.

- Out of the eight members of staff who could take patients from events, seven had an appraisal within the last year. The remaining member of staff was a senior paramedic and the registered manager told us they would arrange to complete this.
- All other arrangements for ensuring competent staff were the same for both patient transport services and emergency and urgent care. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.
- The registered manager told us they checked the paramedic registration details on the Health and Care Professions Council (HCPC) website. This registration required paramedics to demonstrate every two years they are trained and competent to work as a paramedic.

Multi-disciplinary working

Staff worked with other organisations to benefit patients.

- The service worked with other organisations and professionals to ensure the safety of patients.
- Staff liaised with the local emergency department about specific patients' care. When they transferred an acutely unwell patient they alerted the hospital to ensure the department was ready to receive the patient.
- The service shared information directly with the local NHS ambulance provider. They notified the NHS emergency control room of their location when attending events in case an emergency vehicle was required on site. At a recent festival event, the service liaised with an NHS ambulance silver commander to ensure the safety of patients. This included patients taken to local hospitals.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- The service did not use restraint or transfer patients against their will. Staff told us they would always seek consent from the patient to transfer them to hospital

Emergency and urgent care services

and this would be recorded in the comment box of the patient treatment record. If the patient declined transfer, staff recorded this on the record and the patient was asked to sign. We did not see any records where the patient had declined transfer to hospital.

- Staff demonstrated they had a good understanding of the Mental Capacity Act. Staff were able to recognise situations where consent was impaired, for example if the patient was unconscious or confused. If a patient was unconscious and needed emergency medical treatment at the hospital, staff told us they would work in the patient's best interests and transfer to hospital.
- Staff told us if a patient was confused, they would carry out a capacity assessment. If the assessment showed the patient lacked capacity to make the decision, they would discuss it with the police, explain the rationale for the decision and request assistance.
- The policy and training for capacity assessment and consent was the same as patient transport services. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We did not rate caring.

Compassionate care

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

Emotional support

- The delivery of emotional support across the service was the same for both the emergency and urgent care

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

Understanding and involvement of patients and those close to them

- Understanding and involvement of patients and those close to them was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Are emergency and urgent care services responsive to people's needs?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

- The emergency and urgent care service provided transport to hospital for patients from events, providing prompt access to treatment.
- The service did not provide an emergency ambulance service and did not respond to 999 calls.

Meeting people's individual needs

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

Access and flow

- Patients accessed the service for transfer to hospital from events by presenting at the onsite medical centre and being assessed by staff. Staff would attend calls from around the event site for patients who were unable to attend the medical centre.
- At events that required patients being transferred to hospital the registered manager told us there was always a vehicle available for this.

Emergency and urgent care services

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

Learning from complaints and concerns

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

Are emergency and urgent care services well-led?

Good



We rated well-led as good.

Leadership of service

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

Vision and strategy for this service

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

Culture within the service

- Managers took account of staff members emotional well-being. A senior member of staff held a debrief after each event which included reflecting on any patients transferred to hospital. If the event ran on multiple days, the debrief would be held each evening. The registered manager told us about an incident where an acutely unwell patient had been transferred to hospital from an event. The senior paramedic spoke with all staff individually to ensure their well-being.

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

Governance

There was no written policy for the management of medicines.

- The service did not have a documented framework for the management of medicines. Although the registered manager could describe the processes for medicines management there was no written policy and therefore it was unclear how staff followed the process.
- The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Management of risk, issues and performance

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

Information Management

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

Public and staff engagement

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


Innovation, improvement and sustainability

Emergency and urgent care services

- The service had recently worked with a university research project to improve the care of patients taking recreational drug overdoses. As a result of this work, the service reported an increase in transferring patients to hospital as a precautionary measure.
- Innovation, improvement and sustainability across the service was the same for both the emergency and

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

Patient transport services (PTS)

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

Information about the service

Criticare UK Ambulance Service is operated by Criticare UK Ambulance Service Limited. The service was registered on 6 April 2011. It is an independent ambulance service in Southampton, Hampshire. The service primarily serves the communities of Hampshire, Dorset and Oxfordshire.

The service had two ambulances and one response car. The vehicles were parked overnight at the homes of staff members following their shifts.

Activity (September 2018 to August 2019)

There were 1,139 patient transport journeys undertaken of which 183 were from air ambulances to other departments.

Patient transport services had five staff. The service employed one Emergency Care Assistant (ECA), two Emergency Medical Technicians (EMT) and the registered manager. The service had access to a clinical advisor.

Summary of findings

We found the following areas of good practice:

- The service managed patient safety incidents well. There was improved evidence of incident reporting and the sharing of learning through a staff electronic communication application (app) group and staff bulletins.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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. Safeguarding concerns were raised correctly and clearly reported to the local authorities.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. An external company had been employed to service all medical equipment.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.

Patient transport services (PTS)

- Staff identified patients at risk of deterioration and acted quickly if their condition worsened.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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. There had been significant improvements in the forms used to record patient details and transfer information including the development of electronic patient booking and record keeping.
- The service provided care and treatment based on national guidance and evidence-based practice.
- The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- Staff supported each other to provide good care and communicated effectively with other agencies.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The registered manager was visible and approachable for all staff and staff could raise concerns without fear.

- It was clear throughout the inspection that governance systems had much improved since the last inspection in 2018. This included a detailed performance dashboard and a clearer governance overview.
- The registered manager and staff were very responsive to requests for information and in completing actions required to maintain compliance with regulations.

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

- Mandatory training was not always clearly documented in staff records.
- Some recording processes for cleaning vehicles were not documented. There were discrepancies in the recording of time and date the daily vehicle checklist and the vehicles leaving the site to start work and the deep cleaning for one vehicle was not fully documented.
- Servicing dates were due to expire for medical equipment on two vehicles and a date for this to be completed had not been made.
- The electronic booking system was used alongside paper-based patient record systems and did not always correlate.
- The child safety harness was not available for use on the ambulance as it was on another vehicle currently off site for servicing.
- There was no documented assurance of adequate breaks between or during shifts for drivers and technicians.
- One staff appraisal was not completed.
- There was no evidence of annual driving licence checks for staff.
- Policy documents were noted to have version control but no review date. This meant staff were not be able to tell if they had read the most recent version.

Patient transport services (PTS)

Are patient transport services safe?

Good



We rated safe as good.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them. Managers investigated incidents and shared lessons learned with the whole team.

- The service reviewed and followed up incidents. The service reported seven incidents from September 2018 to August 2019.
- We reviewed five incident records. The records showed that incidents were reviewed and acted on. The registered manager gathered witness statements from staff to investigate the incident and staff told us learning was shared with them.
- The service completed incident forms for other organisations when they were not responsible for the issue. For example, when they were not given correct information about the patient and this affected the transport or delivery of service.
- The registered manager monitored incident themes and trends through the performance dashboard. For example, safeguarding concerns raised or patients refusing transport and cancelled journeys.
- There was an incident report form available on the staff portal and a policy document that included how and when to report incidents. This included near misses, moderate harm, information governance incidents and duty of candour. Duty of candour requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide support to that person. Staff told us that they were aware of the duty of candour policy and their responsibilities relating to it. Staff were able to give examples of being open and honest when an incident occurred.
- The registered manager shared learning with staff but there was no standard process for this, and it was not recorded. The registered manager told us they spoke to

staff individually, put it in the staff bulletin or shared it with the private staff electronic communication application (app) group if there was a service problem. The app had a feature that showed when the message was delivered and read. Staff told us that they were made aware of incidents and they were able to give examples of lessons learnt.

- The staff told us the clinical director updated staff on safety alerts and new clinical guidance.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, this was not always clearly documented in staff records.

- The service had set guidelines on what mandatory training was required. Overall compliance rate for mandatory training was 93%.
- All staff had training in basic life support (BLS) as a minimum level of life support training, although some had advanced life support training (ALS).
- Other mandatory training included consent, Deprivation of Liberty Safeguards, mental capacity, safeguarding of vulnerable adults and advanced safeguarding of children. Training topics included Health and Safety, infection prevention and control and moving and handling.
- Managers were clear which staff needed to complete training and that this would be booked. The registered manager monitored this through the performance dashboard. The registered manager showed us the dashboard, which was colour coded. Training in date was in green, soon to expire in yellow and out of date in red. This allowed staff to see quickly when they had to renew training.
- The registered manager told us he would contact staff when they were due to renew a subject. Staff told us that they received emails that they were due to renew training and could access this via online courses as requested by the registered manager. However, while it was tracked on the dashboard, training was not always recorded in staff records we reviewed.

Safeguarding

Patient transport services (PTS)

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

- The service had a safeguarding lead and a policy that included guidelines and training requirements for the staff.
- Safeguarding training provided by the service met national guidance. All staff (100%) had training in level three safeguarding children and 80% had level two safeguarding for adults. The registered manager told us the service identified any potential safeguarding issues at the time of booking or from staff on collection or handover at the start or end of journeys.
- The service recognised and acted on safeguarding concerns. From September 2018 to August 2019, the service reported two safeguarding alerts or concerns to the local authority, healthcare professionals and CQC. The registered manager told us they were aware of the importance of engaging with other agencies to protect people at risk of harm or abuse. The service submitted safeguarding notifications to CQC for all safeguarding referrals. We reviewed the records for these cases and staff had recognised safeguarding concerns and escalated these to the local authority and police.
- The registered manager reported they shared safeguarding and incidents with the hospitals and ambulance organisations they provided a service to.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. However, some recording processes for cleaning vehicles were not documented.

- Staff had training in infection control procedures. Records showed 100% of staff followed training requirements.
- The service recorded daily cleaning of the ambulances. At the last inspection we found there was no system to ensure vehicles were safely cleaned between patient journeys. On this inspection we found electronic and paper daily cleaning checklists with a declaration that

the crew had cleaned the ambulance between patients. The registered manager told us these would be all be recorded electronically in future. These were shared by email and audited by the manager. The last audit took place in June 2019 to ensure the cleaning was completed in line with the checklist and recorded. The registered manager told us he would then discuss any incorrectly completed forms with staff.

- There were additional checklists for specific parts of the vehicle to be completed before the ambulance left the site. These were also electronically stored. We reviewed 12 vehicle check sheets, six from July 2019 and six from August 2019 and compared them alongside the daily cleaning sheets. We saw that five had been completed the same day but seven were not. We raised this with the registered manager, and they told us they would investigate and discuss it with the individual staff members.
- Staff told us that when an ambulance was parked at their home address overnight, they had access to professional cleaning materials and dedicated cleaning equipment. The registered manager told us that they completed a deep clean after transporting a patient with an infectious condition or as a minimum, every three months. We saw records for two vehicles where one had been deep cleaned seven times within the three-month period. We saw that the other vehicle had been recorded as having been deep cleaned but not used for the following seven months. The registered manager told us that this vehicle was not in regular use and was being serviced at the time of the inspection.
- The registered manager told us if the service transported a patient with a known infection this would be recorded on the booking sheet or confirmed on collection and the vehicle would then be removed from service to be cleaned. The staff told us that where possible that journey would be booked as the last journey of that shift to clean the equipment and not disrupt other bookings. Decontamination wipes were available in three strengths for immediate use.
- We saw that all sterile supplies including single use dressings, were stored correctly, packaging was intact, and they were all in date.
- All reusable equipment was visibly clean and stored safely. We saw that the stretcher trolley, carry chair and

Patient transport services (PTS)

seats were clean and surfaces intact. Blankets and pillows were clean and stored tidily. Staff told us that they would collect a new blanket and pillowcase from the hospital after each journey if they were leaving one with the patient.

- On this inspection we saw staff in visibly clean uniforms. They were bare below the elbows and wore a wipeable watch.
- Gloves and hand cleaning gel were available for use. We saw that the use of personal protective equipment (PPE) was risk assessed in the company Health and Safety policy.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. However, servicing dates were due to expire and a date for this to be completed had not been made.

- All vehicles had valid insurance, road tax and MoTs. At this inspection we saw three of the four vehicles used by the service. One ambulance was off the road. A second ambulance was being serviced and awaiting an MoT. The registered manager told us that all vehicles are serviced and have an MoT at the same time and the company is signed up to the MoT alert service. All vehicles have breakdown cover with the same company.
- Staff showed us logs to report any defects or concerns with the vehicles. These were shared with the registered manager.
- The service had suitable equipment that was tested and ready for use. At the last inspection we found that equipment was being serviced by unqualified staff. This had improved, the service now contracted an external company to service all equipment. This ensured that the medical devices were calibrated and expertly serviced by qualified staff and were accurate and safe for use. On this inspection we saw seven pieces of equipment with service dates due to expire on 31 August 2019, two days after the inspection. This included stretcher, carry chair, suction units, ECG machines and Automatic external defibrillator unit (AED).
- The expiry date of the servicing was highlighted to the registered manager who assured the team that this

would be booked as soon as possible and that the service would undertake no registered activity until this was completed. The equipment in the second ambulance was to be booked for servicing once the vehicle had returned from the garage following an MoT. Following the inspection, we were shown a copy of the servicing invoice. Although the service addressed this when it was highlighted, it suggested there was no assurance that the service was reviewing the risk regarding out of service equipment.

- We saw an asset register for the equipment used by the service. This included equipment that had been sold or decommissioned but was kept on record to ensure there was an audit trail of its disposal. All equipment was coded as green – in use, yellow – out of date or red – broken. We were told that any equipment recorded as out of service would be serviced and used if required. Any equipment that was not in use was stored away from the vehicles.
- Staff told us that they transferred patients in a safe and secure manner using seat belts, child car seats with belts or harnesses on the stretcher.
- Staff told us that the service did not transfer bariatric patients and only transferred patients up to the weight limit of their equipment. If they were unable to do so safely, they would decline the booking and refer the caller to another service.
- There were seat belts for all seats and a two-point harness on the stretcher. There was a child harness on another vehicle, but staff reported that they would also transport younger children and babies in patients own car seats.
- Clinical waste bags and sharps bins were available on the ambulance. Staff told us these were emptied after use and collected for disposal by a specialist company which provided a lockable yellow wheelie bin. The sharps bin had just been removed and was being replaced. We were shown body fluid spillage kits.

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.

Patient transport services (PTS)

- The booking system recorded patient details and requirements. We issued a warning notice at the last inspection as there were no systems or processes to record booking details or the needs of the service users. On this inspection we saw improvement. The registered manager showed us that at the time of booking, staff carried out an assessment of the patient's needs. This included gathering essential information such as the patient's medical requirements and potential risks. This was documented on the electronic booking form and shared with staff by secure email.
 - Staff told us that they checked the patient identity against the hospital ID bracelet or in discussion with the patient themselves to ensure the booking details were correct.
 - Staff responded to patients who became unwell while with the service. The registered manager and staff told us that if a patient's health deteriorated while being transported the team would review their condition and drive to the nearest emergency department. Staff told us, if possible, they would call ahead or contact 999 for urgent assistance.
 - Staff told us that they were able to contact a senior clinical advisor from within the service for advice if it was not deemed to be an emergency. The registered manager told us that the advisor was a qualified NHS Resus Officer and State Registered ODP whose training and qualifications were included in the staff training records. Staff told us they had access to a dynamic risk assessment guide on the staff portal to assist in urgent risk assessment. Staff told us this would then be documented in the patient transport record.
- performance dashboard. This included mandatory training and non-mandatory courses attended or completed online for example stroke, defensive driving or recognising self-harm.
- The registered manager showed us that two staff had additional training as ambulance technicians under the Institute of Health and Care Development (IHCD).
 - All patient transport staff had recruitment checks including a passport check, the right to work in the UK, employment histories, references and a disclosure and barring service (DBS) checks in line with national regulations.
 - The registered manager told us there had been no staff turnover or staff sickness in the last 12 months. If staff were sick the registered manager told us they would rearrange the shifts or bookings.
 - The registered manager told us there was an expectation that bank staff would not drive without rest breaks if they were employed by more than one service. Staff told us that there were natural breaks for 12 hour shifts often when waiting for patients or between bookings. We were told that night shifts were quieter, and breaks were longer. The air ambulances stopped landing to transfer patients at 11pm in summer and 10pm in winter. The hospitals discharged patients in the evenings rather than overnight. However, there was no documented assurance that staff had adequate breaks between and during shifts. The registered manager reported he would look at a formal method of recording this.
 - The registered manager and staff told us that if a booking was for a long-distance journey three crew would be allocated. This meant one to drive, one to remain with the patient and one to sleep.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The service had one manager, two full time staff and two part-time staff who are all available for patient transfers. There was a senior clinical advisor staff could contact for clinical advice.
- The registered manager showed us the training and qualifications recorded in the staff records and on the

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. However, we saw that in some instances staff had not completed some patient transport forms.

Patient transport services (PTS)

- Bookings were received electronically. At the last inspection, there was no unified system for recording patient information. On this inspection there was an electronic booking system and electronic patient transport forms.
- We reviewed the booking system and were told that the staff member taking the booking was responsible for completing the form. Information required included the patient details, the collection address, destination and reason for journey. We were told that on booking staff would request clinical details, diagnosis, infections or mental health needs, the presence of a do not attempt cardio-pulmonary resuscitation order (DNACPR) and any escorts to accompany the patient. Some boxes had to be filled in before the system allowed the booking to be completed. The booking was then sent to the crew via their mobile phones in an encrypted form.
- Requests from some hospitals were emailed to the service on different forms and then attached to the patient transport record online. Bookings from an air ambulance were received by email, but the patient was accompanied by a clinician with their own service's paperwork. In this case we were told that any medical care was provided by the accompanying clinician and the service only provided the patient transport.
- We reviewed 12 booking records from June 2019 and 12 from August 2019. We found all the required information had been completed and all the text boxes were filled.
- Patient transport forms were filled in by the crew to record any details of the journey. This included a description of the manual handling required or incidents. All forms were sent via a secure app to the service email address to be electronically stored.
- We reviewed 16 bookings and checked if a patient transport form (PTR) had been completed and linked to the booking. We saw that six had a completed PTR, three were patients being escorted by a nurse or carer, five journeys did not take place or were not applicable. Two PTRs were not completed; we were told that this was an error. The registered manager told us they would discuss this with the staff involved.
- Staff reported that they could store paperwork securely on the ambulances. Staff showed us a locked metal post

box fixed to the internal wall of the ambulance. Staff told us this was emptied by the registered manager. However, they told us that this was rarely used due to the electronic recording process.

Medicines

The service used systems and processes to safely administer and store medicines and medical gases.

- We were told that no medicines were carried to be administered by the service. Patients own medication was kept with their belongings. Medicines to be taken home from hospital were placed in the patients' bags by staff at the hospital.
- Medical gases including nitrous oxide and oxygen were always stored securely on the ambulance. However, there could be a risk to the safe storage of nitrous oxide if it was not stored at a temperature above 10°C for 24 hours before use. We saw medical gases were secured to the vehicle wall and were in date. Staff told us the vehicle was kept locked when not in use.
- The service had a formal contract with an external provider for oxygen and nitrous oxide cylinder supply and removal. The registered manager told us the cylinders were taken to a local depot to be replaced.
- Staff had training in the use of medical gases. Competence had been assessed on different courses and the registered manager shared the syllabus with us to show the topics included. The registered manager told us that staff would administer medical gases only if it had already been prescribed by a doctor. They told us staff would be made aware of this on booking and it was recorded in the patient record.
- Staff told us they referred to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines when they required further guidance on the use of medication and medical gases. These were updated as new advice or guidance was published and were available on all vehicles

Safety performance

The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

Patient transport services (PTS)

- Since the last inspection, the manager had developed a performance dashboard which had been in use for a year. The data included records of incidents and emerging themes. For example, safeguarding concerns and cancellation of journeys due to staffing. These were shared with staff and used to improve services when required via the staff bulletin or email.

Are patient transport services effective?

Good



We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

However, polices did not include review dates to ensure they were reviewed and updated regularly.

- Staff had used updated and new guidance as it was made available to them. New medical guidance was shared by the clinical director and then shared with staff. Staff told us they had access to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. The registered manager told us staff had access to sepsis and Advanced Life Support flowcharts as in the National Institute for Health and Care Excellence (NICE) guidelines.
 - The registered manager told us that the service followed the unified do not attempt cardio-pulmonary resuscitation orders (DNACPR) from the hospital wards. One hospital used a version that was only valid for the hospital it was issued at and therefore may not have covered travel. The registered manager had been in contact with the lead resuscitation officer to discuss how this could be used in the same way as the other hospitals. This was still being discussed at the time of our inspection.
 - Staff told us if a patient passed away while on board the ambulance and the team were aware of a do not attempt cardio-pulmonary resuscitation order (DNACPR) or the patient was nearing the end of their life, they told us that they would continue to the destination and inform the appropriate authorities. There was no audit programme to monitor the compliance with this.
- All staff could access the on-line staff portal where they could read policies. We were told that any alert to changes to policies or urgent information sharing was done through a staff bulletin or staff electronic communication application (app) group. However, policy documents were noted to have version control but no review date. This meant staff were not be able to tell if they had read the most recent version. The registered manager told us they would add a review date in future even if there was no change to the version.

Response times / Patient outcomes

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

- The service monitored arrival and response times for journeys. The registered manager told us that they used to give a specific time for journeys but following a review implemented an arrival and collection window, for example between 4 and 6 pm. This had allowed the service to meet the stated time of arrival over 97% of the time.
- The performance dashboard developed by the manager recorded details of patient journeys, their origin and who booked them. It also recorded any cancellations made by the person who booked, or by the service. For example, cancellation due to a lack of resources.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support. However, we noted one appraisal was not recorded.

- The registered manager had developed an observation and appraisal system that met the needs of the staff and the business. The service had a vehicle crew and monitoring checklist which they used to monitor staff performance and observe practice. The registered manager showed us this recorded staff compliance with vehicle cleaning and safety, staff appearance and uniform, driving style and infection control. This noted observation of staff communication with patients and other medical staff, the assessment of patient needs

Patient transport services (PTS)

and compliance with clinical guidelines. The registered manager and staff told us these identified staff members specialist strengths, development or training needs and how they would be achieved.

- We saw staff records of appraisals and staff told us they had annual appraisals. However, of the eight staff members, one member of staff had not received an appraisal. The manager told us they would complete a crew monitoring appraisal for them retrospectively using recent observations.
- Not all staff who drove for the service had documented annual driving licence checks although senior staff told us they checked them annually. We saw that three of five staff had driving licence checks in the last 12 months, two had been checked in the last 21 months. However, the Safe Driving Policy stated that staff who receive an endorsement, limitation, suspension or cancellation on their licence were expected to inform the manager immediately. The registered manager reported he would re-check these and add the results to staff files.
- Staff worked in a crew of two or more and there was no lone working.

Multi-disciplinary working

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

- The staff group consisted of ambulance technicians with one paramedic. However, the staff told us that they had regular contact with medical staff at hospitals and other units. The staff worked closely with air ambulance staff and medical escorts. The registered manager told us the team worked alongside mental health care professionals and the local authority especially when raising safeguarding concerns about patients.
- The registered manager told us they work with other organisations to discuss the service. For example, they submitted incidents forms to hospitals if needed and worked with a hospital resuscitation officer to resolve concerns about the use of the ward do not attempt cardio-pulmonary resuscitation order (DNACPR) on patient transport.

- We saw an email from a mental health professional who reported that on one occasion “The crew worked alongside the assessing team very well.”

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

- All staff had training in consent. If the patient lacked capacity or was confused staff reported, they would remain calm and compassionate. If the patient had capacity but was unable to talk, staff told us they would try to obtain consent non-verbally. The Mental Health and Mental Capacity Guide on the staff portal provided guidance on consent, how to establish capacity and how to record it in the patient record.
- Staff had training in mental health awareness. The service transported patients with mental health conditions with or without escorts, these patient requirements would be identified at the point of booking. The service rarely transported patients who were sectioned under the Mental Health Act. The registered manager told us they would risk assess the booking and if the patient required restraint, they would refer the booking to a specialist transport service. The registered manager told us that the service had been booked for one journey where staff were told on arrival by the advanced mental health practitioner that the patient was high risk of absconding and may require restraint. The registered manager told us that they continued the journey as transport only with the advanced mental health practitioner as the escort, taking responsibility for any restraint.
- Staff told us that they did not use restraint if a patient had challenging behaviour. Staff tried to de-escalate the situation, talk to health care professionals who knew the patient and call the police if the situation was not manageable. The service provided a four-person crew if it was agreed at the time of booking.

Patient transport services (PTS)

- Staff told us that when a patient declined to be transported it was documented on the patient transport form (PTR). The registered manager told us that some staff had conflict resolution skills, but that staff were able to risk assess the situation at the time. Staff were able to refuse to take a patient if they deemed the patient or staff would be unsafe. For example, if a patient was aggressive or at risk of harming themselves or others.

Are patient transport services caring?

Not sufficient evidence to rate

We did not rate caring.

During the inspection we were unable to talk to or contact patients, families or carers. Therefore, we were unable to rate caring. However, we read compliments received by the service that showed compassion and kindness shown by staff to patients, friends and staff from other organisations.

Compassionate care

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

- A nurse travelling with a patient wrote that the team "...greeted the patient and I with a smile and helped load the patient into the ambulance from the aircraft."
"Please convey my heartfelt thanks to them for their conscientiousness in ... ensuring the patient's safety ..."
- Staff told us that they maintained the privacy and dignity of patients. Staff told us that they were polite and introduced themselves to patients. Staff told us they would keep doors closed when treating patients and cover them with blankets if necessary. If a patient passed away onboard the transport, staff told us covered them with a blanket or sheet and acted with care and compassion to any relatives or carers present.
- We saw patient feedback cards available on the ambulance with a locked post box for patients to post the cards confidentially. We saw six feedback cards and there was a 100% excellent response to the questions, 'How would you rate the service?' and 'How well did the attending crew identify needs and accommodate you?'

We saw 100% of the cards stated that they were highly likely to recommend the service to others and 100% responded that they found the presentation and cleanliness of the service good or excellent.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- A friend of a patient wrote that the service provided "...amazing support and help.....throughout this difficult and traumatic process. Your care and concern, your confidence and re-assurance that your team could solve the problem, your patience with my frequent phone calls to check on progress – you have been an incredible support and tower of strength, to a total stranger and I cannot tell you how grateful I am for your patience and understanding."

Understanding and involvement of patients and those close to them

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

- We read an email from a mental health professional when the team were asked to attend a mental health assessment and transfer the patient to hospital. They wrote "The staff were calm and professional and efficiently got the patient safely into the ambulance using patience and encouragement without incident, and as such should be commended for their patience."

Are patient transport services responsive to people's needs?

Good

We rated responsive 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.

Patient transport services (PTS)

- The service did not have any contracts with local NHS commissioners. Most of the work carried out by the service was on request from local NHS trusts or by private booking arrangements.
- The service held a palliative care contract with a local NHS trust to move patients between home, hospices and care homes. The registered manager told us that the service transferred patients approaching the end of their lives from home to appointments or to other locations.

Meeting people's individual needs

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

- Staff told us that when transferring patients with mental health issues they acted respectfully and allowed them to have as much choice as possible over their transfer. They reported that enabled them to develop a rapport with the patient and the patient was calm during the journey.
- The staff told us that they rarely transported patients who required an interpreter, but they would ask for any requirements at the point of booking. If the patient was accompanied by a family member or carer, they would ask for their assistance in translating. The service reported that staff were able to speak English, Spanish, French, German, Polish and Arabic. Staff told us there was a telephone translator service they could call on their mobile phones if required.
- The registered manager told us that booking information was taken that reflected the cultural, religious or preference needs of the patient. For example, female only crews were available if requested.
- The registered manager reported that patients living with dementia and learning disabilities were treated with compassion and care. The registered manager told us that staff used training or experience of working with patients. We were told by a member of staff that they were trained as a 'Dementia Friend'.

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

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.

- The service operated 24 hours a day, seven days a week.
- Patient transport bookings were booked on the day of travel or in advance. Staff assessed the resource requirements and capacity on an individual basis. The operations manager and registered manager were responsible for taking patient transport bookings. The service advertised two contact numbers for bookings which were both linked to mobile phones if the office was unattended.
- Bookings for air ambulances were taken in advance and the vehicles were on site before arrival of the patient and escort.
- The service collected patients who needed to be repatriated to other areas of the country. The registered manager told us that the service had collected one patient from Europe and returned them to the UK following surgery. The patient was clinically well and required transport to return home.

Learning from complaints and concerns

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

- The service had a complaints policy which told patients, their family, carers and other professionals how to make a complaint. Staff told us they were aware of the complaints process. The policy stated that complaints were accepted verbally or in writing. The complaint was considered formal if the person making the complaint requested it and the details of the complaint were

Patient transport services (PTS)

provided. The registered manager told us people making a complaint by telephone were made aware of the complaint policy and would be sent a copy of the complaints procedure.

- Complaints were acknowledged within three working days and a written response sent within three weeks. If the complaint was more complex and took longer to investigate, the policy stated that the complainant would be kept informed. If the complaint involved other providers, the service shared the complaint, with consent, and requested they responded separately. The policy told people how to contact the CQC to share concerns and included details for a charitable organisation that gave independent information, advice and support.
- Since the last inspection the service had not received any written or verbal complaints.
- The service also invited feedback on its website. We saw a policy for managing patient feedback on the staff portal. We were told that any information was then shared directly with the staff member involved, through the staff electronic communication application (app) group or in the staff bulletin. The same process was used for compliments.

Are patient transport services well-led?

Good



We rated well-led as good.

Leadership of service

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

- The senior management team comprised of an operational director who was also the registered manager, a clinical director and operational manager. The service had clinical and operational team leaders.

- The operational director was responsible for the running of the company. They were also the registered manager and worked alongside the staff at events and on patient transport journeys when needed. They carried out appraisals and provided training as required.
- The operational director was also responsible for the management of risk, complaints and incident investigation and governance of the service. They had developed new processes and use of electronic systems to provide clear oversight of the service to comply with warning notices from the previous inspection.
- The clinical director acted as senior clinical advisor and was available for staff to contact for clinical advice. They were responsible for updating staff on clinical guidelines and overseeing the clinical support of the team. The registered manager told us they would meet with the clinical director every two months. These meetings were in person, by telephone or email and would be more often if necessary.
- Staff told us that managers were visible and approachable.
- Staff told us that communication with the leadership team was very good.
- We found the leadership team were very responsive. The registered manager had implemented many new processes to drive improvement since the last inspection in 2018.

Vision and strategy for this service

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply the vision.

- The service had a vision and strategy that stated that staff continually learnt from feedback and used it to develop the service. The service stated it focused on the patient care, staff development and support and by using fit for purpose technology, equipment and vehicles.
- The staff told us there was an emphasis on continuing to provide high standards of care to see the service improve and grow. The vision was to develop the senior management structure. There were plans to employ a new clinical director with oversight of clinical aspects of the service and training.

Patient transport services (PTS)

- Staff and registered manager told us there were plans to develop the business and marketing aspects of the service, with a focus on policies and training for new skills.

Culture within the service

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

- Staff demonstrated throughout the inspection that they placed a high priority on ensuring a good standard of patient centred care. Staff said they were proud of their commitment to patient care.
- Staff told us that they were proud to treat patients and carers with compassion and kindness. They aimed to provide emotional support to patients, families and carers.
- Staff told us they felt respected, supported and valued.
- Staff told us the registered manager was visible and approachable for all staff and staff could raise concerns without fear.
- Staff told us they were able to access training online. Staff told us if there was other training, they wished to do they could discuss with the registered manager.

Governance

Leaders operated good governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had opportunities learn from the performance of the service.

- The registered manager was responsible for all governance arrangements. The senior management team included an operations director, director. There was a clear organisational and reporting structure.
- The registered manager demonstrated that they were regularly adding to the performance dashboard as new metrics were identified. At the last inspection a warning notice had been issued as the provider failed to have records relating to the management of the service. The dashboard included information on complaints and incidents, vehicle maintenance both planned and

unplanned. For staffing it included training compliance, sickness, turnover and appraisals. It provided access to contractual data and the financial health of the company in terms of revenue and turnover.

- The registered manager told us they had tried to establish team meetings for staff but found they were not well attended due to the shift patterns. The registered manager told us they had found other ways to ensure staff were updated on incidents, complaints and other feedback. The staff told us they accessed this information via the staff portal, staff bulletins and the staff electronic communication application (app).

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

- Since the last inspection in August 2018, the service had developed an electronic performance dashboard. At the last inspection the provider failed to have processes to minimise the likelihood of risks and to minimise the impact of risks on people who used the service. The dashboard had been developed to store data that could be easily accessed for reports or audit.
- The registered manager showed us the company risk register which listed all identified risks, dates they were identified and mitigation to minimise the risk. We saw evidence of risks which had been reviewed and successfully reduced so were now closed.

Information Management

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

- Staff had access to a password protected electronic staff portal where they could read policies and access other forms.
- Performance data was stored electronically. For example, on the last inspection the registered manager

Patient transport services (PTS)

had to review booking forms to give the number of journeys carried out over a year. On this inspection, the data had been inputted and calculated by the performance dashboard and could be accessed quickly.

- Confidential information was stored on secure electronic systems. Paperwork with confidential patient information was stored in a locked cupboard and shredded when not needed.
- The registered manager submitted notifications to the CQC following safeguarding alerts or serious incidents. They had also completed safeguarding alerts to the local authorities and hospitals.
- The registered manager was responsive to requests for data and additional information as requested following this inspection.

Public and staff engagement

Leaders and staff openly engaged with patients and staff to plan and manage services.

- Staff were able to comment on policies and procedures by accessing the staff portal and entering feedback in the comments box. We were told this was reviewed by the registered manager and senior team and addressed as necessary. All staff were members of a closed staff electronic communication application (app) group that was also used to share feedback and other information.
- We saw a feedback poster and cards on the ambulance. These could be completed by patients, families and carers and placed in a secure post box fixed to the internal wall of the vehicle. This box was emptied by the senior staff. The service told us that patient feedback was generally positive but a low response. The service also used information from internet based forums for feedback, complaints and compliments.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services.

- The development of the performance dashboard was a positive development and the team appeared to be very proud of its success. The dashboard included records of vehicle use and maintenance, patient activity, staff sickness and appraisals, complaints, incidents, training compliance, and financial health and revenue. The registered manager told us that they would add other records to the dashboard as they become apparent.
- The registered manager had developed an electronic booking process. The booking information was thorough, and the system demonstrated that data was recorded accurately, and some boxes had to be completed for the form to be saved. This meant important information had to be recorded for the booking to be accepted. The system allowed for staff to receive booking while out of the office in a secure and confidential manner.
- On this inspection we saw the service had a secure electronic system to record patient records and if these were completed on paper they were securely stored until they were added to the electronic system and no longer kept in paper form.
- The registered manager showed us that annual appraisals were being completed and he was assured of the skills and capabilities of the staff by working alongside them as part of the crew monitoring appraisal
- The staff and registered manager told us about future plans for the patient transport service to continue to grow and develop into an outstanding service. They told us of plans to expand the service in size and locate the vehicles and offices on one site.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should have a medicines management policy for all staff to follow.
- The provider should review practices for the safe and effective storage of medical gases.
- The provider should record the time and date on the daily vehicle checklist and check it correlates to vehicles leaving the site to start work.
- The provider should service medical equipment annually and have a system that identifies the expiry date.
- The provider should check the electronic booking system and patient records correlate. Where a booking had been cancelled, it should be recorded as an outcome.
- The provider should provide a child safety harness for use on the ambulance and that it is always available.
- The provider should document adequate breaks between and during shifts for drivers and technicians.
- The provider should have a system of driving licence checks for staff.
- The provider should keep records of all staff having regular appraisals.
- The provider should record mandatory training clearly in staff records.
- The provider should check policy documents have a review date and that reviews are recorded even if no changes/amendments are made.
- The provider should use an independent interpreter for confidential discussions with patients.
- The provider should consider auditing patient outcome data and using it to improve the quality and performance of the service.