Lincs Medical Services Ltd

Lincs House

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

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

Lincs House is operated by Lincs Medical Services Ltd providing mainly patient transport services.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 14 to15 September 2017 and an unannounced visit on 29 September 2017.

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

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

Services we do not rate

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

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

- The service did not routinely carry out any hand hygiene or infection control audits to monitor staff adherence to policies and guidance.
- The service did not carry out formal driver assessments to determine if staff were competent to drive vehicles, including driving under emergency blue light conditions.
- The service did not have a documented risk assessment in relation to ligature risks on the patient transport vehicle used for transporting mental health patients.
- The service did not have a documented risk assessment for use of a sluice room with no dedicated hand wash sink.
- The service did not have a formal business continuity plan in place at the time of our inspection.
- The safeguarding lead had not completed training to an appropriate level for their role, in line with intercollegiate guidance.
- Staff were not aware of female genital mutilation and had not received training regarding this.
- The service did not participate in any local or national benchmarking audits and did not routinely collate information about patient outcomes.
- There were no formal systems in place to allow staff to receive regular supervision or appraisal. There were no documented staff competency assessments in the staff files we looked at.
- The service did not have access to interpreting services or communication aids for patients that were not able to communicate with staff.
- Team meetings involving all staff across the service did not take place on a routine basis. Three meetings had taken place during the last 12 months.
- These were no formal documented audit processes to identify gaps or demonstrate improvements in areas such as infection control, medicines management, patient records and staff recruitment and training.
- The service did not have systems in place to undertake appropriate recruitment checks required for directors in line with the fit and proper person's requirement.

Summary of findings

- The service did not have systems to monitor key performance indicators. There were no records in place to show overall performance against key indicators such as number and type of patients conveyed or patient collection and drop off times.
- The service did not have a formal documented strategy. The management team were able to verbally describe the future strategy for the service.

However, we also found the following areas of good practice;

- Staff understood how to report incidents. Incidents were investigated and lessons learned were shared with staff. Staff were aware of the basic principles of the duty of candour legislation.
- The staffing levels and skills mix was sufficient to meet patients' needs. Most staff had completed their mandatory training.
- Patient records were completed appropriately and stored securely.
- There were suitable systems in place for the safe management of medicines, including controlled drugs.
- Ambulance vehicles and the premises were clean, tidy and well maintained. There were sufficient vehicles and equipment available and these were routinely checked and suitably maintained.
- Patients were assessed prior to referral to the service. This allowed staff to plan for their care and have the appropriate staffing, equipment and vehicles in place.
- The service could operate during out of hours and on weekends if a booking became available.
- Staff took into account individual needs and preferences when transporting patients with mobility needs, bariatric patients and patients living with dementia or mental health conditions.
- Complaints were investigated and responded to in a timely manner and shared with staff to aid learning.
- Staff were committed to providing good patient care.
- Patients and their relatives were kept fully involved in their care and the staff supported them with their emotional needs.
- Staff provided care and treatment that followed national guidelines such as the National Institute for Health and Care Excellence and the Joint Royal Colleges Ambulance Liaison Committee .
- The service had a clearly defined leadership structure that was understood by staff.
- Key risks to the service were managed through the use of an organisational risk register.
- Patients received care and treatment by competent staff that worked well as part of a multidisciplinary team.
- Staff understood the how to seek consent from patients and were aware of the Mental Capacity Act (2005) and Mental Health Act (2007).

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with four requirement notices that affected patient transport services. Details of these are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals.

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides. Patient transport services was the main service provided. The service also provided emergency services for patients that required transport from events to a hospital. As this was only a small part of overall activities, this has been reported under patient transport services.

Lincs House

Detailed findings

Services we looked at
Patient transport services (PTS);

Detailed findings

Contents

Background to Lincs House

Lincs House is operated by Lincs Medical Services Ltd . The service opened in October 2016 and is an independent ambulance service based in Barnsley, South Yorkshire. The service mainly provides patient transport services.

The service primarily serves the communities across Yorkshire and Humberside and undertakes long distance journeys if required. It undertakes the movement of non-urgent patients between hospitals, homes and care facilities in a pre-planned and short notice (un-planned) work environment.

The service has contracts with three NHS trusts and an independent booking agency. In addition, they undertake private work, long distance transfers and provide cover for events. The service also provides first aid cover at events and can carry out emergency transfers of patients to hospital from events when required.

The service has had a registered manager in post since it registered in October 2016.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector as well one other CQC inspector. The inspection team also included two specialist advisors with expertise in patient transport services and emergency and urgent care.

The inspection team was overseen by Lorraine Bolam, Head of Hospitals Inspection.

How we carried out this inspection

We carried out the announced inspection on 14 and 15 September 2017. We also carried out an unannounced visit on 29 September 2017.

During the inspection, we visited Lincs House. We spoke with a range of staff including; the office administrator, a registered paramedic, first responders, first aiders, the team leader, the medicines lead, the registered manager and the operations director. We spoke with one patient and two relatives (by phone). During our inspection, we reviewed 19 sets of patient records.

Detailed findings

Facts and data about Lincs House

The service is registered to provide the following regulated activities;

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

The service submitted an application in July 2017 to change the registered location from which regulated activities are carried out in August 2017. The CQC registration team conducted a registration visit on 5 September 2017 to assess the suitability of the location for registration and identified concerns in relation to maintenance and safety certificates relating to the premises.

We carried out the announced inspection on 14 September 2017 and found the provider had addressed the concerns raised during the CQC registration team visit. The location was registered with CQC on 28 November 2017. This was the service's first inspection since registration with CQC.

The service is based in Barnsley, South Yorkshire and the location is used to control and manage seven vehicles.

The operations director has overall responsibility for the service and is supported by the registered manager and other members of the management team. The service has contractual arrangements with approximately 40 staff, including paramedics, technicians, a registered nurse, first responders and first aiders.

Activity:

- The service started patient transport services in March 2017 and approximately 200 patient transport journeys took place between March 2017 and September 2017.
- There were 11 patients transferred to hospitals from events over the past 12 months. This included four patients less than 18 years of age.
- The service started transporting patients with mental health conditions from June 2017 onwards. There had been 40 of these patient transfers between June 2017 and September 2017.

Track record on safety:

- No never events
- No serious injuries or incidents
- Six incidents (no patient harm)
- Three formal complaints

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Lincs House is operated by Lincs Medical Services Ltd providing mainly patient transport services.

Summary of findings

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Patient transport services was the main service provided.

The service also provided emergency services for patients that required transport from events to a hospital. As this was only a small part of overall activities, this has been reported under patient transport services.

Patient transport services (PTS)

Are patient transport services safe?

At present we do not rate independent ambulance services. We safe found the following issues that the service provider needs to improve for safe: -

- Most staff had received safeguarding training and understood how to report incidents. However, the safeguarding lead had not completed training to an appropriate level for their role, in line with intercollegiate guidance.
- The service did not have a documented risk assessment in relation to ligature risks on the patient transport vehicle used for transporting mental health patients.
- The service did not routinely carry out any hand hygiene or infection control audits to monitor staff adherence to policies and guidance. Staff were able to demonstrate how they planned to improve this.
- The service did not have a documented risk assessment for use of a sluice room with no dedicated hand wash sink.
- There were policies in place to guide staff in the event of a fire or for unplanned patient treatment. However, the service did not have a formal business continuity plan in place at the time of our inspection.
- The service did not carry out formal driver assessments to determine if staff were competent to drive vehicles, including driving under emergency blue light conditions.
- Staff were not aware of female genital mutilation and had not received training regarding this.

However, we found the following areas of good practice:

- There were systems in place for managing and reporting incidents and staff understood how to report incidents. Staff were aware of the basic principles of the duty of candour legislation.
- There were six incidents reported during the last 12 months. None of these resulted in patient harm. Incidents were investigated and lessons learned were shared with staff.
- The staffing levels and skills mix was sufficient to meet patients' needs. Most staff had completed their mandatory training. Patient records were completed appropriately and stored securely.
- There were systems in place for the safe ordering, storage, handling, administration and disposal of medicines, including controlled drugs. Medical gases were routinely checked and stored securely.
- Ambulance vehicles and premises were visibly clean and tidy, with evidence of regular deep cleaning of vehicles. There were sufficient vehicles and equipment available and these were routinely checked and suitably maintained.
- The premises were secure and well maintained. There was routine servicing and maintenance of systems in relation to fire safety, electric and gas safety.

Incidents

- There were policies in place that provided guidance for staff on how to identify, report and investigate clinical and non-clinical incidents and adverse events (such as vehicle-related incidents). The policies included guidance on how to grade incidents by severity (for example minor, moderate, serious and fatal).
- Staff we spoke with had a clear understanding of the types of incidents that could occur and how to report these.
- All incidents, accidents and near misses were logged using a paper system of incident reporting forms. Paper incident reporting forms were available for staff to complete in 'vehicle packs' in each vehicle we inspected.
- Reported incidents were reviewed and investigated by staff with the appropriate responsibility, such as the registered manager or the operations director.
- Staff told us information about incidents was discussed in person or from updates to staff by email or through the provider's social media platform to aid learning.
- There had been no never events or serious incidents reported by the service in the 12 months prior to our inspection. Never events are serious incidents that are

entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

- There were six incidents reported by the service during the 12 months prior to our inspection. All these were related to vehicle faults or accidents and none had resulted in any patient harm. We looked at the records for these incidents and saw that they had been reported and investigated in line with the provider's policy.
- There were no patient deaths reported by the service in the 12 months prior to our inspection. There was a 'death in care' policy that provided instructions for staff on how to report patient deaths and how to notify relevant authorities should a patient death occur during delivery of care.
- The service did not have its own duty of candour policy in place. However, guidance issued by the Care Quality Commission about duty of candour was displayed on a notice board.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Staff we spoke with were aware of the basic principles of duty of candour. The duty of candour principles are only applicable if care and treatment has led to moderate or severe patient harm. There were no incidents reported by the service during the last 12 months that had resulted in moderate or above patient harm that would trigger the duty of candour process.

Mandatory training

- Staff received mandatory training in key areas such as fire safety, health, safety and welfare, basic life support, first aid, consent, handling medicines, infection control, information governance and record keeping, manual handling and safeguarding of vulnerable adults and children.
- Mandatory training was delivered on induction, followed by annual updates. The majority of training was delivered through e-learning modules but specific topics such as life support and first aid training were delivered as face-to-face training.
- The service used an electronic training system through which staff accessed e-learning content. This system was also used to monitor training compliance. The system identified when an individual staff member's training was due for renewal or had expired. The administrator and operations director told us they carried out routine monitoring to check staff training compliance was maintained.
- Records showed that all staff were up to date with their mandatory training with the exception of dementia awareness training. The operations director told us this was recently added as a training module and not all staff had completed this training yet.

Safeguarding

- The service had safeguarding policies in place for child protection and the protection of adults at risk. These provided guidance for staff on how to identify abuse and how to report safeguarding concerns internally within the organisation and to external bodies such as local authority safeguarding teams.
- The staff we spoke with had a clear understanding of how to identify abuse and report safeguarding concerns. Information on how to report adult and children's safeguarding concerns and local authority contact details were displayed on a notice board in the station and in the vehicles we inspected.
- There had been no safeguarding concerns raised by the service during the past 12 months.
- Staff received mandatory training in the safeguarding of vulnerable adults and children.
- Records showed all staff across the service had completed safeguarding adults and children (level 2 and level 3) training, which was in line with national guidelines such as the 'Intercollegiate Document; Safeguarding Children and Young People (2014)'.
- The registered manager was the safeguarding lead (named professional) for the organisation. However,

they had not undergone any extra training to complete this role. The Intercollegiate document states that the identified safeguarding lead should be trained to level 4 for children.

- Staff received training in 'preventing radicalisation', in line with the national 'Prevent' counter-terrorism strategy.
- The majority of staff we spoke with were not aware of female genital mutilation and had not received training regarding this. Reporting any recognised incidents is a legal requirement for all healthcare staff.

Cleanliness, infection control and hygiene

- There were no instances of healthcare-acquired infections (for example meticillin-resistant Staphylococcus aureus bacteraemia or Clostridium difficile) reported by the service during the past 12 months. Patients with a known infection were identified as part of the initial referral process.
- The service had infection and prevention and control policies that provided guidance for staff in areas such as outbreaks, isolation of infectious patients, handling of sharps, hand hygiene, cleaning, decontamination of equipment and the environment and waste disposal.
- Staff received infection control training as part of their induction, followed by annual mandatory refresher training. Staff we spoke with understood current infection prevention and control guidelines.
- The ambulance and patient transport service vehicles we inspected were clean, tidy and well maintained. Staff cleaned the vehicles using chlorine based cleaning solutions and equipment was cleaned in between use using disinfectant wipes. Staff placed a sign on each vehicle to indicate whether the vehicle was clean and ready for patient use and to confirm appropriate vehicle checks had been completed.
- There was a cleaning schedule in place that outlined roles and responsibilities and the frequency of cleaning of vehicles and equipment. We saw that suitable cleaning equipment was available in the ambulance station and this was stored appropriately. Staff used a colour-coded system for mop buckets and single use mop heads.
- Staff completed safety and cleanliness checks on each vehicle (and equipment) and recorded this information on a checklist record. The checklists were complete and up to date on each vehicle we inspected.
- The vehicles were decontaminated and "deep cleaned" approximately every eight weeks by an external contractor. A swab of each vehicle was taken before and after each deep clean to measure the presence of microbes. Records showed the ambulance and patient transports service vehicles were routinely deep cleaned and microbial levels were within acceptable ranges. Staff told us the vehicles could also be deep cleaned immediately if decontamination was required following patient use (for example if patient had an infection).
- The ambulance station and office areas were clean, tidy and well maintained. There were suitable arrangements in place for the handling, storage and disposal of clinical waste in the vehicles and the station. This included the use of colour coded waste bags and a locked clinical waste bin. There was an arrangement with an external contractor for the removal of clinical waste.
- Portable sharps waste bins were available in the station and in each ambulance vehicle we inspected. We found the sharps bins had not been labelled correctly by staff prior to use and raised this with the operations director during the inspection.
- Clean linen was available in each vehicle and was appropriately stored in cabinets to protect from exposure to air-borne particulates in the open environment. Soiled linen was appropriately segregated in bags and laundered off site through an external contractor.
- All the ambulances and transport vehicles contained personal protective equipment , such as disposable gloves and masks. Each vehicle had a spillage kit available for cleaning following contamination by bodily fluids.
- We saw that portable hand gel was available in each vehicle. There was one hand wash sink located in the equipment store room on the ground floor of the ambulance station.
- A sluice room with a hopper sink was located on the first floor but this room did not have a separate hand wash

sink. This meant staff would have to walk to the ground floor to wash their hands. There was no infection control risk assessment in place for the use of sluice room with no dedicated hand wash sink.

- The operations director told us they had plans to refurbish the ground floor equipment room and install a hopper sink but there were no timelines for when this was expected to be completed.
- The operations director was the infection control lead for the service. The operations director confirmed they did not routinely carry out any hand hygiene or infection control audits to monitor staff adherence to policies and guidance.
- A draft infection control audit proforma had been developed by the operations director but this had not yet been used.
- The operations director also told us they planned to install an adenosine triphosphate swab testing machine to check the effectiveness of staff hand washing. This had not yet been purchased at the time of the inspection.
- The staff we observed were compliant with 'bare below the elbows' guidance. The provider's uniform policy gave instructions for staff on laundering uniforms at home.
- The policy specified washing uniforms separately using a 60ºC wash cycle, in accordance with best practice guidelines. Staff understood the uniform policy. If a staff member's uniform became contaminated while on duty, they were able to obtain a clean uniform from the ambulance station.

Environment and equipment

- The service operated from one location, which was previously a general practitioner practice. We found the premises were clean, free from clutter and well maintained. There were sufficient bathroom facilities for staff.
- Access to the premises was restricted with door locks. Hazardous substances (such as cleaning chemicals) were stored in a locked cupboard. There was a control of substances hazardous to health file, which included information about the substances stored on the premises.
- Records showed that fire safety, electric and gas safety systems had been serviced through an external contractor. Fire extinguishers on the premises and on the vehicles were stored securely and had been serviced.
- The provider had seven vehicles in use at the time of the inspection, including four ambulances, two patient transport vehicles and an additional rapid response vehicle.
- There was an additional ambulance vehicle that had been decommissioned by the service and was awaiting removal from the premises. All vehicles were kept outside in a dedicated car park. The vehicles were locked when not in use and vehicle keys were kept securely in a locked cabinet inside the station.
- The age of the vehicles ranged between six and 10 years old. Records showed the vehicles had appropriate MOT, tax, service, breakdown cover and insurance certificates in place. We inspected each vehicle and found these were suitably maintained and in a good state of repair.
- The operations director told us the small size of the service meant it was not cost-effective to purchase new vehicles. The operations director confirmed vehicle faults and breakdowns were monitored and any vehicle with frequent issues would be decommissioned and replaced.
- Staff carried out daily vehicle checks to confirm the vehicles were fit for purpose and stocked with the correct equipment and consumable items. Checklist records we looked at showed the vehicle checks were being completed and documented appropriately.
- We saw that equipment such as chairs, stretchers; wheelchairs and slide sheets were well maintained and serviced routinely. Staff told us there was sufficient stock to replace any faulty equipment. Consumable items, such as gloves and hand gels were replenished each day from stock available at the ambulance station.
- The vehicles were equipped with safety harnesses and anchorage points for securing wheelchairs. Equipment and single use items were available for both adults and children.

- Each vehicle was equipped with an automated external defibrillator device. These had been serviced and included adult and paediatric pads that were within their expiry dates. The defibrillators were checked daily by staff.
- Each vehicle had an emergency "grab bag" that included basic first aid equipment, oxygen masks, drainage kits and single use sterile items such as airways tubes that were kept in their sterile packaging. These items were also checked daily by staff to ensure they were correct and within their expiry dates.

Medicines

- There were policies in place that included guidance on the safe storage, administration, disposal and recording of medicines. These referenced best practice guidance and relevant legislation for the safe use of medicines.
- Staff we spoke with understood their responsibilities in relation to the administration of medicines. Only staff with the appropriate responsibilities or level of training could administer medicines. Registered paramedics could carry and administer prescription only medicines in line with Schedule 17 to the Human Medicines Regulations 2012. Staff that had completed first responder training had also received training in the administration of oxygen.
- Schedule 17 of the Human Medicines Regulations 2012 includes an exemption that allows registered paramedics to carry and administer a limited list of prescription only medicines for the immediate, necessary treatment of sick or injured persons.
- The service also stocked additional prescription only medicines that were not in the schedule 17 exemptions list (such as salbutamol and oxygen). There was an arrangement with a medical professional with prescribing responsibilities so that prescription only medicines not listed on Schedule 17 of the Human Medicines Regulations 2012 could be purchased by the service from a wholesale medicines supplier using a signed stock order.
- Patient referral records identified patients that required medicines or treatment (such as oxygen) during their journey and the quantities to be administered. Staff told us they did not administer patient's own medicines but prompted patients to take their medicines if required.
- We saw that medical gases were stored safely and securely in line with current guidelines in each ambulance vehicle as well as at the station.
- Medicines, including controlled drugs, were securely stored in locked medicines cabinets. Medicine log sheets were completed for all medicines removed from the locked cabinets. We saw these were complete and up to date. We saw that medicines were kept within their original packaging and were within their expiry dates.
- The service had two drug packs which contained emergency medicines in line with guidelines. The operations director told us the drug packs were used during the majority of regulated activities and they had restricted paramedics carrying their own medicines for events activities only (not in the scope of CQC registration).
- The emergency medicine packs were signed in and out of by staff when required and this was monitored by the medicines lead.
- We looked at four patient records where medicines had been administered and these were accurate and complete. The records included information such as the medicine name, dose, administration route and time / date of administration.
- The medicines lead was responsible for maintaining medicine stocks and reordering medicines. The operations director told us discarded medicines would be sent to a local pharmacy for safe disposal.
- The medicines lead carried out routine stock check audits to check expiry dates and ensure that medicines were reconciled correctly. There was no overall audit in place to monitor the safe handling, storage, administration and disposal of medicines.

Records

- The service had policies in place for patient records, information security, confidentiality and data protection. These provided staff with guidance on maintaining patient confidentiality and the safe handling, storage, retention and destruction of clinical and non-clinical records.
- Staff used paper-based patient report forms. These were securely stored in 'vehicle pack' pouches in each

vehicle's driver compartment. Completed paper records were returned to the ambulance station at the end of each shift. Completed records were stored securely in locked cabinets in an office. There was restricted access to the keys for the records cabinets.

- We looked at 19 patient records during the inspection. This included six patient records for routine transport patient transfers, three records for patients with mental health conditions and 10 records for patients that were transferred to hospital from events. All the records we looked at were legible, complete and up to date.
- Patient records consisted of a journey booking (referral) form and a journey sheet for each patient transfer. These included basic patient details, their mobility status and information about their medical condition and any specific patient needs, such as medicines required (such as oxygen).
- The journey sheets also included pick up and drop off location and times and a summary of any staff interactions or observations made during the transfer.
- The records for patients transferred with mental health conditions included an assessment that covered key areas such as consent, patient risks vehicle requirements and information on who would accompany the patient during the transfer.
- The records for patients transferred to hospital from events included details such as initial treatment or medicines given, patient assessments using an early warning score system, pain assessments and details of which NHS hospital they were transported to.
- Information about special notes such as do not attempt cardiopulmonary resuscitation orders were included as part of the patient records.
- The office administrator was responsible for filing completed patient records. All patient records were stored on site and could be retrieved when required. The office administrator told us all completed patient records were checked for completeness prior to storage. However, there was no formal documented records audit in place to regularly monitor the quality and completeness of hand written records.

Assessing and responding to patient risk

- As part of the patient transport booking process, basic risk assessments were undertaken. This included an assessment of patient-specific requirements including what level of mobility the patient had, if they required oxygen, if they had any special notes such as a do not attempt cardiopulmonary resuscitation order or if the patient had an escort accompanying them.
- Risk assessments for patients transferred with mental health conditions covered key areas such as consent, patient risks vehicle requirements and information on who would accompany the patient during the transfer (such as relatives or staff from the NHS mental health trust the patient was transferred a from).
- The management team assessed each referral request to determine if they had appropriate resources available (such as staff, vehicles and equipment) in order to transport the patient. The registered manager told us they would decline the request if adequate resources (such as suitably trained staff) were not available.
- The operations director told us they did not routinely transfer patients with complex medical needs (for example patients with drips, pumps or syringe drivers). Staff told us these patients would be accompanied by appropriately trained staff such as healthcare professionals from the referring NHS trust to minimise the risk to patients.
- If a patient's condition deteriorated during transport, procedures were in place to instruct staff on the actions to take, including stabilising the patient (if within the staff member's scope of practice) or transferring the patient to the nearest hospital emergency department. There had been no instances where a patient's health had deteriorated during transport and required emergency intervention and transfer to hospital in the last 12 months.
- The service provided first aid cover at events with the ability to transport patients that required urgent treatment to the nearest hospital. An 'event medical plan' was in place detailing the equipment, ambulance vehicles and staffing requirements for these events. The plan also included instructions for staff on what actions to take if a patient's health deteriorated, including assessment and emergency transfer to the nearest hospital.

Patient transport services (PTS)

- Staff used adult and paediatric early warning scoring systems to determine if escalation and transfer to hospital was required. Records showed that since August 2016 there were 11 instances where a patient required emergency transfer to hospital from an event. In each case, the patient required treatment for non-life threatening injuries (such as limb fractures or shoulder injuries) and they had been appropriately transferred to hospital.
- Staff received training in handling violence and aggression as part of their mandatory training. The staff we spoke with were able to describe how they would look for potential trigger points and were able to describe the steps they would take to de-escalate conflicts with patients with challenging behaviours.
- The service did not carry out formal driver assessments to determine if staff were competent to drive vehicles, including driving under emergency blue light conditions. The operations director told us ad hoc observed training drives were carried out where staff driving vehicles were accompanied by a member of the management team but this was not documented.
- The operations director showed us a blank driver risk assessment form that could be used to record driving licence details, risk factors (such as eye sight and previous accidents, convictions or penalties) as well as a formal driver assessment; however this form had not been completed for any staff at the time of our inspection.
- The operations director told us driving licenses and driver history was checked as part of the recruitment process and drivers that had poor driving history or did not conform to safe driving standards would be prevented from driving vehicles for the service.
- Records showed the majority of eligible staff had not completed approved blue light driver training. The service planned to provide this training for staff during November 2017.
- The ambulance and patient transport vehicles were equipped with standard satellite navigation systems. These did not have the functionality to identify the location of a vehicle if it broke down or to monitor if a member of staff exceeded the expected speed limit. In the event of a breakdown during patient transport, staff contacted the control desk for support (such as dispatching an alternative vehicle or arranging emergency breakdown service support).
- There was a dedicated patient transport vehicle used for transporting patients with mental health needs. We found the vehicle was suitable for securely transporting patients with mental health needs. However, there was no documented risk assessment of the vehicle to assess and mitigate patient risks (such as of ligature risks).

Staffing

- The operations director had overall responsibility for the service and was supported by the finance director (medicines lead), the registered manager, a clinical director (paramedic) and the office administrator.
- The service had approximately 40 active staff that were contracted to provide ambulance and patient transport services. They included a mixture of first aiders, first responders, paramedics, emergency care assistants and technicians. There was also a registered nurse (providing cover at events).
- These individuals had other substantive employment and mainly worked for the service on a contractual basis.
- The registered manager told us the staff and skill mix was sufficient to meet the needs of the business and they were able to allocate staff to activities when needed. Staff used the provider's electronic platform to inform the service of their availability a number of weeks in advance.
- There were no vacancies at the time of our inspection. There was a process in place to manage short notice sickness and absence.
- We found there were sufficient numbers of staff to undertake the work that had been allocated on the days of the inspection.
- Staff we spoke with told us they were able to take regular breaks and they were aware of the need to have a period of a minimum of 11 hours rest in between shifts.

Anticipated resource and capacity risks

Patient transport services (PTS)

- The control room was operated by the office administrator and the management team during routine hours. There was an on-call system in place which meant a member of the management team was contactable 24 hours a day, seven days a week for support if needed.
- There were systems in place to allow ambulance staff to escalate key risks, such as incidents, accidents or safeguarding concerns. Staff were able to report any issues to the control room staff, who would either support the staff or escalate to the management team.
- The service used an electronic rostering system with the provider's electronic platform and all staff could access this through a smartphone computer. The rostering system made it clear who was working and at what time throughout the day.
- The registered manager told us they did not routinely have a problem covering shifts and that patient transport bookings would be declined if they did not have suitable staff available. The registered manager confirmed that cancellations were rare because they had a sufficient pool of staff they could allocate work to.

Response to major incidents

- There was a major incident policy in place which provided guidance for staff in the event of a major incident, including guidance if discovery of major event (such as by a first responder) or assisting other providers during a major incident.
- The service had not undertaken any major incident simulation exercises. The operations director told us that if crews came across a major incident they would escalate to the local NHS ambulance service and support them with their resources if required.
- The service did not have a formal business continuity plan in place at the time of our inspection. The operations director told us this was being developed. We saw that policies and procedures were in place that outlined the steps required by staff in the event of a fire or if a patient's health deteriorated and required unplanned treatment.

Are patient transport services effective?

At present we do not rate independent ambulance services. We found the following areas of good practice for effective:

- Staff provided care and treatment that followed national guidelines such as the National Institute for Health and Care Excellence and the Joint Royal Colleges Ambulance Liaison Committee.
- The service achieved an accreditation from The International Organisation of Standardisation 9001:2015 for quality management systems.
- Staff underwent recruitment checks prior to commencing employment and received induction training.
- Patients received care and treatment by competent staff that worked well as part of a multidisciplinary team.
- Staff sought consent from patients before providing care and treatment. Staff understood the legal requirements of the Mental Capacity Act (2005) and Mental Health Act (2007).
- There were systems in place to assess the risks associated with transporting patients with mental health needs, including the use of restraints.

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

- The service did not collate information to demonstrate compliance against response time targets.
- The service did not participate in any local or national benchmarking audits and did not routinely collate information about patient outcomes.
- There were no formal systems in place to allow staff to receive regular supervision or appraisal. There were no documented staff competency assessments in the staff files we looked at.

Evidence-based care and treatment

- There were a range of policies and procedures in place that provided guidance for staff in their day to day role. These were available at the base location and the staff we spoke with were aware of how to access these.

- The policies covered a range of topics including medicines management, safeguarding, staff training and recruitment, infection control, driving and vehicle maintenance. There were procedures in place for transporting adult and child patients with varying health needs and guidance for staff on how to gain consent and provide safe care for patients that lacked capacity or had mental health conditions.
- The policies and procedures were up to date and reflected national guidance such as the National Institute for Health and Care Excellence and the Joint Royal Colleges Ambulance Liaison Committee .
- Staff used specific care pathways and protocols to identify and assess medical conditions such as stroke, airways and breathing, trauma, cardiac arrest, bleeding and burns.
- The service had achieved an accreditation from The International Organisation of Standardisation (ISO) 9001:2015 for quality management systems in May 2017. This included the design and development of management systems and policies for key processes such as managing non-conformance, complaints management, audit schedules and risk management.

Assessment and planning of care

- Patient transport services provided non-emergency transport for patients who required intra-hospital transfer or had been discharged from a hospital ward and were travelling to their home or another place of care.
- The operations director told us they did not have a formal inclusion / exclusion criteria but they would not convey patients with complex health needs unless accompanied by a health professional from the referring NHS trust. The majority of patients conveyed by the service were patients with low dependency levels.
- The majority of patients conveyed by the service were NHS patients and bookings were made through a third party agent. The service also had arrangements with three NHS trusts that could contact the service directly.
- Patient information such as basic details, medical condition and pick up and destination details was recorded on a booking sheet, along with specific requirements such as if a 'do not attempt cardiopulmonary resuscitation order' was in place or if oxygen treatment was required.
- Staff used this information, together with discussions with the referring service, the patient and their relatives, to plan each journey and complete the transfer safely and with minimum discomfort to the patient. We observed staff discussing patients' requirements prior to commencing patient transport journeys.
- We saw that each vehicle had bottled water available for patients. The service did not routinely provide food and drink for patients. The staff we spoke with told us long-distance journeys were planned with regular stops for comfort breaks and for snacks or meals if required.

Response times and patient outcomes

- The registered manager told us there was a performance target for collection of patients requiring patient transport within one hour of booking. The registered manager told us they achieved this target on most occasions as it was a contractual arrangement. However, the service did not routinely collate information to demonstrate compliance against this target.
- The patient records we looked at showed staff recorded information about response times, such as the time the patient was collected from hospital and the time that they arrived at their destination. However, this information was not routinely collated to monitor performance or to look for improvements to the service.
- The service did not participate in any local or national audits and did not routinely collate information about patient outcomes.
- Discussions with patients and their relatives and our review of incidents, complaints and patient records during the inspection did not identify any instances where patients had negative outcomes following their care or treatment.

Competent staff

- Staff underwent recruitment checks prior to commencing employment. There was a recruitment

spreadsheet that showed the status of each member of staff. The office administrator maintained the spreadsheet and carried out routine staff file audits to check they were complete and up to date.

- The spreadsheet showed the majority of staff had relevant recruitment checks in place, such as Disclosure and Barring Service (DBS) checks, valid driving license, identification documents, at least two references, service employment contracts, immunisation records and qualification / clinical certificates in place.
- We also looked at five staff recruitment files and these were up to date and showed the relevant recruitment checks had taken place.
- The office administrator carried out periodic checks to identify if there were any changes to staff driving licences or DBS status. The operations director told us approximately 50% of driving staff had a category C1 driving licence (required to drive ambulance vehicles).
- Records showed the majority of paramedics contracted by the service were registered with the Health and Care Professions Council and this was routinely checked by the office administrator.
- The service had an induction policy that was followed for all new staff. Newly appointed staff underwent an induction process for up to two weeks and their competency was assessed prior to working unsupervised.
- Staff underwent training as part of their induction. The clinical director was a certified trainer and had achieved the 'Preparing to Teach in the Lifelong Learning Sector' award.
- The clinical director and members of the management team delivered in-house training for staff in areas such as first aid and Certificate in First Response Emergency Care level three and four training. There were nine staff that had attained level three certification and one member of staff with level four certification at the time of the inspection.
- Staff did not receive formal appraisal or routine supervision. The operations director told us they were a small service and there was regular communication with individual staff members but this was not formally documented.
- All staff received basic first aid training as part of their induction. This included providing cardiopulmonary resuscitation and the use of oxygen in an emergency situation. Staff also received training in adult basic life support including the use of automatic external defibrillators.
- Registered professionals (such as paramedics) contracted by the service were responsible for keeping up to date with their skills and knowledge as part of their clinical registration and continuing professional development.
- The operations director told us they assessed staff competencies to check staff were able to carry out their roles effectively. However the staff files we looked at did not include any formal documented competency assessments (such as for handling equipment).

Coordination with other providers

- The service had arrangements with a third party booking agent and three NHS trusts for patients requiring transport. The operations director told us they had good working relations with these organisations. We saw positive interactions and multi-disciplinary working between staff and the booking agent and NHS staff during the inspection.
- The operations director also told us they had good working relations with other local independent ambulance providers and occasionally carried out joint working.

Multidisciplinary working

- There was effective multidisciplinary working between control room staff and ambulance staff. Staff we spoke with informed us that they had good working relationships with each other.
- Staff told us they had good working relations with NHS staff and carried out handovers during patient collection and drop off. Staff told us a copy of the patient record was given to staff at the receiving service.

Access to information

- Staff had access to all policies and standard operating procedures which were available at the base.

Patient transport services (PTS)

- Patient information was made available to staff as part of the booking process. This included any information about individual requirements or if there were documents travelling with the patient such as a do not attempt cardiopulmonary resuscitation order.
- Each ambulance vehicle had vehicle packs that contained blank vehicle check and patient record forms and information for staff in relation to incident reporting, safeguarding concerns and patient complaints and feedback.
- Each vehicle had satellite navigation systems for staff to use. Staff could contact the control room for advice and support when transporting patients if needed.
- Staff had access to the provider's electronic platform, which was used for scheduling work and showed staff availability for planned activities.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There were policies in place that provided guidance for staff in how to obtain consent in adults and children and guidance for when patients refused treatment.
- Staff received training in consent, the Mental Capacity Act (2005) and Mental Health Act (2007) as part of their mandatory training.
- Staff we spoke with had a good understanding of consent processes and were able to describe how they sought verbal and informed consent before providing treatment or transporting a patient. Patient records we reviewed showed that consent had been sought appropriately.
- Patients that lacked the capacity to make their own decisions or patients sectioned under the Mental Health Act were identified as part of the initial booking process and the management team made a decision as to whether they were able to transport the patient. The operations manager told us they expected patients that lacked capacity to be accompanied by a person who could make decisions on their behalf.
- There were policies in place around dealing with mental health patients and the use of restraint. The policy stated that restraint may be used in self-defence if there is a risk to staff but this should be avoided unless all other options have been exhausted.
- There were four staff (including the operations director) that had received training in the use of restraint and they were utilised when transporting patients with mental health needs.
- There was a risk assessment for mental health patients that was completed as part of the booking process and this included specific information such as the aggression / behavioural level of the patient, potential trigger points and this was also used to determine the number of staff / escorts required when transporting the patient.
- The operations director confirmed staff trained in the use of restraint were familiar with de-escalation techniques and restraint methods were rarely used. The operations director told us a 'dynamic' risk assessment would be carried out if a patient deteriorated during transport and use of restraint was considered.
- Staff understood how to apply the Gillick competency (used to decide whether a child is mature enough to make decisions) to balance children's rights and wishes with the responsibility to keep children safe from harm.

Are patient transport services caring?

At present we do not rate independent ambulance services. We found the following areas of good practice for caring: -

- Staff were caring, compassionate and committed to providing good patient care. They told us they treated patients with respect.
- Patients and their relatives spoke positively about the service. They told us they were treated with kindness, dignity and compassion. Feedback through patient satisfaction surveys was also very positive about the staff and the care and treatment received.
- Patients and their relatives were kept fully involved in their care and the staff supported them with their emotional needs.

Compassionate care

Patient transport services (PTS)

- All the staff we spoke with were caring and compassionate and were committed to providing good patient care. Staff told us they treated patients with respect and were able to explain how they maintained patient's privacy and dignity during patient transport.
- The ambulance vehicles were equipped with privacy screens and clean blankets were available for patient use. We also saw that each vehicle had a supply of extra linen to support patient dignity when transporting patients.
- We spoke with one patient and the relatives of two additional patients by telephone. They all spoke positively about ways in which staff showed them respect and ensured that patient dignity was maintained.
- The comments received included "staff are really nice and friendly", "care was very good", and "very helpful, staff helped me in when arrived home".
- The service sought feedback from patients and their relatives or carers, by asking them to complete satisfaction surveys. We looked at 11 feedback forms received in the last 12 months and they all showed feedback from patients and their relatives was positive.
- The feedback comments received included "Staff were very caring to me", "Friendly and helpful staff" and "Everybody was very caring and helpful".

Understanding and involvement of patients and those close to them

- Staff understood the need to involve patients, and their relatives or carers, in any decisions that were made about their care. They told us they asked permission and clearly explained to patients what they were doing when transporting patients.
- Patients and their relatives spoke positively about the information was communicated to them and that staff kept them fully informed.
- One relative commented that "they let me know when [patient] was leaving, they let me know when in ambulance and travelling, really impressed with the information given during the transfer".

Emotional support

- The staff we spoke with understood the importance of providing patients with emotional support. They described ways in which they provided reassurance to patients, such as speaking in a calm and respectful way and providing reassurance to patients that had concerns or anxieties.
- Patients and their relatives told us they were supported with their emotional needs. One feedback comment received was "The crew's helpfulness, which reassured me when I was frightened".

Supporting people to manage their own health

- Due to the nature of the service, it was not always possible for staff to support patients to manage their own health.
- Staff told us they provided advice to patients and, where applicable they prompted patients to take their own medicines during patient journeys.

Are patient transport services responsive to people's needs?

At present we do not rate independent ambulance services. We found the following areas of good practice for responsive: -

- Most patients were referred to the service by an independent booking agent or through three NHS trusts. The service could operate during out of hours and on weekends if a booking became available.
- Patients were assessed prior to referral to the service. This allowed staff to plan for their care and have the appropriate staffing, equipment and vehicles in place before transporting the patients.
- There had been no patient transport cancellations during the past 12 months.
- Staff took into account individual needs and preferences when transporting patients with mobility needs, bariatric patients and patients living with dementia or mental health conditions.
- The service received three formal complaints during the past 12 months. Complaints were investigated and responded to in a timely manner and shared with staff to aid learning.

Patient transport services (PTS)

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

- The service did not have access to interpreting services or pictorial communication aids. If an interpreter was needed the service relied on the referring provider (such as the NHS Trust) to arrange this.
- Staff recorded information as collection and arrival times in patient records. However, this information was not routinely collated to monitor performance or to look for improvements to the service.

Service planning and delivery to meet the needs of local people

- The service had contractual arrangements with four external providers at the time of inspection. This included three NHS trusts and an independent booking agent.
- The operations director told us the majority of patient transport services they provided involved long distance journeys. During the inspection, the service transported patients to the North Yorkshire, Lancashire and Merseyside areas.
- The provider's main service was to provide events cover. This included transporting patients to hospital emergency department from an event.
- The operations director told us they started the patient transport service in March 2017 and approximately 200 patient transport journeys had taken place at the time of our inspection. The service started transporting patients with a mental health condition from June 2017 onwards.
- They service did not have a contract to transport renal patients and did not routinely transport end of life care patients. The operations director told us the majority of patient transport requests were for transfer between hospitals or to patient's own homes.
- The service mainly operated during routine working hours between Monday and Friday. Where long-distance patient journeys were booked, the control room was staffed until the drivers returned. The service could also operate on weekends if a booking became available. There was a duty manager on site or on call during out of hour's service.

Meeting people's individual needs

- Patients' individual needs and preferences were identified as part of the initial booking process. This identified patient-specific requirements such as mobility needs or if there were any potential communication issues, if they required oxygen, if they had 'do not attempt cardiopulmonary resuscitation orders' in place or if the patient had an escort accompanying them. This allowed the staff to identify the resources needed to meet patient needs.
- We saw that all the vehicles had ramps and anchorage points installed to allow wheelchair access. There was a dedicated ambulance vehicle with appropriate equipment installed for transporting bariatric patients.
- Patients that were unable to speak English were identified as part of the booking process. The service did not have access to interpreting services. Staff told us that if an interpreter was needed the referring provider would arrange this.
- Staff did not have access to pictorial communication guides to help communicate with people who were unable to speak, had cognitive difficulties, or spoke English as a second language.
- The service had recently rolled out dementia awareness training for staff but not all staff had completed this training at the time of the inspection. Staff also received mandatory training in epilepsy and equality and human rights. The level of dementia was assessed to determine whether transport was suitable. Staff told us patients living with dementia or a learning disability were usually accompanied by an escort.
- Risk assessments for patients transferred with mental health conditions were also undertaken as part of the initial booking process. This allowed staff to identify and accommodate patient requirements such as consent, patient risks, vehicle requirements and information on who would accompany the patient during the transfer.
- There was a dedicated patient transport vehicle used for transporting patients with mental health needs.

Access and flow

- The majority of patients were referred to the service by an independent booking agent or directly through three NHS trusts.

- Staff informed the service of their availability a number of weeks in advance by the provider's electronic platform. This allowed the management team to determine the resource requirements and allocate staff and vehicles relevant for the patient.
- The registered manager informed us there was a pool of staff that could be allocated to work as bookings could be requested at any time of the day.
- The management team told us they would decline booking requests if there were insufficient resources available and there had not been any instances where patient transport requests had been cancelled in the last 12 months.
- We saw that patient bookings took place throughout the day during the inspection. There were only one or two patient transport requests made per day during the inspection. The management team were able to allocate staff and vehicles for these bookings in a timely manner.
- The operations director told us the referring NHS trusts and booking agent kept information on their performance and any delays or cancellations were monitored by these organisations as part of their contractual arrangements.
- Patient records showed staff recorded information about response times, such as the time the patient was collected from hospital and the time that they arrived at their destination. However, this information was not routinely collated to monitor performance or to look for improvements to the service.

Learning from complaints and concerns

- Staff received complaints handling training as part of their mandatory training.
- We did not see written information for patients describing how to raise complaints in the vehicles we inspected. Staff told us they provided verbal instructions to patients that wanted to make a complaint about the service.
- There was policy for patient complaints and feedback. The policy stated that complaints would be acknowledged within seven working days and investigated and responded to within 28 working days for formal complaints.
- Where the complaint investigation had not been completed within 28 working days, staff were required to notify the complainant explaining the reasons for the delay.
- Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns with the Care Quality Commission.
- The policy did not make reference to external organisations such as the Parliamentary and Health Service Ombudsman (for NHS-funded patients) or the Independent Sector Complaints Adjudication Service for privately-funded patients.
- Complaints from NHS-funded patients were managed by the booking organisation and they oversaw the complaint response. Where this was the case, the provider submitted an investigation report to the booking organisation.
- The service received three formal complaints during the past 12 months. Two of these were in relation to regulated activities. One complaint was for a late arrival and the other complaint related to the cleanliness of an ambulance vehicle.
- Records showed all these complaints were appropriately investigated and responded to within the specified timelines.
- The operations director told us information about complaints was shared with staff through the provider's social media platform and by email to aid staff learning.

Are patient transport services well-led?

At present we do not rate independent ambulance services. We found the following issues that the service provider needs to improve for well led: -

- Team meetings did not take place on a routine basis. Three meetings had taken place during the past 12 months. Information about the services was shared with staff by email and through the provider's social media platform.
- We saw that checklists were in place for cleanliness and vehicle and equipment safety. Staff also carried out ad hoc checks of staff recruitment and training records,

patient records, medicines management. However, these were not documented and there was no formal audit process to identify gaps or demonstrate improvements across these areas.

- The service did not have systems to monitor key performance indicators. There were no records in place to show overall performance against key indicators such as number and type of patients conveyed or patient collection and drop off times.
- The service did not have systems in place to undertake appropriate recruitment checks required for directors in line with the fit and proper person's requirement.
- The service did not have a formal documented strategy for the services. The management team were able to describe the future strategy for the service.

However, we found the following areas of good practice: -

- The service had a clearly defined leadership structure that was understood by staff.
- The service had defined vision and values that were patient-focussed and understood by staff across the service.
- Staff were positive about the level of engagement and support they received from the management team. Patient engagement took place through patient feedback surveys.
- Policies and procedures were in place and these were accessible to staff.
- There was an organisational risk register in place. This was up to date and contained key risks and mitigating factors relating to equipment, staffing and business / financial risks to the organisation.

Leadership of the service

- The service had a clear leadership structure. The operations director had overall responsibility for the service and was supported by one other director (also the medicines lead). The management team also consisted of a team leader, a clinical director (paramedic), the office administrator and the registered manager
- The management team had clearly defined roles and responsibilities. Staff we spoke with had a clear understanding of the leadership and reporting structure.
- The operations director told us they maintained an open door policy and the staff we spoke with were positive about the management team and described them as supportive and approachable.

Vision and strategy

- The provider's mission was "To provide a dynamic, effective and caring service for our patients and their relatives, visible to our clients and in the public eye."
- The provider's vision was "To support the resilience of care through partnerships, innovation and leadership."
- The vision was supported by five "SMART" values; safe, managed, always compassionate and caring, respect and dignity and being transparent.
- Information relating to the vision and values was displayed in the reception area and the staff we spoke with understood and shared the vision and values.
- The provider did not have a specific documented strategy for the services. The operations director told us the strategy for the service was based around sustaining the existing services provided with potential for increasing activity and growing the business.

Governance, risk management and quality measurement

- There was a governance framework in place with associated policies and procedures and these were understood by the staff we spoke with.
- The management team held team meetings that were also attended by some ambulance staff. These were held on an ad hoc basis and the operations director told us three meetings had taken place during the past 12 months. We looked at meeting minutes from August 2017 and these showed risks, incidents, complaints and day to day operational and performance issues had been discussed.
- The operations director told us they also held informal staff meetings with the ambulance staff but these were not minuted. The operations director told us they used the social media platform to relay any important issues and organisational updates to all staff when needed.
- Key risks to the service were managed through the use of an organisational risk register, which was maintained

by the operations director. We looked at the risk register and this was up to date and contained key risks and mitigating factors relating to equipment, staffing and business / financial risks to the organisation.

- We found risk assessments were in place in relation to patient risks, fire safety, health and safety and control of substances hazardous to health. However, we identified areas where risk assessments had not been completed. This included an assessment of ligature risks on the patient transport vehicle used for transporting mental health patients and an infection control risk assessment for use of a sluice room with no dedicated hand wash sink.
- The service had a limited number of systems in place to monitor the quality and safety of the services provided. This included checks that covered patient records, medicines management, infection control, equipment, staff recruitment and training.
- There were spreadsheets in use for staff recruitment and training, as well as for vehicle and equipment maintenance so staff could monitor that equipment and vehicles were suitably maintained.
- The operations director was aware that formal documented audit schedules and audit records were not in place for key processes and had started to develop audit templates, such as for an overall infection control audit.
- The service did not have systems to monitor key performance indicators. There were no records in place to show overall performance against key indicators such as number and type of patients conveyed or patient collection and drop off times. The operations director told us this information was routinely reported to the third party booking agent and the NHS trusts they provided services for. However; this information was not collated or reviewed internally by the management team to identify shortfalls or improvements to the service.
- The service did not have a fit and proper persons policy that all directors were required to comply with. We saw evidence that directors underwent recruitment checks, such as enhanced disclosure and barring service checks. However, we found that elements of the fit and proper person's requirement were not in place, such as self-declarations and insolvency and bankruptcy checks.
- The service had achieved an accreditation from The International Organisation of Standardisation 9001:2015 for quality management systems in May 2017. The operations director had developed a number of forms and templates for processes such as managing non-conformance, complaints management, audit schedules and risk management. These were not yet in use.

Culture within the service

- There was a positive culture within the service and staff demonstrated a patient-focussed and caring approach to their work.
- All the staff we spoke with were highly motivated and positive about their work and described the managers as approachable, visible and supportive.
- Staff told us there was a friendly and open culture and that the management team was responsive to their feedback.
- There was a whistleblowing policy which outlined the process for staff to report any concerns in relation the service. The policy was displayed on a staff notice board and staff we spoke with were familiar with this policy.

Public and staff engagement

- Staff meetings took place on an unplanned basis and did not include all staff. The operations director told us that they were a small service and held informal discussions on a daily basis to ensure a flow of information about the operation of the service.
- Information about the day to day running of the service and updates or communications (such as learning from incidents or complaints) were cascaded to staff verbally, through a social media platform and through an internet-based electronic application that was accessible to all staff.
- Staff were positive about the level of engagement and support they received from the management team.

Patient transport services (PTS)

- Staff told us they routinely engaged with patients and their relatives to gain feedback from them. This was also done formally through patient feedback surveys. Feedback from the surveys we looked at showed patients were positive about using the services.

Innovation, improvement and sustainability

- The operations director had developed an online portal accessible to all staff that included information such as policies and procedures, mandatory training details and booking / scheduling information. The operations director told us they planned to launch the portal two weeks following the inspection.
- The operations director told us the short-term plan for the service was to sustain and improve the existing services with a long-term plan to steadily increase the business.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must take appropriate actions to ensure the safeguarding lead is trained to an appropriate level for their role.
- The provider must take appropriate actions so that staff have access to regular supervision and appraisal.
- The provider must take appropriate actions to assess the competence of staff (such as for handling equipment or to drive vehicles, including driving under emergency blue light conditions.
- The provider must take appropriate actions so that formal documented audit processes are in place to identify gaps or demonstrate improvements in areas such as infection control, medicines management, patient records and staff recruitment and training.
- The provider must take appropriate actions to monitor key performance indicators, such as number and type of patients conveyed or patient collection and drop off times.
- The provider must take appropriate actions to ensure appropriate recruitment checks required for directors are undertaken in line with the fit and proper person's requirement.

Action the hospital SHOULD take to improve

- The provider should put in place documented risk assessments in relation to ligature risks on the patient transport vehicle used for transporting mental health patients and for use of a sluice room with no dedicated hand wash sink.
- The provider should arrange for regular team meetings to take place.
- The provider should develop a formal business continuity plan.
- The provider should consider ways in which to improve staff awareness of child sexual exploitation, female genital mutilation so that any such incidents can be reported.
- The provider should consider improving communication for patients who are unable to commutate effectively or unable to speak English.
- The provider should consider developing a formal documented strategy for the services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • The safeguarding lead was not trained to an appropriate level for their role. This is a breach of Regulation 13(1)(2)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance • There were no systems to monitor key performance indicators such as number and type of patients conveyed or patient collection and drop off times. • These were no formal documented audit processes to identify gaps or demonstrate improvements in areas such as infection control, medicines management, patient records and staff recruitment and training. This is a breach of Regulation 17 (2) (a)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing • Staff did not have access to regular supervision and appraisal. • There were no formal documented staff competency assessments in place.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • Systems and processes were not in place to make sure that the persons employed were suitable to undertake their role. This is a breach of Regulation 19 (1) (2)
	• The service did not assess the competence of staff when providing care drive vehicles, including driving under emergency blue light conditions. This is a breach of Regulation 18(2)(a)