

Response Services Group UK Ltd

Response Services Group UK Ltd

Quality Report

Unit 7, Acorn Phase 3, High Street

Grimethorpe

Barnsley

S72 7BD

Tel: 08445003969

Website: www.responseservicesgroupuk.co.uk

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Response Services Group UK Ltd is operated by the provider, which is also called Response Services Group UK Ltd. The company provides emergency and urgent care and a patient transport service. They also provide medical cover at public and private events. We did not inspect this part of the service as it is not currently a regulated activity.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 18 April 2018.

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 was patient transport services. Emergency and urgent services were a small proportion of activity; therefore we have reported our findings in relation to the urgent and emergency services in the patient transport services section.

Services we do not rate

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

We found the following areas of good practice:

- Staff were committed to providing the best quality care to patients. Staff displayed a caring and compassionate attitude and took pride in the service they were providing.
- Staff checked patients' requirements prior to transporting them to ensure they were able to meet their needs.
- Staff operated comprehensive systems to make sure all vehicles and equipment were safely managed and fit for purpose.
- The provider had instigated a training programme for all staff and developed systems to accurately monitor whether all staff had the training needed to provide high-quality care.
- Staff followed evidence-based care and treatment and nationally recognised best practice guidance. All staff had access to the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines 2016.
- Staff were well supported by the management team; they told us the management team were friendly and approachable.
- The management team had taken action to improve governance and risk management systems within the past six months.
- There were effective policies and procedures for safeguarding issues to be identified and referred for investigation by relevant, external organisations.
- There were effective systems for reporting and investigating incidents; the provider learnt from incident investigations, for example, by making changes to equipment or care protocols.

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

Summary of findings

- The provider had obtained supplies of a controlled drug without the correct licences and governance procedures in place. There was no standard operating procedure for monitoring how private paramedics working for the company obtained, stored, managed and disposed of controlled drugs.
- There were a range of infection control protocols in place. However, we identified some gaps in the systems, for example, in relation to the segregation of clinical waste, the management of sharps, the use of personal protective equipment, and the laundry of cleaning equipment. Further action was required to minimise risks to staff and patients.
- There were some arrangements in place to observe staff practice in relation to their caring skills and driver competence as part of a staff induction process. However, in the absence of a formal appraisal system, there was limited evidence that the provider carried out ongoing or periodic supervision of staff to make sure that their competence was maintained.
- The provider did not currently check that all relevant staff had been immunised with selected vaccines, such as Hepatitis B, which may be appropriate for their role.
- The provider had not implemented the use of a risk register and business continuity plan to minimise risks to patients and staff.

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 one requirement notice that affected the patient transport and urgent and emergency services. Details are at the end of the report.

Ellen Armistead

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

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Why have we given this rating?

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.

The main service was patient transport. Where arrangements were the same, we have reported findings in the patient transport services section.

Response Services Group UK Ltd

Detailed findings

Services we looked at

Emergency and urgent care; Patient transport services (PTS)

Detailed findings

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Background to Response Services Group UK Ltd

Response Services Group UK Ltd is operated by Response Services Group UK Ltd. The service was first registered with CQC in 2015. It is an independent ambulance service in Grimethorpe, near Barnsley in South Yorkshire. The service primarily serves the communities of the South Yorkshire area, but does operate throughout the UK.

At the time of the inspection, Response Services Group UK Ltd had one long-standing contract with another provider for non-urgent transfers of mental health patients between hospitals, home and care facilities.

They had also recently completed a short-term contract with a local council to provide patient transport for children with physical and learning disabilities. They also supplied urgent and emergency transport from private and public events. They were in the process of establishing new contracts for patient transport services for other local NHS providers.

The service has had a registered manager in post since October 2015.

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 and emergency and urgent care.

Facts and data about Response Services Group UK Ltd

Response Services Group UK Ltd has an ambulance base in Grimethorpe, South Yorkshire. There are eight vehicles available for patient transport at the base.

At the time of the inspection, the service directly employed three people: a managing director, an office manager and an administration assistant. There was also a clinical director working for the service on a part-time, self-employed basis. There were 36 additional staff available to work on the ambulances; these people were self-employed and working on an ad hoc basis. The managing director and office manager were also trained to work on the ambulances. The operational staff

consisted of a range of roles including paramedics, technicians, first responders, emergency care assistants, first aiders, and ambulance care assistants. There was also a 'vehicle make ready' operative responsible for cleaning and maintaining the ambulances.

The service is registered to provide transport services, and treatment of disease, disorder or injury.

The service's track record on safety for the current year, from October 2017 to April 2018 showed:

- no never events

Detailed findings

- four incidents
- one complaint

Since the start of January 2018, 36 patient transport journeys had been undertaken. The service was working with both adults and children.

During the inspection on 18 April 2018, we visited the Grimethorpe site. We spoke with five staff including frontline ambulance crews and members of the management team. We spoke with the carer for one patient and reviewed CCTV footage of care being provided to mental health patients. During our inspection, we reviewed a sample of patient records. We checked all of the vehicles at the Grimethorpe site.

The service was inspected for the first time in August 2017. The inspection in August 2017 had been an unannounced, focussed inspection in relation to the transport of patients with mental ill health. This inspection was instigated in response to specific concerns raised regarding this part of the service. During that inspection we identified the need to raise standards of safety and governance, as well as procedures related to safeguarding vulnerable adults and children. After the 2017 inspection, the provider sent us an action plan to tell us how they intended to meet the standards of quality and safety that we had reviewed. During the current inspection, in April 2018, we checked that the provider had implemented this plan and was meeting the required standards.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The main service was patient transport. Where arrangements were the same, we have reported findings in the patient transport services section.

Summary of findings

We found the following areas of good practice:

- Staff were committed to providing the best quality care to patients. Staff displayed a caring and compassionate attitude and took pride in the service they were providing.
- Staff checked patients' requirements prior to transporting them to ensure that they were able to meet their needs.
- Staff operated comprehensive systems to make sure that all vehicles and equipment were safely managed and fit for purpose.
- The provider had instigated a training programme for all staff and developed systems to accurately monitor whether all staff had the training needed to provide high-quality care.
- Staff followed evidence-based care and treatment and nationally recognised best practice guidance. All staff had access to the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines 2016.
- Staff were well supported by the management team; they told us the management team were friendly and approachable.
- The management team had taken action to improve governance and risk management systems within the past six months.
- There were effective policies and procedures for safeguarding issues to be identified and referred for investigation by relevant, external organisations.

Patient transport services (PTS)

- There were effective systems for reporting and investigating incidents; the provider learnt from incident investigations, for example, by making changes to equipment or care protocols.

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

- The provider had obtained supplies of a controlled drug without the correct licences and governance procedures in place. There was no standard operating procedure for monitoring how private paramedics working for the company obtained, stored, managed and disposed of controlled drugs.
- There were a range of infection control protocols in place. However, we identified some gaps in the systems, for example, in relation to the segregation of clinical waste, the management of sharps, the use of personal protective equipment, and the laundry of cleaning equipment. Further action was required to minimise risks to staff and patients.
- There were some arrangements in place to observe staff practice in relation to their caring skills and driver competence as part of a staff induction process. However, in the absence of a formal appraisal system, there was limited evidence that the provider carried out ongoing or periodic supervision of staff to make sure that their competence was maintained.
- The provider did not currently check that all relevant staff had been immunised with selected vaccines, such as Hepatitis B, which may be appropriate for their role.
- The provider had not implemented the use of a risk register and business continuity plan to minimise risks to patients and staff.

Are patient transport services safe?

Incidents

- The service had an incident reporting policy that was available to all staff. Staff we spoke with were able to give examples of what constituted an incident and were aware of the incident reporting process. The service was trialling an electronic recording system for reporting incidents at the time of the inspection.
- We reviewed incident reports that had been completed between November 2017 and January 2018. The reports had been completed appropriately. Four incidents had been recorded; these covered medical devices, medicines management and site security.
- We reviewed the incident investigation process with the management team. We saw evidence that the incidents had been properly investigated and the learning shared with staff. For example, the office manager described to us actions that had been taken to improve site security following an incident. This had included installing CCTV cameras on site, and changing locks and entry codes. Operational ambulance staff had all been updated with written advice on improving site security.
- The service had reported no never events or serious incidents in the past year. 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.
- Incidents were monitored by the office manager, clinical director and managing director. They demonstrated that each incident was risk assessed and prioritised for investigation. Incidents were assigned for investigation to the relevant member of the team, depending on the nature and type of incident. Incident investigations were being reviewed at new, quarterly, clinical governance meetings; the first of these meetings had taken place in December 2017, with a second meeting held in March 2018.
- The service had reviewed its incident reporting procedures following the last CQC inspection in August 2017. The provider had instigated a new duty of candour policy; this had been disseminated to all existing staff

Patient transport services (PTS)

and was included in the induction procedures for new staff. The registered manager, who was also the managing director, was responsible for ensuring compliance with the duty of candour. 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.

- The management team told us that there had been no incidents since the last inspection in August 2017 that had resulted in moderate, or above, patient harm that would trigger the duty of candour process.

Mandatory training

- Since the last inspection in August 2017, a mandatory training programme for all staff had been implemented.
- The office manager was building and maintaining a training standards spreadsheet at the time of the inspection. They demonstrated how the spreadsheet recorded the level of compliance for each member of staff.
- Mandatory training for all staff comprised: first aid, basic life support, safeguarding, manual handling, responding to complaints, conflict resolution, Control of Substances Hazardous to Health (COSHH), epilepsy care, equality and diversity, fraud prevention, fire safety, food hygiene, mental health care, information governance, the mental capacity act, appropriate use of restraint, preventing radicalisation, and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) training. Training was delivered face-to-face and through online training modules.
- The training records showed that some members of staff had completed additional response (blue light) training, in case this was needed for transporting patients in an emergency from public or private events.
- The training spreadsheet showed that there were four, established members of staff who still needed to complete their mandatory training. There were also five, newly recruited members of staff in the process of completing the training.

- The office manager told us that staff who had not completed the mandatory training would not be offered work on the ambulances until this training was complete.
- The managing director told us that members of staff completed a driver assessment as part of their induction course to assess if they were safe to drive the ambulances, although they did not keep a formal record of these.

Safeguarding

- The provider had an up-to-date safeguarding policy available to staff. This included information on how to report concerns within the organisation, as well as key, external contacts, such as the local authorities' safeguarding teams. Each ambulance was equipped with a safeguarding contacts list.
- Since the last inspection, the provider had taken action to ensure that all members of staff working on their ambulances had up-to-date safeguarding training. All staff were expected to complete level two and level three training in safeguarding children, as well as training in safeguarding vulnerable adults. This formed part of the mandatory training programme provided by the company. Staff who had not completed the training were not offered work by the provider.
- The managing director cited examples of what might constitute a safeguarding concern and illustrated how they had reported concerns in relation to one child within the past six months.
- Staff were aware of guidance related to specific safeguarding issues. For example, staff were aware of the PREVENT strategy for identifying and preventing radicalisation. This had formed part of the new, mandatory training package.
- Safeguarding concerns were reviewed at quarterly governance meetings to ensure that any investigations were adequately supported and progressing in line with the company policy.
- The safeguarding leads were the managing director and office manager. They had completed training in safeguarding children (Level 3) and in protecting vulnerable adults.

Cleanliness, infection control and hygiene

Patient transport services (PTS)

- The service had an infection, prevention and control policy (IPC) that was available to all staff. The staff we spoke with were aware of their responsibilities related to infection, prevention and control.
- Infection, prevention and control training was delivered to all staff as part of their induction training and mandatory training updates. Out of a total of 40 staff, there were four members of existing staff and five newly recruited staff who were still due to complete this training at the time of the inspection.
- Personal protective equipment was available on all ambulances. This included, for example, disposable clinical gloves and aprons. However, we noted that sleeve protectors were not routinely available. We reviewed some video footage from body cameras worn during patient journeys; these also showed that crew were not bare below the elbow, and did not use sleeve protectors. This meant that staff were not fully minimising the risk of cross-contamination between patients as part of their uniforms were exposed to direct patient contact. The management team noted that the majority of their patient journeys were for mental health care. They stated that these journeys did not require any patient contact and therefore risk of cross-contamination was low.
- The service had a 'vehicle make ready operative' member of staff who cleaned vehicles according to a defined schedule with different daily and weekly tasks. There was an external contractor, who was used on an ad hoc basis, to carry out deep cleans of the vehicles. For example, if there was an infectious patient, this contractor was used after the journey was completed.
- The ambulance crews were made aware of specific infection and hygiene risks of individual patients by information gathered at the time of the booking. The information recorded included an assessment of the patient's status in relation to infections. Crew staff confirmed they were made aware of patients who had infections so they could wear appropriate personal protective equipment and could ensure that adequate cleaning of the vehicle was completed after use.
- Cleaning equipment was available in the ambulance station. A coding system was used which separated equipment that was to be used in different areas. For example, in ambulances and in non-clinical areas there were posters located next to all cleaning equipment to support staff in identifying the correct equipment to use.
- However, we observed that the mop heads in use in the ambulance yard were noticeably dirty. The IPC policy stated that mop heads would be removed for laundry after use, but this had not occurred. The managing director assured us that the mop heads would have been changed by the vehicle make ready operative prior to commencing the next round of cleaning.
- There was information available to determine which cleaning agents needed to be used, as required by standards for control of substances hazardous to health.
- Cleaning records were kept for the vehicles to demonstrate that the correct tasks had been carried out during the previous 12 months.
- All ambulances had spill kits available which were used to clean any bodily fluids. In addition, staff used disinfectant wipes to clean equipment such as wheelchairs and stretchers after use.
- The service had a uniform policy which outlined the roles and responsibilities of all staff members.
- We reviewed the systems for managing clinical waste. We found that clinical waste was not being appropriately separated from general waste. For example, used gloves were being disposed of in the general waste bin. We also found that the waste disposed of in the yellow, clinical waste bin had not been appropriately bagged and tied in line with the provider's policy. The clinical waste bin was not locked.
- There were sharps bins available; these were rarely used due to the nature of the patients being transferred. However, we found that the sharps bins were not correctly labelled. We also observed one bin where waste other than sharps had been placed in it. The provider had an informal arrangement to dispose of the sharps bins at a local pharmacy. There was no sharps policy to describe the arrangements for working with and disposing of sharps, or protocols for managing sharps injuries.

Environment and equipment

Patient transport services (PTS)

- The station had security in place, which included key coded doors, locked safes and CCTV on entry points into the building.
- The ambulances were fitted for a range of functions including one vehicle specifically fitted for secure, mental health patient transfers with additional CCTV cameras.
- We found the ambulance station, including the garages and equipment storage areas, were clean and well laid out. They were well lit, tidy and fit for purpose.
- The ambulance station had a store room and shelves for the use of the transport services. These were well organised, with all equipment and stock stored off the floor.
- Hazardous substances were stored securely. There were appropriate control of substances hazardous to health assessments in place.
- We observed that staff were responsible for completing a daily vehicle check before leaving the ambulance garage. This included checking if the vehicle was in a good state of repair and had the correct equipment available.
- Consumable stock was stored on shelves in a store room. The staff we spoke with told us there was never any problem replacing used consumables.
- The vehicles had a tracking system to enable the provider to monitor their location and driver performance.
- We found that the equipment, such as stretchers and carry chairs, had been well maintained and regularly serviced in line with the manufacturer's guidance.
- The Ministry of Transport (MOT) test due dates and servicing schedules were displayed on a notice board in the main office. The managing director held a file with all relevant certificates, including MOT, servicing and insurance. Records were also kept in relation to any faults that needed repair. We found the fleet to be well maintained.
- Medicines were stored safely and securely in line with best practice. Medicines were clearly labelled clearly according to the level of staff that had access to each safe.
- The provider also kept supplies of medical gases for use in an emergency, including oxygen and nitrous oxide. Oxygen and nitrous oxide were stored in a safely and securely in line with relevant best practice guidance. All of the cylinders we checked were in date.
- The provider organised medicines packs according to the type of service being provided, these were issued to the crew on the day that they were needed and returned at the end of the shift.
- Levels of stock were routinely monitored by the office manager through the use of a spreadsheet to ensure that adequate supplies were available and in date. A full audit carried out in March 2018 by the clinical director was reviewed at the quarterly governance meeting; further actions for improvement were identified and implemented as a result.
- We asked the management team and the ambulance staff about the use of controlled drugs, such as morphine. Paramedics were asked to maintain and manage their own supplies of morphine; however the company had ordered morphine for some paramedics. One paramedic that we spoke with confirmed that this was the case.
- However, the provider did not have a home office licence to procure and supply controlled drugs. They also did not have a system for formally recording which paramedic had been supplied with which medicines. The medicines management policy had not identified the need for these recording and monitoring arrangements.
- There was no standard operating procedure for the provider to monitor where all of the private paramedics working for the company obtained their controlled drugs, how they stored and managed these drugs, where they were disposed of, and to whom they had been administered.

Medicines

- There was a medicines management policy in place covering procedures for procuring, storing and administration of medicines.
- Our review of a sample of 47 patient care records showed that there were some omissions in the recording information related to medicines

Patient transport services (PTS)

administration. For example, in four cases medicine batch numbers were not recorded; there was also one record of morphine given by a doctor at the scene without sufficient detail kept.

- We raised our concerns about the arrangements for managing supplies of morphine with the managing director, clinical director and office manager. They assured us that they would, with immediate effect, change their medicines management policy to improve standards in this area. The company would no longer order these medicines for paramedics, but would require paramedics to provide evidence of how their own stocks were managed.
- The office manager sent us an email copy of the new medicines management policy, with the discussed changes applied, on the day after the site visit.

Records

- The service had reviewed the methods for recording patient information since the last inspection in August 2017.
- There were new paper-based patient record forms for general use. Additionally, the provider had designed and implemented forms that were tailored for use when transporting patients with severe mental health diagnoses.
- We reviewed the design and use of the recording forms. We found they were fit for purpose and recorded all relevant information about the patient, including relevant details of their medical and social history and if any allergies were present. A record of observations, any medicines administered and discussions at handover were also kept.
- The staff we spoke with were also aware of the need to collect information about special notes, such as, Do Not Attempt Cardio Pulmonary Resuscitation orders. Staff understood the need to review and hand over any patient information, including hospital notes, when a patient was transferred to a new provider.
- The mental health patient record forms also included a dynamic risk assessment completed by staff at the time of the handover; this supplemented the pre-existing risk assessment given to the provider at the time of booking the ambulance for a job.

- The information collected in the patient records was maintained on a spreadsheet by the office manager. They showed us how this allowed them to audit and monitor their own performance. They showed us an example of how they could audit the mental health transport provision, for example, by showing the number of times physical restraint had been used.

Assessing and responding to patient risk

- Basic risk assessments were undertaken as part of the booking procedure. The ambulance crew also completed patient record forms for each patient which helped to identify any risks during the transport process.
- The ambulance staff we spoke with had a clear understanding about what to do if a patient deteriorated during a journey. They told us they would pull over their ambulance and dial 999 for emergency assistance.
- The ambulances were each equipped with an automatic external defibrillator (AED) and oxygen that could be used in the event of an emergency. This equipment was checked daily by staff and we observed that they were in good working order on the day of the inspection.
- All staff received first aid and basic life support training as part of the mandatory training programme. This included providing cardiopulmonary resuscitation (CPR) and the use of oxygen in an emergency situation.
- Staff had an understanding of DNACPR (do not attempt cardio pulmonary resuscitation) orders, what the documentation looked like and the requirement to carry the relevant paperwork with patients at all times.
- The provider had developed a specific form for use with patients with a mental health diagnosis which included a risk assessment in relation to the likelihood of there being conflict or a violent outburst.
- The provider had also instigated a new system to video record the transfer of patients experiencing a severe mental health diagnosis. This enabled them to review the standard of care provided and allowed clear feedback to be given about the patient's experiences, on request, to other providers, where necessary.
- The mandatory training programme for all staff included training in the use of physical restraint and the specific protocols that were in use within the company. There

Patient transport services (PTS)

was an accompanying staff policy, for reference. Staff we spoke with were aware of the need to use the minimum level of restraint to keep the patient safe during any transfers. Use of restraint procedures were monitored in a quarterly report produced by the office manager for discussion at the clinical governance meetings.

- The number of staff required for each journey was assessed at the time of booking against the risk information provided. The provider requested additional staff members if they identified that any patient needed higher levels of support due to physical or mental ill health.

Staffing

- At the time of the inspection, the service provided ad hoc mental health patient transport as part of a contract with another provider. They were also able to provide emergency and urgency transport from specific events where they had been contracted to provide ambulance cover.
- Only three members of staff were directly employed with all remaining staff operating on an ad hoc, self-employed basis.
- We discussed staffing levels with the managing director. They were satisfied that they had enough members of trained staff available to fulfil the current demand for their services.
- Staff did not generally work specific shift patterns, but were instead requested to work on individual patient journeys.

Anticipated resource and capacity risks

- The managing director was aware of the need to anticipate resource and capacity risks through the establishment of a risk register. They showed us that they had begun to collate information to support the production of such a document, but it had not yet been written.
- The managing director showed us that they had a template for a business continuity plan, and had started to complete some sections of the plan. However, the plan was incomplete at the time of the inspection.
- The management team were able to cite a recent example of an incident which had affected the running of the business. There had been a security incident with

a break in at the location. They had recorded this as a formal incident and taken action to prevent a recurrence. They noted that as a small, permanent team, their capacity to communicate and respond to such an incident had led to a successful response in an organised and timely manner.

Are patient transport services effective?

Evidence-based care and treatment

- Staff followed national guidelines, which included the Joint Royal Colleges Ambulances Liaison committee guidelines.
- Copies of the Royal College guidelines were held in the training room and training materials specifically made reference to the guidance.
- Training materials were available for staff to review via an online platform at any time. Staff were updated about any changes in guidance or protocols through a secured, staff-only, online social media group.
- Staff also followed the provider's policies and protocols for specific contracts, such as when working with patients diagnosed with a severe mental illness.
- The ambulance crew we spoke with were aware of the protocols and were working to implement the processes accurately. They were aware of which policies and protocols had recently been updated and cited relevant examples.

Assessment and planning of care

- The patient transport service provided non-emergency transport for patients who required transferring between hospitals, transfers home or to another place of care. The service could also provide emergency transport of patients from public or private events.
- Staff had prior information about the patients they were going to transfer through a booking process. For example, the provider received a risk assessment for each person being transported as part of a contract to move patients with a severe mental illness.
- Since the last inspection in August 2017, the provider had instigated new patient record forms. There were two types of record forms; one for more general transfers and a tailored form for working with patients

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diagnosed with a mental illness. The provider carried out their own assessment of the level of care or support that was needed, for example, to determine how many members of staff might be required.

- The mental health care record form also included a risk assessment to maintain the safety of staff and patients. This assessment was also used to identify if any further action was needed to minimise risks related to a potentially violent or aggressive patient.
- The need to use any physical restraint was assessed by the ambulance crew when they met the patient. If physical restraint was used, this was the minimum required and reasons were recorded on the patient forms.
- The service used body cameras to record the interactions between patients and staff if they were looking after someone with a severe mental illness. The management team reviewed the camera footage to ensure that the correct protocols were being followed.
- We reviewed some of the camera footage and observed that staff were following the company's protocols.
- Staff told us that they held discussions with staff at the discharging service, the patient or their relatives, to help plan each journey and complete the transfer safely and with minimum discomfort to the patient. They also provided a full verbal handover at the receiving provider, together with a written copy of the patient record form.
- The ambulance crew were sensitive to patients' needs. For example, if a longer-distance journey was scheduled, the trip would be planned with stops to use the toilet and for refreshments. All of the ambulances held bottled water to give to patients, as required, during a journey.

Response times and patient outcomes

- At the time of the inspection, there was an active contract for transporting patients diagnosed with a mental illness.
- The managing director showed us that they were able to monitor the location of each of their vehicles and that the electronic system automatically captured where stops were made and journey times. They told us that they provided their client with information about each journey time to demonstrate the hours taken to move

each patient to support their invoicing system. They commented that the approach taken was patient-centred and therefore targets for response times were not set for this contract.

- Since the last inspection, the office manager had developed a system for monitoring a range of information to aid a review of the service they were providing.
- The office manager had produced their first, quarterly mental health care audit covering January to March 2018. This monitored the number and date of patient transfers, identified the number of patients cared for who had been sectioned under the Mental Health Act (1983), counted the age and gender of patients, analysed risk markers received through the booking system, showed the outcomes of risk assessments conducted by the provider's own staff, recorded the number of times physical restraint was used and any occasions where emergency 'blue light' transfers had been used.
- The office manager commented that this data provided a baseline against which they could compare their subsequent performance and explore any trends, for example, in relation to the increased or decreased levels of risk and use of physical restraint.

Competent staff

- There was a five-day, face to face, induction training programme for all new staff. Training comprised two days of mental health care skills, two days covering first aid and basic life support, and one day covering ambulance protocols and a driving assessment. Staff were also required to complete an online, mandatory training programme.
- Staff started work upon completion of the induction and mandatory training courses. Staff we spoke with had completed the induction process in line with the policy.
- The office manager told us that staff would be required to refresh their mandatory training on an annual basis.
- The office manager completed driving licence checks when staff started working for the company. They reviewed these bi-annually and were tracking the outcome as part of a new, human resources audit. The office manager told us that staff with over six points on their licence were not allowed to drive the ambulances.

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- The managing director told us that they carried out observations of care and driving competence with new staff to check that they were safe and following the company's protocols. However, records were not kept in relation to the outcome of these observations and there were no arrangements for ongoing checks of driver competence or care standards, such as spot check observations.
- The provider had no C1 vehicles in use and did not require staff to have this category available on their licence. The provider did keep a record of drivers with the C1 category available on their licence with a view to the possibility of purchasing and using larger or higher-weight vehicles in the future.
- Formal staff appraisals were not completed as staff were working on a self-employed basis. However, there were some arrangements for monitoring staff, although this was not on a one-to-one basis. For example, the office manager showed us that they had instigated a new system for checking that staff had retained information learnt during the training. Staff were being asked to periodically complete a set of ten questions from a question bank on the online training system. They were using the information to monitor for any gaps in knowledge and to help plan the content for monthly, face to face, continuing professional development training courses.
- We reviewed plans for the continuing professional development courses. The office manager showed that there were sessions planned for assisting clinicians and airway management.

Coordination with other providers

- The managing director told us that they had a good working relationship with one other provider, with whom they had held a contract for providing mental health transport services since 2015. They commented that the contract had been renewed indicating a good level of satisfaction with the service provided.
- The provider was in the process of establishing a new contract with an NHS provider at the time of the inspection. This was to provide ad hoc patient transport services, for example from discharge lounges. The managing director told us that they would work with this new provider to ensure that they provided care to the standards required.

Multi-disciplinary working

- Staff told us they checked they had received the correct documentation at handover points and were working to ensure that they also provided accurate information about any care that had been provided by them during patient journeys when they handed care over to another provider.

Access to information

- Staff had access to policies and standard operating procedures at the ambulance station. The provider sent out key information to a secure, online group and was in the process of building a staff intranet system.
- A range of new policies and protocols had been introduced within the past year. The staff we spoke with commented on the introduction of these, thus demonstrating that the system for disseminating the information had been effective.
- The ambulances were equipped with a tracking system to enable monitoring of the vehicle whereabouts. Staff also carried radio handsets for communication with the ambulance base and other staff. Vehicles were equipped with satellite navigation systems.
- Ambulance crews were provided with key information and special notes regarding care plans through the booking process.
- Staff were aware of the importance of do not attempt cardiopulmonary resuscitation orders, but noted that these were not regularly in use for the category of patients that they were currently working with.
- Staff told us that they always checked that any paperwork related to the sectioning of patients with a mental health diagnosis under the Mental Health Act (1983) was present and correct prior to transporting these patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Since the last inspection in August 2017, the provider had developed policies in relation to mental capacity, consent and deprivation of liberty safeguards.

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- The mandatory training courses for staff also covered these topics. At the time of the inspection, there were three members of existing staff and five newly recruited staff members who had not yet completed the relevant training.
- The provider was also in the process of rolling out additional role-specific training in working with patients diagnosed with a severe mental illness; this covered the implications of the Mental Health Act (1983). This was in addition to the introductory training given during the mandatory and induction learning sets. Fifteen staff had completed this training at the time of the inspection.
- We spoke with two members of the ambulance crew staff who confirmed that they had been trained in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They were aware of need to act in a person's best interests when working with patients who had been sectioned under the Mental Health Act (1983).
- The mental health care record that was in use had a section for staff to formally assess patients' mental capacity and whether or not legal consent had been given for assessment, medical treatment and transport. Staff also recorded the type of documents provided at the handover and if the current legislation, including the Mental Health Act (1983) and Mental Capacity Act (2005) had been reviewed and upheld.
- The managing director also showed us that they supplied each patient with being transferred as part of the mental health service with a laminated sheet that included information about the CCTV recordings and complaint procedures. We confirmed that verbal explanations were given about the use of cameras to patients in our review of the camera footage.
- Staff understood that voluntary patients could only be moved with their consent. Staff commented that if someone refused care or treatment that they would respect that decision. The managing director stated that if these patients did not consent to the use of cameras, then the patient would not be transported on their vehicles. They would seek further advice from the provider they held a contract with about what alternative arrangements could be made.

Are patient transport services caring?

Compassionate care

- All of the staff we spoke with during the inspection showed a commitment to providing the best possible care.
- We spoke with one relative of a paediatric patient who had received care from the provider. They told us that the staff had always treated their relative in a respectful, kind and considerate manner. They noted that the crew spoke directly to their relative to explain what they were doing, even though their relative was not able to respond at the time. They also commented that they were asked about their relative's needs prior to moving them.
- We observed care being provided by staff by reviewing body camera footage for four patient journeys. These were when staff were working with patients diagnosed with a severe mental health illness. We observed that staff tried to reassure patients about the journey and transfer process; they spoke politely, clearly and spoke to patients directly about the procedures.

Understanding and involvement of patients and those close to them

- Staff demonstrated an awareness of involving patients, and their relatives or carers, in any decisions that were made about patients' care.
- The ambulance crew were supportive of patients and remained committed to involving them in their care at all times. We were told, and observed, that staff spoke with patients by name and explained what was happening as they were being moved.
- In one example, we observed staff explaining to a patient with a mental health diagnosis about the reasons why physical restraint had been used, and what the ambulance environment was like. They also explained about the use of body cameras. This was completed prior to asking the patient to move on to the ambulance.
- The relative we spoke with told us their experience with the ambulance crews was that they were friendly and respectful; they were mindful of their relative's dignity and attentive to their needs.

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Emotional support

- Staff understood the impact they could have on patients' wellbeing and acted to emotionally support their patients and relatives during transfers.
- We observed instances where the ambulance crew offered verbal reassurance during patient transfers.
- We observed one episode where ambulance staff offered emotional and practical support to parents of a patient with a mental health diagnosis. The relative we spoke with noted they had been anxious about the process of moving their relative; the ambulance crew had acknowledged their concerns and worked patiently with them and the patient to achieve a good outcome during the transfer process.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The service had one contract with another provider to move mental health patients between hospitals, home and care facilities. They had recently completed a short-term contract with a local council to provide patient transport for children with physical and learning disabilities. They also supplied urgent and emergency transport from private and public events. They were in the process of establishing new contracts for patient transport services for other local NHS providers.
- The service responded to requests to carry out a patient transfer by alerting operational staff through an online booking system.
- The managing director commented that they had enough staff to fulfil the current level of requests easily and that they had the capacity to respond to more requests when any new contracts started.
- They noted that they reviewed the service provided with their clients informally and discussed requirements on a case by case basis.

Meeting people's individual needs

- There were some measures in place to support staff to meet patients' needs.

- Information that had been received as part of the booking process were shared with staff prior to transporting a patient. Staff also carried their own observations and collected information from other provider's at handover points.
- The ambulance crew that we spoke with told us that they rarely needed to use a translation service, but could also use web-based translation systems to aid communication, if necessary.
- Staff told us that patients' preferences were discussed, and practical adjustments were made, to meet individual needs prior to transporting patients. For example, longer journeys were planned with comfort breaks, 'same sex' crew members could be provided, where required.
- The managing director told us that there were some patients who they had transferred on more than one occasion. If these patients preferred for different members of the ambulance team, then these requests were accommodated wherever possible.
- There was a policy in place for staff to follow in the event that a patient's health rapidly deteriorated during a journey. Staff told us that they followed a protocol of pulling over to the side of the road and dialling 999 for emergency services if they observed a rapid decline in health.
- Some staff had been trained in basic sign language to support communication with patients who were deaf or hard of hearing. The booking process identified if this skill was required and staff were assigned accordingly.
- Staff had could access specific training, such as in dementia care, through the online training system to help them meet their patients' needs. All staff working on the mental health transport service had specific training in mental health care.

Access and flow

- At the time of the inspection, there had been an average of 12 mental health care journeys made per month based on figures provided for January to March 2018. There were a total of eight vehicles available for use, with two allocated for regular use, thus ensuring that there was service cover in the event of a vehicle breakdown.

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- Bookings were managed by the office manager or managing director. They reviewed the level of care required and offered jobs to ambulance crews through a secure online web group. Staff who accepted the job were provided with all of the relevant information.
- The management team stated that they had enough staff to meet current demand for the patient transport service.
- The office manager had developed a spreadsheet to record the details of each patient journey, and the care provided and recorded in the patient forms. This process had recently been instigated; there was a plan in place to review the data for the quarterly governance meetings to analyse and trends or areas for improvements.
- The service was led by the managing director, who was also the registered manager. They were supported by a part-time clinical director and an office manager.
- The management team shared responsibility for different governance issues depending on their area of expertise. The managing director was responsible for business oversight, event planning as well as the development and implementation of new policies and protocols. The office manager administered and maintained company records and human resource issues. They were also responsible for monitoring and auditing patient records. The clinical director provided advice on clinical aspects of care and kept relevant policies and protocols up to date with any new guidance.
- The leadership team had taken action to respond to feedback and concerns raised in the last inspection in August 2017. The service had implemented a range of new training, policies and protocols. Staff feedback was largely positive about the changes that had occurred.

Learning from complaints and concerns

- There was a formal complaints policy. The policy stated that complaints were investigated and responded to within 30 days wherever possible; more complex complaints were responded to within 60 days. Staff were aware of this policy and acted in line with it.
- One complaint had been received and investigated in line with the policy since the last inspection.
- We saw that the ambulance crews were asked to carry leaflets with them to give to patients about how to complain or provide service feedback.
- The managing director was responsible for monitoring and investigating any complaints; they were supported by the office manager and clinical director, where necessary.
- Complaints were reviewed at the quarterly governance meeting to monitor trends or identify any further action or learning points for staff.
- We asked staff how learning from complaints was shared to prevent a recurrence of the concerns raised. They told us that they were kept up to date through face to face meetings, and information shared through the online staff forums.

Are patient transport services well-led?

Leadership of service

Vision and strategy for this this core service

- The provider had recently reviewed its vision and mission statement. The vision was to provide the very best in patient care, equipment and professionalism. Safety and quality were their main priorities.
- We reviewed some of the staff induction materials and saw that the vision and mission statement were discussed during the induction training.
- The provider had also developed a set of values for staff to work towards; these were 'customers, candour, colleagues, competence and co-operation'. These were discussed during induction training and displayed on staff noticeboards.
- The managing director told us that they had a strategy for growing the patient transport service through accessing new NHS contracts, with one new contract pending. They did not have a formal business plan at the time of inspection; they noted that the focus for the past six months had been on strengthening governance protocols, which needed to be in place prior to accepting any new business.

Governance, risk management and quality measurement

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- There had been a period of reorganising the service since the last CQC inspection in August 2017. A range of new policies and protocols had been implemented. These were being supported by investment in a new, online training platform and staff intranet.
 - The service's governance systems, including monitoring and auditing of compliance with new policies, options for staff and patient feedback, as well as the reviewing of incidents and complaints had been improved. Quarterly governance meetings were being held to provide oversight of the systems and identify areas for further action and improvement.
 - We reviewed a sample of audits completed within the past six months. These covered medicines management, patient recording keeping and human resources. The audits had successfully identified some areas for improvement. For example, the human resources audit had led to a review of the procedure for obtaining references for new staff members. However, the medicines audit had not successfully identified the areas for concern found during the inspection around the management of controlled drugs.
 - The service had started to monitor patient journeys in terms of the care provided. The office manager showed that they had produced a report reviewing the care of patients diagnosed with a mental health illness for review at the governance meetings.
 - The managing director was aware of the need to continue making improvements to governance systems, for example, through the development and review of a formal risk register and business continuity plan.
 - There was a recruitment policy for employing new staff. This included proof of identity, driving licence and enhanced disclosure and barring service checks. References and qualifications were also required.
 - We reviewed the staff recruitment procedures. The office manager showed us that they were in the process of carrying out a 'human resources' audit at the time of the inspection. The aim was to ensure that all relevant documents were held on file for each person working on the ambulances. This included proof of right to work in the UK, driving licence checks and records of disclosure and barring service checks (DBS). The office manager told us that staff were not offered work if these checks were incomplete.
 - The office manager stated that the human resources audit had identified a gap in their systems for background checks of staff; they had requested, but had not consistently obtained references for each person. They noted that some verbal references had been obtained, but not recorded. They had reissued requests for references for the staff members affected and reviewed the recruitment process with the managing director to prevent a recurrence.
 - However, we found the provider did not currently check that staff who had direct patient contact as part of their role had been immunised with selected vaccines, such as Hepatitis B, which may be appropriate for their role.
- ## Culture within the service
- The management team told us that they worked towards maintaining an open culture where all staff could discuss ideas and concerns with the management team.
 - Staff we spoke with commented that the management team were approachable and responsive to their concerns and requests. For example, requests for new equipment had been promptly reviewed and acted on.
 - The management team had demonstrated a commitment to improving quality and safety through the action taken to improve and strengthen governance structures and systems since the last CQC inspection in August 2017.
- ## Public and staff engagement
- All of the vehicles were supplied with new leaflets which outlined processes for providing patient feedback and complaints.
 - The provider had carried out a staff survey within the past six months. Eleven members of staff had provided feedback about the service. The survey had focussed on staff reactions to the changes made to policies and protocols. Staff indicated that they were positive about the new training programme and changes made to the recording of patient information.
 - The management team discussed their working arrangements with another provider with whom they held a contract to provide mental health care transport. They noted that formal review meetings were not

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required as part of the contract. However, they stated that there was a good feedback system with discussions held at the start and end of each patient transport to review the care that had been provided.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The service was investing in information technology to support staff to carry out their role effectively. This had
- included the commissioning and implementation of a new, online training platform within the past six months, as well as an ongoing project to develop a staff intranet system.
- There were plans in place to expand the patient transport service; the provider was in the process of securing and implementing a new NHS contract at the time of the inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must improve systems for the safe and proper management of medicines including the management of controlled drugs, their supply, storage, administration, disposal and recording.
- The provider must review systems for assessing the risk of, and controlling the spread of, infections. This must include reviewing systems for the appropriate segregation of clinical waste, the management of sharps, the use of personal protective equipment, and the laundry of cleaning equipment.

Action the hospital **SHOULD** take to improve

- The provide should review arrangements for the ongoing, or periodic, supervision of staff to make sure that they maintain the necessary skills and competence for their role
- The provider should further mitigate the risks to staff carrying out care and treatment by checking that staff with direct patient contact had selected immunisations, such as Hepatitis B.
- The provider should review systems for monitoring and mitigating risks to the service, for example, through the production and use of a risk register and business continuity plan.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • The provider did not have adequate systems in place to ensure the proper and safe management of medicines. Regulation 12 (2) (g). • The provider was not effectively assessing the risk of, and preventing, detecting and controlling the spread of infection. Regulation 12 (2) (h).