CareQuality Commission

LSA Secure Limited

LSA House

Inspection report

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

Ratings

Overall rating for this location	Good ●
Are services safe?	Requires Improvement ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Good ●

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. The service controlled infection risk well. The service managed safety incidents well and learned lessons from them.
- Staff assessed patients' food and drink requirements. The service met agreed response times. Managers made sure staff were competent.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. They provided emotional support to patients, families and carers.
- The service made it easy for people to give feedback. People could access the service when they needed it. The service planned care to meet the needs of local people.
- Staff understood the service's vision and values. Staff felt respected, supported and valued. The service engaged well with patients and the community to plan and manage services.

However

- Staff assessed physical risks to patients, but did not document mitigations, actions or the impact of those risks. This was identified at the previous inspection.
- The adult safeguarding policy was unclear, inaccurate and contradictory and there was no contraband policy to support staff who were required to search patients for smuggled goods.
- Managers did not monitor the number of staff days off, to ensure that there was adequate weekly rest periods and were unsure of official processes for notifying CQC of notifiable safeguarding concerns.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Emergency and urgent care	Good	🟢	At the time of inspection, the service was registered to provide emergency and urgent care. However, the service had not yet completed an emergency and urgent care transfer.
Patient transport services	Good	🟢	Our rating of this service improved. We rated it as good because:

For Patient transport services:

- The service had enough staff to care for patients and keep them safe. The service controlled infection risk well. The service managed safety incidents well and learned lessons from them.
- Staff assessed patients' food and drink requirements. The service met agreed response times. Managers made sure staff were competent.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. They provided emotional support to patients, families and carers.
- The service made it easy for people to give feedback. People could access the service when they needed it. The service planned care to meet the needs of local people.
- Staff understood the service's vision and values. Staff felt respected, supported and valued. The service engaged well with patients and the community to plan and manage services.

However

- Staff assessed physical risks to patients, but did not document mitigations, actions or the impact of those risks. This was identified at the previous inspection.
- The safeguarding policy was unclear, inaccurate and contradictory and there was no contraband policy to support staff who were required to search patients for smuggled goods.
- Managers did not monitor the number of staff days off, to ensure that there was adequate weekly rest periods and were unsure of official processes for notifying CQC of notifiable safeguarding concerns.

Summary of findings

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Summary of this inspection

Background to LSA House

LSA House is operated by the registered provider LSA Secure Limited. It is an independent ambulance service. The provider was registered with the Care Quality Commission in 2018 to deliver a patient transport service. In June 2020, the provider amended their registration with the Care Quality Commission so they could provide an emergency and urgent care service to support the country's response to the COVID-19 pandemic. However, at the time of this inspection, they had not delivered any emergency and urgent care.

The service predominantly provides secure patient transport for patients with mental health conditions who may or may not be detained under the Mental Health Act 1983.

The service is registered to carry out the following regulated activities:

• Transport, triage and medical advice provided remotely

• Treatment of disease, disorder or injury

LSA House had a registered manager who is responsible for the carrying out of the regulated activities.

The main service provided by this service was Patient Transport Services. Where our findings on Patient Transport Services also apply to other services, we do not repeat the information but cross-refer to the Patient Transport Services service level.

We inspected this service in September 2021 and published the report in January 2022, at which point the service was placed in special measures. This was because the service was rated as Inadequate overall. Providers placed in special measures are inspected again within six months of publication. This inspection was to check sufficient improvements had been made.

In September 2021, we inspected the service and as a consequence of that inspection we rated the service as Inadequate because:

- The governance and leadership of the service did not fully protect the safety of the patients. Staff did not always fully complete patient risk assessments and patient risk assessments did not consider physical health needs. Safeguarding of patients from abuse and improper treatment was not fully assured. Guidance for staff was not clear, policies and procedures did not always relate to the service provided and did not always include current national guidance.
- Governance and leadership of the service did not effectively manage performance. The leadership did not use monitoring of the service to support ongoing improvements which could potentially put patients at risk of avoidable harm. The service did not have a system to effectively manage risks or audit the quality of the service.

Summary of this inspection

How we carried out this inspection

We carried out this inspection on 12 July 2022, the inspection team was made up of two CQC acute inspectors, one mental health inspector and a specialist advisor. We inspected three vehicles including a secure and high dependency vehicle, we reviewed 14 patient records, 20 policies and five staff files, we spoke with eight members of staff including crew.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

The services use of podcasts ensured staff were aware of performance, quality of care and service improvements.

Areas for improvement

Action the service MUST take to improve:

Patient Transport Services

- The service must ensure information from completed patient risk assessments are used to manage patient physical care needs and lessen risks. Regulation 12.

Action the service SHOULD take to improve:

Patient Transport Services

- The service should consider revising the safeguarding policies to ensure inconsistencies and inaccuracies are removed.
- The service should consider including 'Think Child, Think Parent, Think Family' guidance into their safeguarding policies.
- The service should ensure patient criteria is formally documented. Regulation 12
- The service should ensure bariatric information is included on all transfer risk assessments. Regulation 12
- The service should ensure secure transfer records comply with The Mental Health Act Chapter 17 Transport of patients MHA 1983: Code of Practice 2015. Regulation 12
- The service should consider benchmarking their performance against other similar services.
- The service should monitor staff rest periods, there was no method of monitoring the amount of third party work staff undertook and therefore managers were not assured staff were taking adequate rest periods between shifts.
- The service should consider adding a specified well-being section to the patient record.
- The service should ensure that there is a contraband search policy to ensure staff search patients in accordance with guidance and legislation. Regulation 17
- The service should consider how it can be assured that information from the patient record accurately reflects the patient's individual needs.
- The service should ensure notifications are submitted to external organisations in accordance with guidance. Regulation 18

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires Improvement	Good	Good	Good	Good	Good
Patient transport services	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Emergency and urgent care

Good 🟢

Safe	**Requires Improvement** 🟠
Effective	**Good** 🟢
Caring	**Good** 🟢
Responsive	**Good** 🟢
Well-led	**Good** 🟢

Are Emergency and urgent care safe?

Requires Improvement 🟠

Our rating of effective improved. We rated it as requires improvement.

Mandatory training
The processes for managing mandatory training were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Safeguarding
The processes for managing safeguarding referrals were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Cleanliness, infection control and hygiene
The processes for managing cleanliness and infection control were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Environment and equipment
The processes for managing the environment and equipment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Assessing and responding to patient risk
The processes for assessing and responding to patient risk could not be fully assessed as the service had not yet carried out an emergency and urgent care service. The service had registered with the Care Quality Commission for the regulated activity treatment of disease and disorder, so they could deliver an emergency and urgent care service. This meant processes should be in place to carry out that service.

Staffing
The processes for managing staffing were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Emergency and urgent care

Good ●

Records
The processes for managing patient records could not be fully assessed as the service had not yet carried out an emergency and urgent care service. The service had registered with the Care Quality Commission for the regulated activity treatment of disease and disorder, so they could deliver an emergency and urgent care service. This meant processes should be in place to carry out that service.

Medicines
The service followed best practice when administering, recording and storing medicines.

The service had effective systems for administering, recording and storing medicines.

Incident
The processes for managing incidents were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Are Emergency and urgent care effective?

Good ●

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment
The processes for providing evidence based care and treatment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Pain relief
The process for managing patients' pain could not be fully assessed because the service had not yet carried out an emergency and urgent care service.

Response times
The processes for reviewing response times were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Patient outcomes
As the emergency and urgent care service was not currently being delivered, there were no processes currently in place for monitoring patient outcomes for the emergency and urgent care service. However, the service did monitor the effectiveness of some aspects of the delivery of the patient transport system which meant there was a process in place to monitor outcomes once the emergency and urgent care service was established.

For detailed findings about processes for monitoring patient outcomes, please see the patient transport section of this report.

Competent staff
The processes for reviewing staff competencies were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Emergency and urgent care

Multidisciplinary working

The processes for monitoring multidisciplinary working were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

The processes for ensuring staff had access to guidance about consent and the Mental Capacity Act 2005 were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Are Emergency and urgent care caring?

Good 🟢

Our rating of caring remained the same. We rated it as good.

Compassionate care

The compassionate care of staff could not be fully assessed because the service had not yet carried out an emergency and urgent care service.

Emotional support

The emotional support provided by staff could not be fully assessed because the service had not yet carried out an emergency and urgent care service.

Understanding and involvement of patients and those close to them

The methods staff used to support patient understanding could not be fully assessed because the service had not yet carried out an emergency and urgent care service.

Are Emergency and urgent care responsive?

Good 🟢

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

Arrangements for service delivery were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Meeting people's individual needs

Arrangements for meeting people's needs were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Access and flow

Arrangements for bookings and accessing services were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Emergency and urgent care

Good ●

Learning from complaints and concerns
Arrangements for learning from complaints and concerns were the same for both the patient transport service and the emergency and urgent care service. For detailed findings, please see the patient transport section of this report.

Are Emergency and urgent care well-led?

Good ●

Our rating of well-led improved. We rated it as good.

Leadership
Leadership of the service was the same for both the patient transport service and the emergency and urgent care service.

Vision and Strategy
The vision and strategy was the same for both the patient transport service and the emergency and urgent care service.

Culture
The culture was the same for both the patient transport service and the emergency and urgent care service.

Governance
Governance processes was the same for both the patient transport service and the emergency and urgent care service.

Management of risk, issues and performance
Processes for managing risks, issues and performance were the same for both the patient transport service and the emergency and urgent care service.

Information Management
Processes for managing information were the same for both the patient transport service and the emergency and urgent care service.

Engagement
Processes for engaging with patients, staff and the public were the same for both the patient transport service and the emergency and urgent care service.

Learning, continuous improvement and innovation
Processes for learning, improvement and innovation were the same for both the patient transport service and the emergency and urgent care service.

Patient transport services

Safe	**Requires Improvement** ●
Effective	**Good** ●
Caring	**Good** ●
Responsive	**Good** ●
Well-led	**Good** ●

Are Patient transport services safe?

Requires Improvement ●

Our rating of safe improved. We rated it as requires improvement.

Mandatory training
The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. At the time of inspection, 100% of staff were up-to-date with all mandatory training modules. The mandatory training was comprehensive. Topics included; health and safety, conflict resolution, infection control and fire safety. Staff also received training in autism and learning disability awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers used a traffic light system to identify training that was in date, due, or expired. We checked five staff files and saw that all contained details of mandatory training.

Managers advised us that some staff within the service had specific training for patients with Dementia, however we did not see evidence of this.

Safeguarding
Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Guidance was contradictory.

The service had a safeguarding adult's policy and a safeguarding children's policy. The policies contained information on recognising abuse and the action to take. However, neither policy referred to 'Think Child, Think Parent, Think Family' guidance from the Social Care Institute for Excellence, that promotes a whole family approach to safeguarding. For example, if staff make an adult safeguarding referral, checking whether that person has any dependents who will be impacted.

The contents of the adult safeguarding policy was confusing and contradictory. For example, it stated LSA House was not represented on Safeguarding Boards, then in the next paragraph stated "as a member of the safeguarding adults

board, LSA House is responsible for…" Since the inspection, the service has clarified this point within the policy. Other wording in the safeguarding adult policy that was confusing was in the references. The policy stated the Care Act 2014 replaced 'No Secrets' but included 'No Secrets' as a reference for staff. This meant there was a risk staff would be unclear of which was the most current guidance.

The service now ensured that all patients were safeguarded from abuse and improper treatment. We viewed patient safeguarding records and found staff reviewed and documented safeguarding concerns. A safeguarding audit demonstrated managers followed up safeguarding referrals and staff involved in safeguarding concerns were provided additional support. Staff also had access to an online application which resulted in an increase in safeguarding reporting.

Staff received training specific for their role on how to recognise and report abuse. Staff were trained to the appropriate level of safeguarding adults and children dependent on job role and in accordance with guidance. At the time of inspection, 100% of staff had completed safeguarding training for adults and children. The safeguarding lead had completed safeguarding training to the relevant level as detailed in national guidance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with understood their role and responsibilities in reporting safeguarding concerns and gave examples of where they made referrals. Staff had good understanding of identifying female genital mutilation, child exploitation, radicalisation and online abuse.

Managers were now recognising and reporting potential safeguarding incidents. Managers monitored safeguarding referrals and fed back updates via a podcast.

Cleanliness, infection control and hygiene
The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We viewed three ambulances and saw they were visibly clean and well-maintained. Each ambulance was equipped with a spillage kit, we checked consumables on three ambulances, all were in date.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Managers were in the process of moving cleaning records from a paper-based system to an electronic system. Each ambulance had a file detailing maintenance and cleaning records. We reviewed deep cleaning ambulance records for 12 ambulances for the last six months and found them to be fully completed. Staff completed daily cleaning sheets for each ambulance that they signed off, a manager countersigned the cleaning sheet to monitor quality. There was a dedicated cleaner employed for deep cleaning.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was available for all staff, during the COVID-19 pandemic, staff wore surgical masks in the ambulance cabs. The service ensured staff had appropriate levels of PPE that followed national guidance and was fit tested for each staff member. On the ambulances, staff could access a range of PPE including aprons, masks and gloves in sufficient quantities and quality as to help prevent the spread of infection. Donning and doffing posters demonstrated best practices for application and removal of personal protective equipment.

Patient transport services

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff were trained to use each item of equipment as part of their induction process. Records showed staff received annual equipment training and managers arranged refresher courses if incident reports recorded any themes.

The service had enough suitable equipment to help them to safely care for patients. Trained staff had access to soft and rigid handcuffs for patient transfers that required restraint. Each handcuff had an ID number in order that they could be traced and accounted for on the services checking system. Vehicles were equipped with monitoring systems that allowed managers to track the vehicles and check speed limits were adhered to. Staff had access to body cams to protect themselves and patients.

The service base was secure, kept staff, vehicles and equipment safe and had CCTV throughout. There were clear evacuation signs. We checked all fire extinguishers on the base and in three vehicles, all were full and had received a service within the last 12 months. Staff checked ambulance equipment and supplies against a checklist and replenished stock from the base.

Managers ensured vehicles and equipment were serviced and safe for use. We checked all on site equipment and found the equipment was serviced within the last 12 months and where appropriate had an in date portable appliance test sticker. All vehicles were serviced and had an up to date MOT and insurance. Of the five staff files we reviewed, all evidenced up to date drivers' licences and included a driver assessment as part of the induction process.

Staff carried out safety checks of specialist equipment. When staff checked life pack equipment, they added a seal. Staff we spoke with knew to only use a pack that was sealed. We broke the seal on one randomly selected life pack and the contents were correct and in date. Staff recorded faulty equipment on a whiteboard in the equipment room and stored it in a separate area to prevent other staff from using it.

Staff disposed of clinical waste safely. On ambulances, staff stored clinical waste separately to non-clinical waste, and disposed of waste safely at the base. Waste sheds containing bins were located at the base and securely locked, a third party was contracted to remove and dispose of waste from the base. We checked 5 bins and all waste was separated correctly.

Assessing and responding to patient risk

Staff did not complete detailed physical risk assessments for each patient or document how risks were minimised. Staff identified and quickly acted upon patients at risk of deterioration.

Bookings were taken by a member of the managerial team. As part of the booking process a risk assessment was completed, dependent on the type of transport required. This information was used to assess whether the service was able to meet the needs of the patient before accepting the booking. However, patient criteria was not formally documented.

We reviewed 14 patient records including risk assessments. All risk assessments relating to secure transfers had been completed, including restraint and de-escalation plans and a mental health risk assessment. However, management plans to promote the physical safety of the patient during their conveyance were not always fully completed.

Patient transport services

All booking and risk assessment forms included a section about a patient's physical health. The forms relating to a secure transfer now asked about physical health issues and there was a free text area to provide more detail. The high dependency transfer form asked about the patient's condition in a free text box. The patient transport risk assessment included a section regarding bariatric patients, however there was no bariatric specific information on the other two risk assessments.

We saw a patient risk assessment that was for a secure patient who was described as morbidly obese. The risk assessment did not include information as to how this might impact the service's ability to transport them, for example, were further staff required, or was the weight appropriate for the vehicle. Bariatrics is the branch of medicine that deals with the causes, prevention and treatment of obesity. On a second patient risk assessment we saw it was noted that the patient had asthma but the transfer notes did not confirm whether the patient had their inhaler/medication during the journey. A third patient risk assessment described the patient as having mobility issues but there was no further details regarding whether they could get into the vehicle unaided, whether equipment or extra staff were required. A fourth patent record stated a patient had epilepsy, there was no information about whether they had medication on their person during the journey or what steps to take if they had a seizure whilst on route. Staff noted risks but did not provide written evidence that mitigations had been reviewed and implemented.

Managers described potential risks to patients. However, whilst there was space on patient records for actions to be recorded, these were not documented when decisions and mitigations were taken. Therefore, the service still did not ensure completed patient risk assessments were used to manage patient care and lessen risks, this is a repeated breach from the previous inspection.

Where required, de-escalation and restraint plans were in place to best meet the needs of the patient in a safe and least restrictive manner. Records detailed when staff had to intervene to manage challenging behaviours, including use of de-escalation and when required restraint. The length of time restraint was used of was now recorded. The Restraint and Conflict Management Policy now demonstrated the service was supporting patients according to the principles of Positive and Proactive Care, or to using the least restrictive means of managing disturbed behaviour.

Seven of the records viewed, related to conveyance through secure transfer for people detained under the Mental Health Act under section. The Mental Health Act Chapter 17 Transport of patients MHA 1983: Code of Practice 2015, states a properly completed application for detention under the Act, together with the required medical recommendations, give the applicant (the approved mental health professional (AMHP) or nearest relative) the authority to transport the patient to the hospital named in the application. For two out of seven records, there was no evidence the paperwork had been checked prior to conveying the patient and five out of seven records did not have a copy of the authority to convey form in place.

Of the 14 patient records we reviewed, two had comments indicating a do not attempt cardiopulmonary resuscitation (DNACPR) decision was in place, however it was unclear form the records if staff had a copy of the form for the journey Staff we spoke with advised they knew to check whether an order was in place for each patient, would attach a copy of the order to the patient's record and act in accordance with the wishes detailed in the order.

The service now added information to patient records regarding the patient's wellbeing before, during and after conveyance. Patient records included a box for comments where staff noted how the journey went, including wellbeing. All 14 records checked had a detailed account of how the patient was and their wellbeing, including patients that were conveyed securely.

Patient transport services

Managers reviewed each use of restraint to ensure appropriate practices were used, de-escalation techniques were implemented before restraint was considered and the least restrictive form of restraint was used. Managers audited each use of restraint to review patterns and ensure staff received additional training if indicated. Managers discussed learning or improvements with the staff members involved the next time they were on duty. For example, on a secure journey, staff did not use soft handcuffs which they assessed was appropriate as senior staff at the hospital where the patient was being transferred from advised against it. Managers spoke with the individuals and reviewed their understanding of duty of care.

The booking form, sent to the person requesting the transfer, included a statement 'by booking our service the patient will be under the care and control of our staff from the pickup handover to destination handover any accompanying escorts will be to assist out staff only'.

Managers supported staff against potential risks arising from patient journeys. All staff had access to a 4G radio a panic button and webcams. Vehicles had location and speed tracking installed as well as CCTV. If staff had any queries or concerns, they could contact the duty manager 24 hours a day, seven days a week.

Staffing
The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix but did not monitor staff rest periods.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. At the time of inspection, the service had 15 full time staff to cover four vehicles from Monday to Friday. Staff could opt out of the 48 hour working week. The service allowed 11 hours off between shifts or 10 by mutual staff agreement. Managers did not have a system in place for monitoring staff third party work commitments. There was not a system to check staff had adequate rest periods between shifts at the service as well as other providers.

The manager could adjust staffing levels daily according to the needs of patients. Managers used a rostering electronic application to publish available shifts and or short notice sickness cover. Per shift there were three secure and one patient transport services staff on standby for potential ad hoc journeys.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service did not use agency or locum staff. At peak times, managers had a listing of bank staff familiar with the service.

Medicines
The service followed best practice when administering, recording and storing medicines.

The service did not have in house medicines. However, there were systems and processes for staff to administer and record the usage of patient own medicines in line with national guidelines.

Vehicles contained secure storage of medicines in the patient area in order that medicines could be administered mid journey.

Records
Records were stored securely and easily available to all staff providing care.

Good ●

Patient transport services

Patient notes were easily accessible to staff. We checked 14 patient records and found they were easy to read, signed and dated and followed Joint Royal Colleges Ambulance Liaison Committee guidance.

When patients transferred to a new team, there were no delays in staff accessing their records. The booking team transferred information on to the patient transport form, this was given to the crew for the journey. On arrival at the destination, staff completed the handover section of the record to ensure all important information was handed over to the new team. When the journey was completed, staff placed the record in a shift envelope and secured it in the records box on the base.

Records were stored securely. Staff stored patient records in a fire secured safe at the base and managed and disposed of confidential waste in accordance with data protection standards. Managers audited the previous days records and reviewed any inaccuracies with staff directly. Staff audit results were reviewed at appraisal.

Incidents

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

Staff knew what incidents to report and how to report them and reported incidents and near misses in line with the service's policy. Staff we spoke with knew their responsibilities for reporting incidents and near misses and described incidents they had reported. Staff could access the incident policy via the intranet on their mobile telephone.

Staff understood the duty of candour. Staff we spoke with understood their responsibilities regarding duty of candour. Duty of candour is the professional responsibility to be open and honest with patients and families when something goes wrong. The service now had a duty of candour policy that was in line with guidance and staff could access via their mobile telephone.

The service now had a framework for monitoring, learning and improvement. The reporting system now captured all incidents including a grading. Managers used an incident log to provide an umbrella view of all incidents. We viewed the log and the 10 most recent incident forms and noted the data corresponded.

The service now ensured incidents were reviewed including analysis and identification of learning. Staff now received feedback from investigation of incidents. Incident summaries and updates were included in managerial podcasts and staff discussed incident outcomes at team meetings.

Are Patient transport services effective?

Good ●

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. However, some inconstancies remained in a few policies.

The service had a process for ensuring policies accurately reflected the service provided and current national guidance. There was now a policy about the use of de-escalation techniques and restrictive interventions.

Patient transport services

Good ●

Staff followed policies to plan and deliver care according to best practice and national guidance. We checked 20 policies, all had recently been reviewed and now referenced up to date staff groups and job titles. Most referenced latest legislation and guidelines, however in one policy, the safeguarding adult's policy, the wording was confusing.

The service now ensured that policies included flowcharts, pathways and step by step guidance in order that staff understood processes and next steps. Policies reference National Institute for Health and Care Excellence and Joint Royal Colleges Ambulance Liaison Committee guidelines. Staff could access policies via the intranet on their mobile telephone.

Staff advised us as part of their job they had on occasion had to search patients for contraband. At the time of inspection, the service did not have a policy to support this practice. Therefore, it was unclear how the provider could be assured staff were acting in accordance with Public Health Agency and Health and Social Care Board Guidelines. Since the inspection, the service has developed a dangerous item policy.

Managers reviewed staff understanding of policies at appraisal, monitored policies quarterly to ensure they were up to date and completed policy audits. All policies apart from the safeguarding policy included clear guidance. The most recent audit had not identified the conflicting information and language in the safeguarding policy.

We did not see any evidence of managers benchmarking the service against other providers.

Nutrition and hydration
Staff assessed patients' food and drink requirements to meet their needs during a journey.

Staff made sure patients had enough to eat and drink. Staff planned journeys to include stops for patients to eat and hydrate that took into account the length of the journey and weather conditions, for example a heatwave. Staff supported patient food preferences on longer journeys. As part of the booking process, food preferences were recorded and included in the journey plan, for long journey's to enable staff to arrange breaks at preferred food outlets.

Patient outcomes
The service monitored the effectiveness of the delivery of the service.

Managers monitored key performance indicators (KPI), these included; the total number of journeys each month, whether the patient handover for either receiving or handing over a patient to a third party exceeded 30 minutes, whether the time from when the ambulance was dispatched picking up the patient exceeded two hours and the total number of aborted journeys. In the six months prior to inspection, 98.5% of journeys met the KPI. The few that did not were due to unforeseen traffic.

Competent staff
The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

Managers gave all new staff a full induction tailored to their role before they started work. Staff received a full induction specific to their job role. The induction included training, familiarisation of policies and equipment and practical sessions including driving theory and examination.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection, 100% of staff had received an appraisal in the last 12 months.

Patient transport services

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff completed continual professional development training, which is learning activities used to develop and enhance staff abilities. Staff advised us training needs and requirements were discussed at appraisal. Managers encouraged staff to use reflective practice as a support method for progression. Staff advised it was a useful tool and boosted their enthusiasm for the job. In February 2022 the service introduced two new supervisor roles, the purpose of which was to mentor new starters, support crew staff and organise observational journeys.

The service provided restraint training that met the Restraint Reduction Network training standards 2019. The services instructor was trained to National Federation for Personal Safety Standards BTEC Level 3 and taught staff to Level 2.

All staff were trained in first aid level three. The service was registered with the Qualsafe Awards Registered Centre and was authorised to teach First Aid Courses and First Response Emergency Care courses to Levels three and four.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers arranged staff meetings on different days and times to support as many staff attending as possible. If staff were unable to attend, they could access minutes via the intranet on their mobile telephone.

Managers identified poor staff performance promptly and supported staff to improve. Managers used an internal drivers licence points system to monitor staff driving skills. Managers monitored staff driving via ambulance tracking systems that monitored the vehicles location and speed. Managers allocated staff three points and a verbal warning for a first speeding offence, written warning for a second offence and disciplinary action for a third offence. Staff driving had improved since these actions were introduced.

Multidisciplinary working
All those responsible for delivering care worked together as a team to benefit patients.

We were unable to gain feedback from NHS trusts and independent health services regarding their views on communication with and interactions with the services staff. However, managers met with third party providers monthly to discuss concerns and themes from incidents and safeguarding referrals.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards
Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Staff understood their role and responsibilities in gaining and recording consent. We checked 11 patient records and saw that all of them recorded consent in accordance with guidelines. Staff made sure patients consented to treatment based on all the information available. Patient records showed staff discussed care and treatment prior to obtaining consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff received and kept up to date with training in the Mental Capacity Act. At the time of inspection, 100% of staff had completed Mental Capacity Act and Deprivation of Liberty Safeguard training. Managers supported staff understanding of the Mental Capacity Act. The Act was discussed and reviewed during induction and appraisal, staff kept flashcards on their person that summarised the Act and could easily access the policy via their mobile telephone. Staff now knew their

responsibilities to patients including that capacity could fluctuate and patients may have the capacity to make decisions regarding some areas of care but not others. Staff acted in accordance with legislation. The service now provided clear guidelines regarding the Mental Capacity Act that included step by step instructions and best practice information if a patient's capacity was questionable.

Staff received and kept up to date with training in the Deprivation of Liberty Safeguards. At the time of inspection, 100% of staff had completed Deprivation of Liberty Safeguard training. Staff now knew their responsibilities to patients and acted in accordance with legislation.

Are Patient transport services caring?

Good 🟢

Our rating of caring stayed the same. We rated it as good.

Compassionate care
Staff treated patients with compassion and kindness and respected their privacy and dignity.

Patients said staff treated them well and with kindness. Although we were unable to directly speak with patients, we saw 20 feedback comments and cards from the last 12 months thanking staff for their service and support. Comments included "I just wanted to say a huge thank you to you for your time and patience. You and your crew were nothing short of amazing and went above and beyond."

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff took the time to build relationships with patients. We saw feedback comments from repeat service users that stated staff were empathetic and supported their mental health needs. Feedback stated the team understood the stigma of mental health and made the patient feel better about their condition.

Emotional support
Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the importance of providing informed, empathetic and compassionate care. Patient feedback demonstrated staff helped patients who were distressed and supported them to maintain their dignity and privacy. Comments included "I just wanted to feedback that your team were excellent today. They helped us manage an extremely distressed young person with a high level of risk of absconding to attend an essential medical appointment. Your whole team responded with care and compassion throughout."

Staff demonstrated empathy when having difficult conversations. Staff received de-escalation training and could access further help and support for handling patient emotional wellbeing from the mental health lead and occupational technician who were both qualified counsellors.

Patient transport services

Good 🟢

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Although we were unable to directly speak with patients, feedback demonstrated that staff supported patients and their families to understand their care and treatment. Several feedback comments were from family and friends who said they appreciated being involved and that the team's communication was "excellent".

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. One feedback comment stated that during a secure transfer, staff clearly communicated the patient's rights and ensured they understood those rights before commencing with the transfer. Staff could access communication aids, for example flash cards, to support patient understanding.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Ambulances clearly displayed information on how patients, their families and the public could feedback information and make suggestions.

Are Patient transport services responsive?

Good 🟢

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service was provided on an 'ad hoc' basis. NHS trusts and independent mental health providers contacted the service directly as and when the service was required.

Meeting people's individual needs

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

Staff understood the physical and communication needs of patients with a disability or sensory loss. Staff used photo flashcards to support communication with patients with a learning disability. All ambulances were accessible to patients who used a wheelchair. The service had a mental health lead who headed training and was available to staff to support understanding.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to online translation services via their telephone to support communication with patients whose first language was not English.

Patient transport services

<div style="text-align: right">**Good** ●</div>

Access and flow

People could access the service when they needed it

The service was booked on an as required basis and managed on an individual basis. In the year prior to inspection the service carried out 1832 journeys, these included; patient transport, high dependency and secure transfers.

If patient journeys were impacted or delayed, staff contacted the duty officer and logged an incident if the service was delayed for more than 30 minutes. Managers reviewed delays to the service and discussed improvement plans with providers during third party monthly meetings.

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern in patient areas. The service now ensured there were processes for people to give feedback, including concerns and complaints, and compliments about the service provided. We viewed three ambulances and saw feedback forms displayed in all vehicles in patient accessible areas. The services website clearly displayed contact information about how to give feedback and make a complaint.

Managers reviewed and audited complaints and concerns monthly. Complaints were included as an agenda item on governance meetings and monitored and responded to in accordance with policy.

Are Patient transport services well-led?

<div style="text-align: right">Good ●</div>

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.

The leadership team was led by the medical director, managing director and operations director, who was also the registered manager. This team was supported by the clinical lead, training co-ordinator, human resources, financial lead and the clinical supervisor and mental health lead.

The leadership team worked together to make and embed change. Staff advised us the managers were all supportive, there was an open-door policy and staff felt comfortable discussing issues and concerns with the managerial team.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

Patient transport services

Managers displayed the vision and values across the head office and in ambulances. Staff understood the values and what it meant to work according to the values. The values were; safety, respond, care, quality, respect, honesty and encourage. Managers advised us encourage was added since the previous inspection to demonstrate improvement and perseverance.

The business strategy was focused on making improvements to ensure compliance with regulation and building on their positive reputation with third party contractors.

The provider had a plan to expand the high dependency transfers service. Action plans to implement this included, reviewing and improving staff retention and ensuring staff were appropriately trained. Staff were in the process of completing First Response Emergency Care training to level five.

Culture

Staff felt respected, supported and valued. The service provided opportunities for career development. The service had an open culture.

Staff we spoke with advised us they felt listened to by management and were an important part of the team. Staff felt respected by their colleagues and the managerial team.

The service had two trained freedom to speak up guardians, whose role was to support workers to raise issues without fear of negative consequences. Staff advised us they appreciated that there was someone they could go to, although all staff advised us there was an open-door culture.

Managers presented an employee of the month award based on staff nominations, staff received £100, £50 and £25 vouchers for first, second and third prize. Staff we spoke with welcomed the recognition and advised it promoted the services values and good teamwork.

The service conducted an external staff survey in June 2022. The question responded to most favourably was in relation to job satisfaction, the question responded to least favourably was in regard to career progression. Managers advised they were developing an action plan to improve results.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service now had processes to support the review of quality, safety and performance of the service. Weekly managerial meetings were held every Monday and were attended by the operational and managing directors, human resources, consultants and administrative support staff. Set agenda items included; weekly KPI review, a summary of safeguarding referrals, complaints and incidents, training, fleet and vehicle updates.

Safeguarding meetings were held quarterly and attended by the safeguarding lead and safeguarding supervisor. The meeting was used to complete a deep dive into each safeguarding referral, chase responses from local authorities and implement learning and action. One referral should have had a crime report from the police as well as being referral to the local authority, reminders were included in the registered managers podcast.

Patient transport services

Actions and any items of note from the weekly managerial meetings, safeguarding meetings and quarterly third party contract meetings fed into the quarterly senior management meeting. These were attended by the three directors, the clinical lead, the human resources lead, training co-ordinator and driving assessment manager. We viewed minutes from the last two meetings and saw there was now a set agenda that included reviews of quality assurance and the comparing the services performance with key performance indicators (KPI). Managers also reviewed safeguarding referrals, incidents and each use of restraint, to ensure it was appropriate, and discussed learning and improvement plans. Data from the minutes matched the number of incidents, safeguarding referrals and use of restraint within the quarterly timeframe.

Governance systems had improved since the previous inspection, however the number of recommendations from this report demonstrate those systems were not yet fully embedded.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated risks and issues. They had plans to cope with unexpected events. Audits did not always capture risks.

The service now had a system to manage risks. The service had an up to date risk register that used a traffic light system to rate risks, action plans and mitigations to reduce the risk until action plans were completed. Risks were reviewed bi-monthly by the operations director and third-party consultants. The risks identified on the risk register, reflected those described by staff.

Managers now assessed the quality of the service and monitored and implemented improvements to the quality of the service. Managers created an audit schedule that included allocations for repeat audits where actions were required. The service now shared audit outcomes on a computer drive in order that all the managerial team had access to information and plans in case the registered manager was unavailable. We viewed 10 audits including; fire, equipment, records and patient feedback and saw that managers implemented plans for improvement. For example, in the records audit, where staff had not included information, managers discussed this with individual staff members and this was reviewed at appraisal.

Managers developed a business continuity policy to support the service in the event of a major incident. This detailed the services processes to support NHS frontline organisations including evacuation of hospitals.

There were a few examples where audit did not capture risk. For example, the latest policy audit did not draw attention to the safeguarding policy being contradictory and the daily patient report audits did not highlight that patient physical risks and actions in response to those risks, were not fully documented.

Information Management

The service collected reliable data. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure. Data or notifications were not consistently submitted to external organisations as required.

The service collected data, there was now evidence that leaders analysed data to review the performance of the service and identify areas for improvement. Staff could access information via the intranet on their password protected mobile telephone.

Patient transport services

Managers ensured notifications were sent to external bodies. However, the training co-ordinator advised us they only notify CQC of safeguarding incidents where abuse was classed as physical, whereas guidance states they should notify all safeguarding referrals.

Managers ensured staff files were kept up to date and included all requirements regarding identification and references in accordance with national requirements.

Engagement
Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service now had systems for engaging with patients. There were separate complaints and suggestions email addresses on the service's website to support monitoring of feedback. Ambulances displayed information regarding how to give feedback, complaints and compliments.

Managers supported staff to attend quarterly staff meetings. If staff were unable to physically attend, they could access minutes. The registered manager produced weekly podcasts, securely stored on the intranet, where all incidents, complaints and safeguarding referrals were described, actions taken and next steps were discussed. Staff advised us these were useful as they could listen to them whilst driving between jobs. Staff could access a WhatsApp group to communicate with each other and managers published a monthly newsletter that included upcoming training dates and any company news. The most recent included information regarding the newest wheelchair accessible vehicle.

In the 12 months prior to inspection, the service had provided first aid demonstrations to the public at numerous local regattas. Staff also attended local schools to demonstrate basic life support to teachers and pupils. During the COVID-19 pandemic, the service provided PCR testing to the local community.

Learning, continuous improvement and innovation
All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

The service now used data to monitor performance and improve the service, key performance indicators were reviewed, discussed and assessed. For example, the service now formally documented incidents and complaints, there were assurances patients were safeguarded, staff now understood their responsibilities with regards to the Mental Capacity Act and Deprivation of Liberty Safeguards.

The services use of podcasts ensured staff were aware of performance, quality of care and service improvements. Managers introduced reflective practices in order for staff to learn from their actions and provide a better service.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure information from completed patient risk assessments are used to manage patient physical care needs and lessen risks. Regulation 12.