Primary Ambulance Services Limited

Primary Ambulance Services Limited-Operations Centre

Quality Report

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

Ratings

Overall rating for this ambulance location	Requires improvement
Patient transport services (PTS)	**Requires improvement**

Summary of findings

Letter from the Chief Inspector of Hospitals

Primary Ambulance Services is operated by Primary Ambulance Services Limited. The service provides a patient transport service. This service registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC regulates the patient transport service and treatment of disease, disorder and injury service provided by Primary Ambulance Services. The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Primary Ambulance service that we do not regulate are events cover.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 11 April 2019 and an unannounced visit to the service on the 26 April 2019.

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

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

We rated the service as **Requires improvement** overall because;

- The provider was failing to effectively assess and prevent the risk of an injury. The non-slip mat on the ramp of one ambulance was ripped and ruched, which presented as a slip/trip hazard for both patients and staff members.
- The provider was failing to effectively assess and prevent the risk of the spread of infection. There were small tears in two ambulance seats. They were not able to be cleaned effectively and presented an infection control risk. There was a liquid stain on one of the stretcher straps, which was a potential infection control risk.
- There was a lack of understanding of what constituted as an incident. Managers and staff told us they had not had any incidents within the reporting period April 2018 to March 2019. On the day of the inspection we were told of an incident that they had not reported, as the provider did not think this had constituted as an incident. We were not assured that the incident reporting process was embedded, although staff we spoke with told us that they had received incident reporting training.
- Safeguarding concerns were raised by staff with the appropriate authorities but were not reported to CQC. Therefore, we were not assured that the provider understood the process for submitting a safeguarding statutory notification to CQC. Registered providers must notify CQC about certain changes, events and incidents that affect their service or the people who use it. This was not taking place at the time of our inspection.
- There were some systems in place to monitor vehicle servicing and maintenance. This had been identified as a concern at the service's previous inspection in March 2017 and a warning notice had been issued.
- There were limited systems and processes in place to ensure the monitoring and oversight of consumables and equipment as we found a number of consumables were out of expiry date.
- The provider did not undertake staff appraisals. We were told that informal meetings took place, but these were not documented. Therefore, we were not assured that the provider had the systems and processes in place to effectively assess staff competencies.
- The provider had limited governance systems and processes in place. They had little oversight of risk or how to identify risks and manage them. The risk register had several identified risks; however, they were not reviewed regularly, did not contain descriptions of the risk, harm ratings or the person responsible for managing the risk.

Summary of findings

However:

- Both ambulance vehicles had a current MOT and were taxed.
- Feedback from patients and relatives was consistently positive.
- The service had an inclusion and exclusion policy.
- The service provided a personalised service.
- Staffing was sufficient to meet the patients' needs and was planned in advance.

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 three requirement notices that affected Patient Transport Services. Details are at the end of the report.

Nigel Achieson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)	Requires improvement 	Patient transport services were the providers main activity. The provider was in breach of; Regulation 12, (1) (2) (a) (b) (d) (e) (f) (h), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 15, section (1) (a) (e) (2). Premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17, (1) (2) (b) (c) (e) (f), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, we issued three requirement notices. There were some systems in place to monitor vehicle servicing and maintenance. This had been identified as a concern at the service's previous inspection in March 2017 and a warning notice had been issued. The provider did not undertake staff appraisals. We were told that informal meetings took place, but these were not documented. Therefore, we were not assured that the provider had the systems and processes in place to assess staff competencies The provider had limited governance systems in place. There was little oversight of risk and how to identify risks and manage them. The risk register had several identified risks however, they were not reviewed regularly, did not contain descriptions of the risk, harm ratings or the person responsible for managing the risk. However; Both vehicles had up to date MOT's and tax. Staffing was sufficient to meet the patients requirements and was planned. The provider delivered a bespoke personalised service. Patient feedback was consistently positive.

Primary Ambulance Services Limited-Operations Centre

Detailed findings

Services we looked at
Patient transport services (PTS).

Detailed findings

Contents

Background to Primary Ambulance Services Limited-Operations Centre

Primary Ambulance Services is operated by Primary Ambulance Services Limited. The service opened in 2009. It is an independent ambulance service based in South Ockendon, Essex. The service has two vehicles and provides patient transport services to social services departments and clinical commissioning groups.

The service has had the current registered manager in post since May 2012.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen off site by Fiona Allinson, Head of Hospital Inspection.

How we carried out this inspection

This report describes our judgement of the quality of care at this location. We based it on a combination of what we found when we inspected and from all information available to us, including information given to us from people who use the service, the public and other organisations.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 11 April 2019 and an unannounced visit to the service on the 26 April 2019.

During the inspection, we visited the control base, located in South Ockenden. We spoke with four members of staff including; the two directors, the medical advisor and administrator. One of the two directors was the transport manager and primary driver for the service, which also had a bank of temporary staff that it could use.

After our inspection, we held telephone interviews and spoke with two members of staff, three patients and four relatives.

Detailed findings

Facts and data about Primary Ambulance Services Limited-Operations Centre

Primary Ambulance Services Ltd is operated by Primary Ambulance Services. The service provides a patient transport service to patients of 18 years and above. The service has two vehicles and provides services to social services departments and clinical commissioning groups.

The service is registered to provide the following regulated activities:

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

Activity (April 2018 to March 2019)

In the reporting period there were 120 patient transport journeys undertaken.

Track record on safety

- No Never events
- Clinical incidents - zero no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- No serious injuries
- No complaints

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Patient transport services (PTS)

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

Primary Ambulance Services Ltd is operated by Primary Ambulance Services. The service opened in 2009. This service registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC regulates the patient transport service and treatment of disease, disorder and injury service provided by Primary Ambulance Services. The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Primary Ambulance service that we do not regulate are events cover.

Primary Ambulance Services is an independent ambulance service based in South Ockendon, Essex. The service provides a patient transport service to patients of 18 years and above. The service has two vehicles and provides services to social services departments and clinical commissioning groups.

The service had been previously inspected using our comprehensive inspection methodology on 29 March 2017 and the unannounced visit to the service on 6 April 2017.

Following the inspection in March 2017 and April 2017, we found significant concerns and the provider was in breach of Regulations, 12, 15 and 17 and had been issued with a section 29 warning notice.

Regulation 12 HSCA, (Regulated Activities) Regulations 2014. Safe care and treatment

Regulation 15 HCSA, (Regulated Activities) Regulations 2014. Premises and equipment.

Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.

As part of this inspection process these breaches were reviewed to ensure the service had responded to the issues raised.

Patient transport services (PTS)

Summary of findings

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

- The service had systems and processes in place for the reporting, investigating and sharing of learning around incidents. However, incidents were not recognised, and the incident reporting process was not embedded.
- The service knew how to report a safeguarding concern to the local authorities but did not realise these concerns should be shared with CQC.
- There were some systems in place to maintain the oversight of servicing and maintenance of vehicle's and equipment.
- There was a lack of effective stock ordering systems and processes in place.
- The service had a risk register in place however we were not assured that the provider had oversight of its risks and the management of them.

We found the following areas of good practice:

- Both vehicles had an up to date MOT and were tax.
- Journeys were planned and staffed appropriately.
- Patient feedback was positive.
- All paperwork regarding invoicing and transfer details were kept in a secure location and could be easily located for reference

Are patient transport services safe?

Requires improvement

We rated safe as **requires improvement.**

Mandatory training

The service had some processes in place to provide staff with training in key skills and ensure that everyone completed it.

- Mandatory and statutory training were delivered using a combination of e-learning and face-to-face training sessions, which included learning through simulation and scenarios. The provider arranged a twice yearly continual professional development day where both permanent and bank staff attended, and mandatory training were delivered.
- Mandatory training included but was not limited to; first aid, automated externalAED), basic life support, manual handling, oxygen awareness, infection prevention and control, adult and child safeguarding, and information governance. Information submitted pre-inspection showed that mandatory training compliance was 100%.
- Patient transport services staff who drove vehicles completed an in-house driving assessment on commencement of employment. This was undertaken by the transport manager who had completed the institute of advanced training in 2006. Post inspection we requested evidence of any updated training, the provider did not supply it.
- The service had a training policy in place which outlined mandatory training requirements, however, the policy did not have an implementation or review date, therefore we were not assured that the information within the policy was current.

Safeguarding

Staff understood how to protect patients from abuse. Staff knew how to report abuse but did not always work with other agencies to share information.

- The provider had a safeguarding policy in place which had been reviewed in 2018. The policy detailed the different types of abuse and included those with

complex and learning disabilities. However, the policy did not reference current evidence for example the NHS England Intercollegiate document Safeguarding Adults guidance (2018).

- The safeguarding lead for the service was the transport manager. Staff had access to two members of staff who were trained to level three adult safeguarding and had remote access to advice from a clinician with level four adult safeguarding training as recommended in the NHS England Intercollegiate document Safeguarding Adults (2018). Safeguarding training for both adult and children's levels one and two had a compliance rate of 100%.
- Staff members we spoke with were able to give an example of how to report a safeguarding concern, the rationale and how to escalate any concerns.
- Information submitted by the service pre-inspection showed there had been no safeguarding concerns raised in the reporting period April 2018 to March 2019. During our inspection staff told us that the service had raised three safeguarding concerns to local authorities but had not reported these to the Care Quality Commission (CQC). Therefore, we were not assured that the provider understood the process for reporting a safeguarding concern to the appropriate authorities as registered providers must notify the CQC about certain changes, events and incidents that affect their service or the people who use it.

Cleanliness, infection control and hygiene

There were limited systems and processes in place to monitor standards of cleanliness and hygiene

- Staff completed a vehicle daily inspection (VDI) check sheet to ensure their ambulance was fit for purpose. We saw that decontamination cleaning wipes were available on ambulances.
- There was an ambulance cleaning policy in place. The policy stated that the vehicle should be cleaned every time it was operational. The policy cited the cleaning products that should be used and detailed what should be cleaned daily, weekly and monthly. However, the policy did not have an implementation or review date, nor did it reference evidenced based practice. The provider submitted cleaning sheets for each of the vehicles dated from February 2019 to April 2019 post inspection. The data showed the date and the level of clean the vehicles had received.
- The provider had a contract with an external company to deep clean and swab the vehicles on a regular basis to monitor cleanliness and reduce the risk of infection to patients. Swabbing of the vehicle allowed for the identification of a reduction in bacteria, post cleaning. We viewed the contract the provider had with the company and the deep clean report for both vehicles, which had last been undertaken in February 2019.
- Both vehicles had damage to the seating where patients were expected to sit. For example, in one vehicle the front forward facing passenger seat had a tear with foam exposed. The rear forward facing passenger seat back compartment had a small tear in the cushion part of the chair. Therefore, we could not gain assurances that all areas could be effectively cleaned and free from an infection risk.
- On our return unannounced visit, we noted the provider had contacted a supplier and was in the process of actively seeking to replace one chair and to remove the other.
- The stretcher straps were material based and had a large dark stain in situ. This meant that it could be a potential infection control risk as this was an unidentified substance of unknown origin. We raised this with the transport manager who told us they were in the process of ordering new wipe clean straps. On our return visit we noted new wipe clean straps had been bought and were to be fitted that afternoon.
- Alcohol gel dispensers were available in the vehicles for staff to decontaminate their hands.
- Personal protective equipment (PPE) such as disposable gloves and aprons were readily available for staff to use.
- Infection, prevention control (IPC) training was provided on the service's continual professional day (CPD). We were told staff were given training on hand washing, use of gloves, aprons, antibacterial wipes and spill kits. Information submitted by the provider showed a 100% compliance for IPC training.

- The provider had a uniform policy in place. Staff were provided with sufficient uniforms, which ensured they could change during a shift if necessary. Staff were responsible for laundering their own uniform. In line with national guidance the uniform policy stated a minimum temperature of 60c.
- The service used single use, sheets and blankets that were disposed of after use to prevent and control the spread of infection.
- The service had a contract with an external company to dispose of clinical waste. There was a clinical waste bin at the depot which was locked appropriately. Clinical waste bags were stored on the vehicles, staff we spoke with were able to describe how they would manage clinical waste whilst transferring a patient.
- On the day of the announced inspection neither vehicle had a spill kit. We were told these had been removed as they were passed their expiry date. The provider was unable to replace them as they did not hold any additional spill kits in stock. The provider ordered replacement kits on the day of our announced inspection. On our return visit the spill kits had been replaced and had an expiry date of April 2020. Laboratory spill kits were designed specifically for the health care industry and are used on any liquids or bodily fluids that have been spilled.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe. However, there were limited systems and processes in place to ensure regular maintenance of ambulance vehicles and equipment.

- The service was based on a shared industrial site with 20 other units. The premises had a 24-hour security system in place, access to the site was via electronic gates, CCTV was in place and guard dogs patrolled the premises from 7pm.
- The service had two vehicles, the main vehicle remained parked outside the providers office the transport manager told as it was 10 years old the other vehicle was kept as a reserve vehicle.
- The non-slip mat on the ramp of the main ambulance vehicle was ripped and ruched, which presented as a slip/trip hazard for both patients and staff. The edging around the mat was rusty and the paint was peeling off. We highlighted the risk associated with this to the provider who agreed not to use this vehicle until it had been rectified. The service had a patient transport booking for the following day, the transport manager told us they would use the reserve vehicle which had been stored on the site premises. We asked to inspect the vehicle, the transport manager told us that it was at the far end of the site and brought the vehicle round for us to inspect. The vehicle had an out of service notice on display. We observed in the vehicle that there were small tears around the stitching of the stretcher mattress and a wheelchair was dirty and had a service date of July 2013. We escalated our concerns to the manager who told us that the vehicle would be cleaned and out of date consumables and equipment replaced prior to its use the following day. We received notification five days later that the non-slip mat on the ramp had been replaced, negating the initial trip/hazard identified on the first inspection visit and the edging had been painted with a rust proof paint. On our return visit we viewed the remedial work and noted that the risk to a patient or member of staff falling had been negated.
- On our first inspection visit, we highlighted to the transport manager that the sliding door of the main vehicle did not stay completely open, this impeded access to the handrail. We were told as the vehicle was parked on unlevel ground this caused the door to move forward, however we were not assured that this was the reason.
- The service could not provide an up to date vehicle service records for the two operational ambulances. We reviewed the vehicle folder which did not have a service history record for either of the vehicles. Receipts submitted post inspection by the provider showed the vehicles had undergone various repairs. These included but were not limited to; repair of a handbrake cable, a replacement battery, oil filter changes and replacement oil. Therefore, we were unable to gain assurances that both vehicles had been fully serviced in line with manufacturers recommendations or at recommended intervals. The provider told us that they were planning to replace both vehicles with lease vehicles which would negate this issue, as the servicing and maintenance of the vehicle would be included in the lease arrangements.

- The transport manager told us that vehicle servicing and MOT testing was carried out by an external company. We reviewed MOT and tax records which showed at the time of our inspection, both patient transport vehicles held an up to date MOT and were taxed.
- Daily vehicle checks were undertaken by the crew, these included but were not limited to tyre pressure checks, tyre tread, bodywork condition, headlights and hand gel containers. We found several consumable items (on both vehicles) that were passed their expiry date. For example, in grab bags we found, two variable flow adult masks, one oxygen therapy product, four oropharyngeal airways and defibrillator pads that were past their expiry date. We brought this to the attention of the transport manager. The items were disposed of immediately. On our unannounced return visit, all out of date consumables had been replaced.
- Equipment was checked daily. Staff identified and reported faulty equipment to the manager, staff told us that the faulty equipment would be removed and placed into a quarantine area. The provider had a yearly contract with a clinical engineering service to maintain and calibrate all medical equipment. We viewed the report for May 2018 and noted that one set of automated external defibrillator (AEDs) pads had expired.
- During our announced inspection we noted that a set of pads on the reserve vehicle had expired in October 2018. After a while the gel on the pads can dry out in the packaging causing the chemical composition to change which can result in lower conduction of the electric current and the AED may have problems with the analysis of the quality of the conducting electronic signal. We raised our concerns to the transport manager as this vehicle had been used on the 5 and 6 March 2019. On our return visit the pads had been replaced, they had an expiry date of April 2020. The provider had purchased sufficient pads to ensure that they had replacement stock.
- There were sharps bins available on the vehicles. These were assembled but the labels were not completed meaning that there was no information relating to when they were assembled and by whom.
- When vehicles were not in use, all keys were secured safely. There was a key safe opened by a key code located in the store room and another outside the registered managers home. Staff could access the ambulance keys if required without the manager having to be present.
- On the day of the announced inspection we viewed the vehicle daily inspection check (VDI) lists for March 2019. Vehicle daily inspection check (VDI) sheets are used to evaluate the vehicles working condition. It aims to identify mechanical issues or defects that may cause accidents and operational downtime. Out of the 18 patient transfer journeys, five check lists for the end of March had not been completed. We raised this with the manager who told us that they may be at their home address. Post inspection the provider submitted vehicle daily inspection logs from January 2019 - March 2019 for the main vehicle but we did not see vehicle check sheets for the reserve vehicle therefore we were not assured that these had taken place.
- Fire extinguishers were available in the vehicles and had undergone maintenance checks to ensure they were safe to use.

Incidents

The service had limited processes in place to manage patient safety incidents. We could not gain assurances that staff and managers effectively recognised incidents and reported them appropriately.

- The service had an incident reporting policy; however, the policy did not have an implementation or review date. Therefore, we could not gain assurances that the policy provided staff with up to date guidance in the event of identifying or reporting an incident.
- No never events were reported between the reporting period from April 2018 to March 2019. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Pre-inspection information submitted by the service stated that no incidents had been reported within the reporting period from April 2018 to March 2019. However, during our inspection, the manager told us

that a tyre had been removed from one of the ambulance vehicles and replaced with a worn one whilst it had been parked overnight at the providers property. When we questioned further whether this event had been recorded as an incident the manager said it had not because they had managed to source a new tyre the following morning. This showed that there was a lack of understanding of what constituted an incident. We could not gain assurances that incident reporting processes were embedded. We were told that staff would report any incidents or concerns to the registered or transport managers. However, we were not assured that incidents were recorded, investigated or any learning shared with staff.

- There was no formal process in place to share learning from incidents. The service had a small number of staff and the manager and staff told us that they would share information informally. However, there was no process or documentation to confirm that information was shared. As the provider had not reported any serious incidents we could not gain assurances that there were effective systems or processes in place to share learning from identified incidents.
- The service reported no incidents meeting the requirements of duty of candour from April 2018 to March 2019. Duty of candour (DoC) is a regulatory duty under the Health and Social Care Act (Regulated Activities Regulations) 2014 which states, 'As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology'. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at the risk of deterioration.

- Staff requested detailed information on risks posed when transporting patients at the time of the booking. Basic risk assessment screening questions were asked at this time.
- The criteria for accepting a booking specified the patient was for a non-emergency transfer and required no medical intervention. All other issues, such as patients with mental health concerns, known infections, and poor mobility and access were considered, and risk assessed on an individual basis.
- Staff had received basic life support (BLS) and automated defibrillator (AED) training (a defibrillator is a machine that can return normal rhythm of the heart after cardiac arrest, by giving it an electric shock). Information provided by the provider showed staff training compliance rate of 100%.
- Staff told us if a patient became unwell during a journey, they would stop their vehicle when safe to do so and use their first aid knowledge to assess if a patient's condition was deteriorating and the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support.
- Staff completed vehicle fire risk training, information submitted pre-inspection showed a compliance rate of 100%. We saw conformation of attendance and completion of fire risk training in the seven personnel files we reviewed.
- The provider had a major incident plan in place, however, the plan had no implementation or review dates. The plan set out staff roles and responsibilities if a major incident was declared. The plan also defined the types of situations that constituted a major incident.

Staffing

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

- Staffing levels and skill mix were planned and reviewed to ensure that patients received safe care and treatment at all times.
- The service was small and employed three members of staff on a full-time basis and three to four on a 'casual basis'. Much of the patient transport journeys were carried out by the transport manager.

Patient transport services (PTS)

- The provider did not have fixed rotas or shift patterns for staff. When a booking was made staff would be contacted to see who was available to carry out the individual journey. This meant there was no risk of staff not receiving enough time off or becoming fatigued.

Records

Records were stored securely.

- Patient transport service staff received work sheets at the start of a shift, which were completed and included basic details of the journey to be completed. These included collection times and addresses.
- When transferring patients, staff told us that patients' medical records were stored in a sealed envelope and placed securely in the ambulance.
- Work sheets were placed in a folder and kept securely in a locked office. They were retained for 12 months before the information was shredded.

Medicines

The service did not carry medicines, with the exception of medical gases. The service used systems and processes to safely order, stock and record the use of medical gases.

- There was a policy in place to provide guidance for the safe transportation of medical gases. In both vehicles that we inspected we found that the oxygen cylinder was stored in a safe and secure manner.
- Spare oxygen cylinders were stored appropriately in a storage room with good ventilation. The cylinders were kept in a cage which was locked with a padlock and appropriate signage in place. The key was kept in a key safe which could be accessed via a keypad code.
- We reviewed records and observed that all staff had received medical gases training. For patients that required oxygen, staff worked within a patient group directive (PGD) to administer oxygen. A (PGDs) is a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
- During the inspection we found an oxygen cylinder with an expiry date (January 2019), we highlighted this to the transport manager who immediately replaced the cylinder.
- Staff we spoke with told us any inter-hospital/care home transfers where there may be prescribed medication accompanying the patient would be kept in a sealed envelope/ or secure container whilst transferring the patient.

Are patient transport services effective?

Requires improvement

We rated effective as **requires improvement.**

Evidence-based care and treatment

Care and treatment delivered was evidenced based but did not always reflect current guidelines and best practice.

- We reviewed several policies; safeguarding policy, incident reporting procedure policy, infection control policy, major incident policy and the ambulance cleaning policy. The policies did not have an implementation date or review date; therefore, we could not be assured that their current practice reflected current national guidelines and best practice.
- Policies were paper based. Staff could access the policies at the base location. This was confirmed by staff who told us that they had access to paper-based policies and procedures at the base location. Staff we spoke with told us the manager communicated any changes or updated polices by email and the quarterly newsletter.
- The service had an inclusion/exclusion criterion. The criterion defined patients that the provider was unable to transport, for example, bariatric patients as they did not have the appropriate equipment. This meant the risk of transporting patients beyond the capabilities of the service had been identified and managed.

- There was no formal audit process in place to ensure all aspects of the service were continually monitored. This meant areas for improvement may not have been identified and areas of best practice were not shared or monitored.

Assessment and planning of care

Staff had access to the information they needed to deliver effective care and treatment patients.

- The manager was informed of the patient's requirements at the time of booking; this enabled the service to provide the necessary equipment and staffing numbers which varied depending on the patients' needs. Bookings could be planned several days or weeks in advance but were often booked on a more ad hoc basis.
- The private transport request form included a section where information could be added relating to any additional or complex needs that a patient may have. This enabled the service to consider a patient's individual needs.
- Control room staff documented risk assessment information about patients requiring transport at the point of booking. This enabled the service to ensure that an escort would be with the patient for the duration of the journey if required. Staff told us that most patients travelled with an escort who was either the person's carer or a relative.

Nutrition and hydration

The service did not provide patients with food or drink as the transfer journeys tended to be short distances.

- The provider told us that they tried to plan patients journeys around mealtimes to ensure patients had food prior to transportation.
- Staff told us that patients were able to bring their own refreshments if they wanted too. On our second visit the provider told us they were exploring this issue with a view to holding a small supply of snacks and water.

Response times / Patient outcomes

The service did not benchmark itself against other patient transport service providers either locally or nationally.

- Due to the nature of the services provided the service did not routinely benchmark against other providers or services.
- In the reporting period from April 2018 to March 2019 there were 120 patient transport journeys undertaken. The manager told us that the driver would call to confirm when they had arrived on site and call again when the patient was on board the vehicle. We were told that the service ran on time. However, there were no records to monitor these outcomes.
- At the time of our inspection there was no process in place to monitor the number of bookings received. No audit was in place to monitor the number of declined or cancelled bookings. However, the manager told us that this did not happen very often as the current number of patient transfer requests was very low.

Competent staff

The service had limited processes and systems in place to ensure staff were competent for their roles.

- The provider had a staff induction policy in place, however the policy did not have an implementation or review date. Managers told us, and staff confirmed that they had received an induction when commencing employment. This included mandatory training, a vehicle induction and a shadow shift working with an experienced member of staff.
- The service did not carry out staff appraisals. We were told informal verbal conversations took place between the clinical advisor and staff, but no formal appraisals took place. The registered manager told us they plan to formalise this process. Post inspection the provider submitted an appraisal policy which set out the core principles of the process.
- The clinical advisor told us that they encouraged staff to maintain their training and develop portfolios as this supported career progression.
- Pre-inspection information submitted by the provider demonstrated 100% new employees had undergone witnessed drives before undertaking the role**.**

Multi-disciplinary working

Patient transport services (PTS)

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

- Upon completion of each journey carried out on behalf of social services, the manager told us the crew confirmed with the social service's team that the patient had been transferred.
- Staff told us they had effective communication with other services and teams of individuals they worked with.
- We were told by staff that they received a formal handover when they transferred patients between services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. However, policies relating to the consent processes lacked reference to national guidance.

- The provider had a policy and processes which described what the Mental Capacity Act and Deprivation of Liberty were. When speaking with staff we were assured that staff knew how to assess a patients mental capacity and the importance of gaining consent, this was also part of their mandatory training. However, the policy did not have an implementation or review date, nor did it reference evidence-based guidelines, therefore we were not assured that this policy was up to date.
- All patient information was checked by the staff, including whether there was a do not attempt cardio-pulmonary resuscitation (DNACPR) decision document in place. To ensure patients did not overhear the discussion around the DNACPR document staff would ask if the patient had 'the red letter' so us not to cause any distress to the patients. The provider had a DNACPR information sheet for staff to refer to.

Are patient transport services caring?

Good

We rated caring as **good**

Compassionate care

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

- Staff told us when they arrived to collect the patient they discussed with the patient and relatives the best way to transfer the patient either by chair, stretcher or if the patient was mobile to walk to the vehicle.
- Staff told they considered the environment of the vehicle, if it was too hot or too cold and addressed the patients' needs accordingly, this included placing a blanket over the patient or putting the air conditioner on.
- The service transported patients individually with their relatives.
- If a patient become agitated during the transfer staff told us they would phone their relative who could speak to the patient and offer reassurance during the journey.
- Post inspection we carried out four telephone interviews which included two patients and four relatives. Both patients spoke about their care in a positive way and told us they were happy with the way staff treated them. Comments made by patients and relatives included 'staff were brilliant', 'first class service' and 'my mother was very well looked after'.
- We were told that there was never a time pressure applied by management to leave a patient if there were any concerns. This was confirmed when talking with relatives of patients who had used the service.
- The service did not monitor patient satisfaction of the service provided, this meant they could not formally demonstrate patient satisfaction and experiences.

Emotional Support.

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

- One relative described the service as well organised and that the staff took the time to explain the route to the patients and said that they did not 'feel rushed'.
- Another relative said she had found the staff very reassuring and competent when transporting their parents to a care home.

Understanding and involvement of patients and those close to them

- One relative we spoke with told us they had found the service supportive and she had felt confident with the way they had transported their mother.

Are patient transport services responsive to people's needs?

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

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

- The service delivered patient transport services both privately and to NHS providers, it was the preferred contractor for three local county councils, an NHS Trust and a clinical commission group (CCG).
- The main service provided was a patient transport service which delivered non-emergency transport for patients who were unable to use public or other transport due to their medical condition**.** This included those attending hospitals, outpatient clinics and being discharged from hospital wards. No high dependency work was undertaken.
- The manager coordinated all bookings from 8am to around 7pm. Patient transport service staff worked individual rotas to provide cover at these times and the service offered a seven-day weekly service. Staff could work outside these hours but were not forced to work outside their planned hours.
- Due to the low number of journeys and the pre-booking of transfers the service was able to manage capacity well. The registered manager told us that if they were unable to fulfil a booking due to capacity issues they would advise the referrer at the time the transfer was requested. Transport journeys were booked by staff in advance and appropriate transport was provided.

Meeting people's individual needs

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

- Patients were transported on an individual basis, which meant the service could be personalised to meet the patients' needs.
- For patients with communication difficulties or who did not speak English as a first language, staff had access to a telephone-based interpreting service.
- There was no limit placed on the number of bags a person could travel with, which meant the patient could keep their personal belongings with them when travelling between care settings.
- Patients were able to bring their own food and drinks with them.
- Information submitted post inspection demonstrated staff had attended a training day where privacy, dignity, metal health training and dementia awareness had been included.
- The provided did not transport children or bariatric patients.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

- Most bookings were made on an ad hoc basis a few days in advance of the journey.
- Methods of referral to the service were made in different ways, this was determined by the organisation or person requesting transport. Bookings were taken, via email or telephone. Booking information was then transferred onto the patient transport request (PTR) form.
- The manager would check crew availability via phone or text message.

Patient transport services (PTS)

- Staff members checked in with the control room when they had arrived at the pickup destination. They recorded the time the patient boarded the vehicle on the booking form and would call the control room to confirm when they were ready to leave. This allowed the service to monitor the progress of the journey and alert the receiving destination if there were any delays.
- Potential delays were communicated with patients, carers and hospital staff by telephone. The provider stated that this rarely occurred.
- Post inspection we spoke with a care home provider, relatives and patients. They told us the service was reliable and the staff were knowledgeable and capable.
- All journey times were calculated at the time of booking. However, these were not monitored for auditing purposes which meant potential areas for improvement were not identified and areas of best practice were not shared or monitored.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

- The provider had a complaints policy in place. This outlined the processes of how to respond to complaints, including a letter of acknowledgement to the complainant, an investigation and a timeline for a response
- The service had not received any complaints from patients within the last 12 months of our inspection.
- The service website had a feature to enable customers to give feedback. The complaints policy did not outline how a patient should make a complaint.
- The provider used to place service user feedback cards in the vehicles, however the registered manager told us as these were not effective and had removed them. We were told the service had been thinking of reintroducing this system again.

Are patient transport services well-led?

Requires improvement

We rated well- led as **requires improvement.**

Leadership of the service

Leaders of the service had some of the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.

- The service had two directors who were responsible for overseeing the work of ambulance staff and the control room. The registered manager had been in post since 2013. The registered manager had overall responsibility for co-ordinating the transport bookings, for the daily running of the service, provision of suitable staff and equipment. The transport manager had overall responsibility for the vehicles and medical equipment.
- The registered manager was fully aware of the Care Quality Commission registration requirements but lacked a full understanding of the essential standards Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An example of this was not notifying the CQC of the reported safeguarding concerns that they had raised to the local authorities.
- The clinical advisor was responsible for arranging and providing the appropriate training for staff and supported the transport manager.
- The transport manager had completed the skills for health duty of care course in March 2019, which identified set standards that health and social care workers should meet.
- Staff we spoke with described the managers as approachable and visible.
- The leadership team had actioned some of the identified breaches from the previous inspection. In line with the Control of Substances Hazardous to Health (COSHH) Regulations the service had completed risk assessments and control measures for all cleaning materials, had implemented an inclusion and exclusion policy and had a service level agreement with an external provider to service and maintain medical equipment.
- The leadership team demonstrated responsiveness and care to the needs of the business and to the staff. The leadership had reacted quickly to our concerns raised on our first visit, we noted on our unannounced visit that most of these concerns had been actioned.

Vision and strategy for this service

Patient transport services (PTS)

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

- The service had a vision which was to 'aspire to be the best private ambulance service'. The vision was supported by a mission statement which had six objectives, these included but were not limited to; motivate, train and encourage continual personal staff development, the provision of vehicles that are safe, comfortable and fit for purpose and establish long-term relationships with both clients and suppliers.
- The registered manager stated that they wanted the service to continue to grow and to maintain their reputation that they had achieved locally.

Culture within the service

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

- Staff we spoke with told us that the managers ensured that they had sufficient breaks and were always available either by phone, text or in person.
- All staff we spoke with said that they considered themselves to be part of a friendly and cooperative team. All had each team member's contact details and felt supported and valued by the management and their colleagues. Staff told us the management had provided assistance on personal matters and had arranged and paid for the staff Christmas lunch. One member of staff told us 'it wasn't like going to work it felt like being part of a family'.
- The culture of the company was positive and team-based. It was apparent that staff wanted to provide a caring transport service. All staff told us they felt well supported.

Governance

Leaders did not operate an effective governance process.

- Governance systems were not always established or effective. The service did not demonstrate it had a formal system in place to manage risks that had been identified and actions taken to mitigate risks and audits were not undertaken.
- Several policies we reviewed did not have implementation or review dates, therefore we were not assured that the information within the policies was current.
- The service did not carry out any internal audits looking at practices, system and process. Therefore, areas for improvement were not identified and areas of best practice were not shared or monitored.
- Incidents were not reported, there was a lack of understanding of what constituted an incident. We were not assured that the incident reporting process was embedded. Information submitted by the provider demonstrated that staff had received incident reporting training.
- The systems and processes in place for the recruitment and staff checks was not robust. Post inspection the manager provided information for a further two outstanding DBS checks, whilst the other two members of staff had recently changed employees and were waiting for their DBS checks to be completed.
- We reviewed eight personal files. These did not fully reflect current up to date work histories and each one contained one written reference. The provider told us that they accepted a second telephone reference, we raised our concerns with the manager as to the safety of this practice and we were told they would review the process.
- We reviewed minutes of the clinical governance meetings from January and February 2019. Topics included but were not limited to; training, staff uniforms, change of education provider, policies and equipment.

Management of risk, issues and performance

- There was always a manager on duty to support staff.
- The service had a risk register in place with documented identified risks, however they were not reviewed regularly, there were no reviews or documented actions to mitigate the risks. We were not assured that the provider had oversight of its risks and the management of them.
- We raised our concerns with the registered manager around the lack of oversight of the identified risks the

service had. They acknowledged that the risk register and the identified risks had not been completed appropriately and stated that the issue would be addressed.

- There were limited systems in place to monitor vehicle maintenance and servicing. This meant that we were not assured that there was oversight of vehicle upkeep. The issues we noted with the vehicles maintenance and condition had not been identified by the management team.

Public and staff engagement

The service had some systems in place to engage with the public.

- Staff told us that the manager regularly emailed any service changes such as a change in policy or any updated documentation.
- We reviewed the quarterly newsletter, topics included but were not limited to; completion of relevant forms when using the ambulance including vehicle daily inspection (VDI) sheet, mileage, cleaning and stock levels on the ambulance, continual professional development CPD day on 21 October 2018 and up to date training.
- The service's public website contained information for people in relation to what the service could offer.
- The provider's website had opportunities for the public to give feedback about the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure that incidents are monitored, reported and investigated.
- The provider must ensure that there are robust processes in place to ensure the monitoring and oversight of vehicle maintenance and servicing.
- The provider must ensure that there are robust processes in place to ensure the monitoring and oversight of consumables and equipment.
- The provider must ensure that an effective governance framework is in place.
- The provider must ensure that robust and effective processes and systems are in place in the recruitment and staff checks.
- The provider must ensure that they have systems and processes in place to assess staff competencies.

Action the hospital SHOULD take to improve

- The provider should ensure that there is a system in place to ensure that all policies are relevant, evidence based and promote best practice.
- The provider should ensure that staff receive training in incident reporting.
- The provider should ensure that performance is monitored, for example by use of audits.
- The provider should ensure that feedback from service users is monitored, for example using comment cards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12, (1) (2) (a) (b) (d) (e) (f) (h), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** Incidents were not identified, reported or investigated. No incidents had been reported in the last 12 months. There was an incident reporting procedure policy, but this was not being followed. Both vehicles had damage to patient seating. For example, in one vehicle the front forward facing passenger seat had a tear with foam exposed. The rear forward facing passenger seat back compartment had a small tear in the cushion part of the chair. The stretcher straps were material based and had a large dark stain in situ. This meant that it could be a potential infection control risk as this was an unidentified substance of unknown origin. Therefore, we could not gain assurances that all areas could be effectively cleaned. There were limited systems and processes in place to ensure the monitoring and oversight of consumables and equipment as several consumables were out of expiry date.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Regulation 15 (1) (2) HCSA, (Regulated Activities)** **Regulations 2014. Premises and equipment**;

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Requirement notices

The provider could not provide an up to date vehicle service record for the two ambulances in the fleet that were operational.

There were no systems in place to maintain oversight of vehicle servicing and maintenance. This had been identified at the service's previous inspection in March 2017 and a warning noticed had been issued.

The non-slip mat on the ramp of the main ambulance vehicle was ripped and ruched, which presented as a slip/trip hazard for both patients and staff member. The edging around the mat was rusty and the paint was peeling off.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17, (1) (2) (b) (e) (f), Good governance,** **of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** There were no records kept for the checking of the service history and maintenance and up keep of vehicles. Governance systems were not always established or effective. The service did not demonstrate it had a formal system in place to manage risks that had been identified and actions taken to mitigate risks and audits were not undertaken. The systems and processes in place for the recruitment and staff checks was not robust. The provider accepted one written reference and one telephone verbal reference. Four of the eight personnel files did not have current Disclosure and Barring checks in place. The service had a risk register in place with documented identified risks, however they were not reviewed

This section is primarily information for the provider

Requirement notices

regularly, there were no harm reviews or documented actions to mitigate the risks. We were not assured that the provider had oversight of its risks and the management of them.

The provider did not actively encourage feedback about the quality of care and overall involvement from service users.

We reviewed several policies, safeguarding, incident reporting procedure, infection control, major incident and the ambulance cleaning policy. The policies did not have an implementation date or review date; therefore, we could not be assured that they reflected current guidelines and best practice.