

# ION Pinewood

## Quality Report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

iON Pinewood is operated by iON Ambulance Care Limited. The service primarily provides a patient transport service and high dependency transfers.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 14 August 2019, along with an announced visit to the service on 29 August 2019.

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

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

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

We rated it as **Good** overall.

- We found improvements in infection prevention and control procedures since the last inspection in October 2017.
- The service had improved the make ready environment to make it safer and cleaner. Vehicles and equipment were well maintained.
- There were effective relationships between the service and the providers they worked with.
- Patients were complimentary and positive regarding the level of care they received from the staff.
- The service took time to ensure they responded to, and met the needs of, patients.
- The service took complaints and concerns seriously and responded to them in a timely manner.
- The service had procedures and facilities for the safe storage of medicines.
- Vehicles used by the service for high dependency transfers were clean, well maintained and carried appropriate equipment.

However:

- The service did not use patient group directions (PGDs) to support staff to administer correct medicines.
- The service did not undertake ongoing competency checks for professionally qualified staff.
- There was a lack of provider oversight with regard to governance and risk management.
- There were no formal staff meetings in place.
- Analysis of data relating to response times and subcontracted key performance indicators was limited.

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

**Nigel Acheson**

**Deputy Chief Inspector of Hospitals (London and South)**

## Overall summary

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care

### Rating Summary of each main service

Good



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

- The service did not use patient group directions (PGDs) to support staff to administer correct medicines.
- The service did not undertake ongoing competency checks for professionally qualified staff.
- There was a lack of oversight with regard governance and risk management.

However, we found the following areas of good practice:

- The service had procedures and facilities for the safe storage of medicines.
- Vehicles used by the service for high dependency transfers were clean, well maintained and carried appropriate equipment.
- Patients were complimentary and positive regarding the level of care they received from staff.

#### Patient transport services

Good



We found the following areas of good practice:

- The service had improved its compliance to infection prevention and control procedures.
- The service had improved the make ready environment. Vehicles and equipment were well maintained.
- There were effective multi-disciplinary relationships between the service and providers.
- Feedback from patients highlighted the caring nature of staff who worked for the service.
- The service took time to ensure they responded to, and met the needs of, patients.
- The service took complaints and concerns seriously and responded to them in a timely manner.

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

- There was a lack of oversight with regard governance and risk management.
- There were no formal staff meetings in place.

# Summary of findings

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- Analysis of data relating to response times and subcontracted key performance indicators was limited.
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# Summary of findings

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Good 

# ION Pinewood

**Services we looked at:**

Emergency and urgent care; Patient transport services

# Summary of this inspection

## Background to ION Pinewood

iON Pinewood is operated by iON Ambulance Care Limited. The service originally opened in 2014 before moving to its current operational premises in July 2017. iON Pinewood is an independent ambulance service based in Slough, Berkshire. The service serves communities and patients throughout the whole of the UK.

The main service operated by the provider is patient transport. iON Pinewood provides 21 ambulances and 37 permanent staff to support patients who require transport to attend hospital appointments. They also provide a service for patients who are discharged from hospital to alternative living accommodation such as care homes, nursing homes or other hospital accommodation. In addition, the service provides ambulances to assist patients who require minimal medical intervention or support during their transfers. These are staffed by ambulance technicians and ambulance care assistants.

For patients who may require medical support during their journey, iON Pinewood provides a high dependency service with qualified paramedics and ambulance technicians.

iON Pinewood also provides ambulances and staff to support the local NHS ambulance services with their patients' transfer needs.

The registered manager has been in post since 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 14 August 2019 and an announced inspection on 29 August 2019.

## Our inspection team

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

## Information about ION Pinewood

At the time of our inspection iON Ambulance Care Limited was registered to provide the following regulated activities:

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

During the inspection, we visited the ambulance base where the ambulances and equipment were stored at a secure site. We spoke with 13 staff including; registered paramedics, patient transport drivers and management.

We spoke with one relative on the telephone during the inspection but were unable to speak with patients so instead we reviewed patient customer feedback on the quality of the service they received. During our inspection, we reviewed 40 sets of patient record forms, staff recruitment and training files and maintenance records. During and following the inspection, we were sent additional information by the provider which included policies and procedures relating to the management of the service.

# Summary of this inspection

Following the inspection, we received feedback and spoke with representatives from NHS trusts who regularly used iON Ambulance Care Limited services.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once before in October 2017, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (May 2018 to April 2019)

- The service carried out 3967 patient transport journeys: 11% were high dependency care patient journeys and 9% were specific bariatric patient journeys.

Two registered paramedics, three ambulance technicians and 23 emergency care assistants worked at the service, which also had a bank of temporary staff that it could use.

Track record on safety

- No never events
- 25 clinical incidents
- No serious injuries

The provider had received 22 formal complaints during the reporting period.



# Detailed findings from this inspection






## Overview of ratings

Our ratings for this location are:

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

## Notes

## Emergency and urgent care

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

### Information about the service

The main service provided by this ambulance service was a patient transport service. The service also provided a high dependency transfer service to transfer medically stable patients. These patients would usually be accompanied by a medical escort and the service would provide a qualified ambulance crew and suitable ambulance to transfer the patient.

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

### Summary of findings

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

- The service did not use patient group directions (PGDs) to support staff to administer correct medicines.
- The service did not undertake ongoing competency checks for professionally qualified staff.
- There was a lack of oversight with regard governance and risk management.

However, we found the following areas of good practice:

- The service had procedures and facilities for the safe storage of medicines.
- Vehicles used by the service for high dependency transfers were clean, well maintained and carried appropriate equipment.
- Patients were complimentary and positive regarding the level of care they received from staff.

# Emergency and urgent care

## Are emergency and urgent care services safe?

Good 

We rated it as **good**.

### Incidents

See information under this sub-heading in the patient transport service section.

### Mandatory training

See information under this sub-heading in the patient transport service section.

### Safeguarding

See information under this sub-heading in the patient transport service section.

### Cleanliness, infection control and hygiene

See information under this sub-heading in the patient transport service section.

### Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.**
- High dependency ambulances used to transport patients with greater medical needs, were equipped with additional equipment from the ambulances used for patient transport services (PTS). This included, vital sign monitors, suction units and nitrous oxide. Staff checked the equipment daily to ensure it was in working order and documented the checks on the daily record sheets. We reviewed a sample of the record sheets which confirmed staff carried out the checks daily.
- Records showed equipment used on ambulances was serviced yearly by external companies to ensure it remained safe for use. Equipment such as machines to measure blood pressure and blood sugar levels were routinely replaced once the manufacturer's guarantee expired.

### Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- iON Pinewood ensured patients transferred in the high dependency ambulances were always supported by an escort. Where appropriate the escort would be either a doctor or nurse from the hospital or provider who booked the transfer. Occasionally patients would be escorted by a family member.
- Patients were supported by iON Pinewood staff who could take appropriate action to manage patients' wellbeing during transfer. High dependency patients, for example those with existing medical conditions who were at risk of illness during their journey were supported by iON Pinewood staff who held a professional status such as a technician, paramedic or advanced paramedic qualification. This meant in the event of an emergency, such as cardiac arrest, immediate life preserving care could be provided whilst additional support was arranged. If patients required additional medical support during their journeys between hospitals, they could also be supported by the escorting hospital staff during their transfer.
- Information about patients' needs were collected at the point of booking by office staff. This information included a patient's level of mobility, their medical needs and any physical needs which would require the use of additional equipment to support them safely. This information was used to identify whether patients required a high dependency transfer or standard patient transfer. This information was communicated to the ambulance crew via their work mobile phones or handheld personal computer. This allowed the crew to complete dynamic risk assessments prior to patient transfer to ensure they had the skills and appropriate equipment to meet the patient's individual needs.

### Staffing

See information under this sub-heading in the patient transport service section.

### Records

See information under this sub-heading in the patient transport service section.

### Medicines

# Emergency and urgent care

- **The service used systems and processes to safely administer, record and store medicines. However, the service did not have patient group directions in place to support staff administering certain medicines.**
- The service had an in-date medicines management policy. The policy detailed the roles and responsibilities of staff relating to the use and storage of medicines.
- At the time of the inspection, paramedics working for the service had available to them prescription only medicines that were not covered by schedule 17 or 19 of the Human Medicines Regulations 2012. For example, salbutamol (in nebuliser solution). To administer these types of medicines a patient group direction (PGD) is legally required if the medicine is administered from the service's own stock to a patient. A PGD allows healthcare professionals to supply and administer medicines to pre-defined groups of patients, without a prescription, ensuring patients had speedy access to medicines they needed during treatment.
- The medicines management policy stated that PGDs were to be developed. However, at the time of the inspection, the service did not have any PGDs in relation to the medicines they held. It is a legal requirement that PGDs are authorised by a doctor or dentist and a pharmacist. As there were no PGDs in operation, staff could not sign to evidence they agreed to administer these medicines in accordance with the PGD.
- However, paramedics had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance, which provided them with clear instructions about the administration of medicine. This provided some assurance that when staff administered medicines they did it in a safe manner.
- In addition, after the inspection the service provided assurances regarding the introduction of PGDs for their service. They also undertook to liaise with the NHS ambulance trusts, who commission their services, regarding medicines management while carrying out sub-contracted work.
- The service did not hold any controlled drugs.
- Medicines were stored securely, with access to the medicine storage cupboard restricted to authorised members of staff only.
- All medicines we checked were in date. There was a system to alert staff when items were reaching its expiry

date and if it needed to be destroyed and re-ordered. The medicines policy outlined the procedure for destruction of out of date medicines and we saw this being adhered to.

- The service had two medicine 'grab-bags', one for paramedics and one for technicians. The bags were sealed with a numbered, tamper evident tag. Each bag contained medicines appropriate to that role, together with a check list of each medicine on which the numbered tag was written. The ambulance base manager told us they audited the medicines and checked the stock levels and also the tags. We reviewed the latest audit which confirmed the checks had been carried out.
- Primarily the medicines held by ambulance crews were used to supplement those carried by the medical escorts should they run out during a transfer. The service told us they rarely use any of the medicines they hold.
- Staff told us should they need to give any medicines they would record the details on the patients record form.

## Are emergency and urgent care services effective?

(for example, treatment is effective)

Good 

We rated it as **good**.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.**
- Staff had guidance available to them to on how to complete their role effectively. They provided care in line with the Joint Royal Colleges Ambulances Liaison committee clinical practice guidelines and the National Institute for Health and Care Excellence.

See information under this sub-heading in the patient transport service section.

### Pain relief

# Emergency and urgent care

- **Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief advice in a timely way.**
- Staff monitored patients' pain and recorded this on the patient record forms. Staff told us they would administer pain relieving medicines and monitor the effect of them.

## Response times

- **The service recorded timings of a patient's journey but did not have a formal process to monitor the performance and make improvements.**
- From May 2018 to April 2019, the service had carried out 446 journeys for high dependency patients.
- The service recorded pick up times, arrival times and site departure times through the crew daily job sheets. However, there was no formal system in place to monitor the service's performance to ensure they were delivering the service in a timely manner.
- The service did not carry out any emergency (999) work, so was not required to monitor performance against the national targets.

## Patient outcomes

See information under this sub-heading in the patient transport service section.

## Competent staff

- **The service made sure staff were qualified for their roles when they joined the service. However, the service took their assurance from qualifications gained outside of the service and did not carry out their own competency assessments.**
- Predominately staff were already qualified as ambulance care assistants, technicians and paramedics prior to joining the service. All staff with a professional qualification had this checked prior to joining the service, details of which were stored in individual staff files and recorded on the electronic personnel system.
- The service did not assess the competence of their staff either upon joining the service or continually throughout their employment. This meant the service could not be assured staff were clinically competent in their roles or with the equipment used within the service.

- Following our inspection on 14 August 2019, and prior to our return on 29 August 2019, the service provided us with assurances that ongoing competency checks were to be carried out for professionally qualified staff.
- Staff were suitably trained and experienced to complete emergency transfers using blue lights if required. All technicians and paramedics had completed Advanced Emergency Ambulance Driving training. This qualification enabled them to drive ambulances in both emergency and non-emergency situations.

See information under this sub-heading in the patient transport service section.

## Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- Staff said they had good working relationships with the various managers based at the hospitals they transferred patients to and from.
- Staff told us there were effective handovers between themselves and hospital staff when they collected patients from and dropped them off at hospital locations.
- Staff described how they promoted effective working relationships with accompanying medical and nursing staff when transferring acutely ill patients. In these situations, the accompanying medical or nursing staff was the lead clinician for the care and treatment of the patient, and the ambulance staff worked with them as a member of the team to deliver effective care and treatment to the patient.

## Health promotion

See information under this sub-heading in the patient transport service section.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See information under this sub-heading in the patient transport service section.

**Are emergency and urgent care services caring?**

# Emergency and urgent care

Good 

We rated it as **good**.

## Compassionate care

See information under this sub-heading in the patient transport service section.

## Emotional support

See information under this sub-heading in the patient transport service section.

## Understanding and involvement of patients and those close to them

See information under this sub-heading in the patient transport service section.

## Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Good 

We rated it as **good**.

## Service delivery to meet the needs of local people.

- The urgent and emergency service provided transfers for patients with a high dependency need and transfers for patients who were receiving end of life care.
- The service did not provide an emergency ambulance service, they did not respond to 999 calls.

See information under this sub-heading in the patient transport service section.

## Meeting people's individual needs

See information under this sub-heading in the patient transport service section.

## Access and flow

- **People could access the service when they needed it and received the right care in a timely way.**

- The job sheets carried by staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- If a journey was running late, the driver rang ahead to the destination with an estimated time of arrival and kept the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.
- The service did not carry out any emergency (999) work, so was not required to monitor performance against the national targets.

## Learning from complaints and concerns

See information under this sub-heading in the patient transport service section.

## Are emergency and urgent care services well-led?

Requires improvement 

We rated it as **requires improvement**.

## Leadership of service

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

See information under this sub-heading in the patient transport service section.

## Vision and strategy for this service

See information under this sub-heading in the patient transport service section.

## Culture within the service

See information under this sub-heading in the patient transport service section.

## Governance

- The service had a medicines management policy dated October 2017. The document titled 'Appendix A' that was attached to the medicines management policy,

# Emergency and urgent care

described the types of medicines that could be administered by different types of ambulance staff. This document gave incorrect guidance to staff as it stated registered paramedics and ambulance technicians could administer salbutamol without a prescription, which is not correct as they would be working outside of current legislation. Only registered paramedics and registered nurses can administer this medicine under a patient group direction. Ambulance technicians and associate student paramedics cannot use patient group directions. They can only administer this medicine, within their technical competence, if it has been prescribed. Failure to provide clear and accurate guidance meant there was a risk that patients would receive medicines from staff who did not have the legal authority to administer them.

- However, paramedics had access to the Joint Royal Colleges Ambulance Liaison Committee guidance, which provided them with clear instructions about the administration of medicine. This provided some assurance that when staff administered medicines they did it in a safe manner.

See information under this sub-heading in the patient transport service section.

## **Management of risk, issues and performance**

See information under this sub-heading in the patient transport service section.

## **Information Management**

See information under this sub-heading in the patient transport service section.






## **Public and staff engagement**

See information under this sub-heading in the patient transport service section.

## **Innovation, improvement and sustainability**

See information under this sub-heading in the patient transport service section.

# Patient transport services

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

## Information about the service

The main service provided by this ambulance service was a patient transport service. The service also provided a high dependency transfer service to transfer medically stable patients. These patients would usually be accompanied by a medical escort and the service would provide a qualified ambulance crew and suitable ambulance to transfer the patient.

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

## Summary of findings

We found the following areas of good practice:

- The service had improved its compliance to infection prevention and control procedures.
- The service had improved the make ready environment. Vehicles and equipment were well maintained.
- There were effective multi-disciplinary relationships between the service and providers.
- Feedback from patients highlighted the caring nature of staff who worked for the service.
- The service took time to ensure they responded to, and met the needs of, patients.
- The service took complaints and concerns seriously and responded to them in a timely manner.

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

- There was a lack of oversight with regard governance and risk management.
- There were no formal staff meetings in place.
- Analysis of data relating to response times and subcontracted key performance indicators was limited.



# Patient transport services

## Are patient transport services safe?

Good 

We rated it as **good**.

### Incidents

• **The service had a process to manage patient safety incidents. Staff recognised incidents and near misses and reported them appropriately.**

- The service had in date policies and guidance to help staff identify an adverse incident and the correct action to take when one occurred. The provider's policy 'Adverse Incident and Untoward Incident Management, Including Serious Incidents' outlined the arrangements for reporting, managing and learning from incidents.
- Staff knew how to report incidents and took action to keep patients safe. Staff told us they reported incidents to the registered manager verbally and in writing using the provider's incident reporting form. Staff showed us how their work mobile phones contained guidance and prompts to ensure timely and accurate reporting of incidents.
- There were 25 patient related incidents recorded from May 2018 to April 2019. Records showed managers reviewed and investigated these incidents, with actions taken to minimise future risks. For example, the service monitored themes such as issues with moving and handling. Where appropriate, records stated staff had received additional training.
- Staff reported incidents relating to vehicles were documented in an 'Incidents, Complaints, RTC (road traffic collision) Register'. In the reporting period May 2018 to April 2019 there were eight vehicle related incidents reported which included collisions. Records stated where staff had had their driving reassessed, if appropriate.
- From May 2018 to April 2019, there were no reported never events for patients using the service. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The registered manager was aware of their legal responsibilities to patients when incidents occurred.

The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that patient.

- The registered manager told us they were aware of the need to be open and transparent with patients when a notifiable incident had occurred. They also understood the requirement of the patient receiving a written response following investigation into incidents however, at the time of the inspection there had been no incidents requiring a written apology.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Mandatory training for all staff included; First aid at work, Wheelchairs, Carry Chairs, Stretchers, Moving & Handling Patients, Conflict management, Challenging behaviour, Control of Substances Hazardous to Health Regulations 2002, Fire Prevention, Manual Handling and Health and Safety Awareness, Do Not Attempt Resuscitate awareness, Infection Control and Infection Control in Vehicle Cleaning, Safeguarding Children and Young People and Safeguarding Adults and Domestic Abuse Awareness, Protecting Personal Information, Mental Capacity Act including Deprivation of Liberty Standards and Dementia Awareness, Equality and Diversity, Lone Working and Personal Safety Awareness, Medical Gases, Medication Awareness, Mental Health Awareness.
- Records showed an overall 90% completion rate for mandatory training. All training was required to be completed at induction to the service and then yearly to ensure staff had the most up to date information available. Training records were maintained on an electronic staff database and within staff personnel files.
- A variety of learning methods were used to help ensure staff completion of key training. This included face to face and electronic training. The service had a dedicated staff training room available which was used for face to face training. The electronic training was completed on a health care affiliated website which meant the information offered was the most up to date with any changes in medical professional guidance. This system

# Patient transport services

also sent automatic alerts to office staff every 12 weeks making them aware when to book staff their refresher training. This was an effective system to ensure all staff retained the right qualifications and skills to keep patients safe.

- Specific training was available to meet individual roles. For example, staff fulfilling the 'make ready' role had received additional training in infection control from an external provider. This learning was cascaded to other members of staff ensuring sharing of information and best practice.

## Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- The provider had in date policies for Safeguarding of Adults and Children and Young People. They provided guidance and support to staff on how and when to raise a concern.
- All staff completed separate online training courses in Safeguarding Adults, (level 2) and Safeguarding Children and Young People, (level 3). Records showed safeguarding training in the service had an 98% completion rate.
- Staff had not made any safeguarding referrals in the last 12 months. However, staff we spoke with during the inspection were able to describe the physical and emotional symptoms patients could display if suffering from abuse.
- Two senior members of staff were nominated as safeguarding leads and staff could tell us who they were. The leads had previous experience in managing and responding to safeguarding concerns and were available to provide additional guidance and support to staff if required.
- Staff also had an NHS Safeguarding application stored on their work mobile phones. This allowed them to identify the nearest point of contact for concerns in the areas they were working and immediately share information.
- Additionally, when staff were working on behalf of an NHS provider they could access the safeguarding teams within that organisation. iON Pinewood training and policies directed staff to all these available resources.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- At the previous inspection, we found the service did not always follow best infection control practice. However, during this inspection we found improvements.
- The service had an in date 'Infection Prevention Control' policy available within the room where cleaning materials were stored at the ambulance base. This contained guidance regarding all the relevant aspects of infection prevention including using appropriate cleaning materials and methods to clean surfaces.
- The provider ensured clean equipment was available when required. The service used a colour coded cleaning system, inclusive of mops and brushes, for cleaning the ambulances and different areas of the site. This was to prevent the risk of cross contamination. Staff responsible for keeping the ambulances clean understood the need for the colour coding system assigned to each of the cleaning products.
- Ambulances were deep cleaned every six weeks to ensure they remained safe to use and office staff maintained a deep cleaning schedule. We saw stickers on ambulance windscreens detailing when the last deep clean had taken place. Staff could request a deep clean should a vehicle become soiled or if they had transported a patient with known infection.
- Procedures were in place to ensure deep cleaning processes were effective at keeping patients safe. The provider used a contracted company to complete this process and each ambulance was swabbed every three months to measure the number of bacteria present pre and post deep clean. This identified appropriate techniques and cleaning materials were used to ensure the ambulances remained available for use.
- The office team made ambulance crews aware of patients who were suffering with a communicable infection prior to being transported. Staff had appropriate equipment to safely manage patients suffering from a communicable infection. Ambulances had infection control packs for staff to use which contained additional personal protective equipment such as overalls for staff to use in these circumstances.

# Patient transport services

- Staff had access to appropriate equipment to clean their hands. Adequate supplies of hand sanitiser gel were available on every ambulance we inspected. As we were unable to observe any patient interaction, it was not possible to observe staff hand hygiene practice. Audit of hand hygiene practice was carried out through staff quality monitoring checks. We reviewed a selection of the checks which evidenced hand hygiene was reviewed.
- All ambulances carried 'spill kits' to enable staff to safely clean spillages of bodily fluids which may present a biohazard. The providers 'Infection Prevention Control' policy detailed the action staff should take to manage such incidents. This included the use of cleaning materials to manage the immediate spill which would be followed by a deep clean upon return to the ambulance base.
- Staff were aware of the measures in place to minimise the risk of cross infection between patients. Staff wore clean uniforms and were bare below their elbows. If their uniform was contaminated it would be disposed of and a new uniform obtained from the provider.

## 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.**
- There were facilities on the ambulance base for all aspects of the service. There were offices, a dedicated training room, a crew room and a shower and toilet facilities for staff.
- The ambulance base was secure and there was closed circuit cameras throughout the site. There was enough space to park and manoeuvre ambulances safely and with easy access to cleaning and stock replenishment items.
- The service had 21 ambulances available for patient transfers. Two ambulances were used for high dependency transfers and were fitted with relevant medical equipment to carry out that function. The service had one ambulance with a specially designed hoist installed. The hoist allowed staff to transfer patients from stretchers to wheelchairs safely and discreetly in the back of the ambulance.
- Each ambulance was fitted with closed circuit cameras and there was signage within the vehicles to alert patients there were cameras on board. These recorded images both inside and outside the ambulances. These were used for the safety of both patients and staff. We saw evidence that the service used the images to help resolve complaints and to assist investigations, for example with road traffic collisions.
- The ambulance vehicles used were all less than three years old and well maintained. Some of the vehicles had been modified by a specialist company to include an antibacterial membrane within the fabric of the vehicle. This provided greater infection control measures to protect patients.
- In addition to the ambulance fleet, the service had an ambulance support vehicle which carried specialised lifting equipment, designed to assist staff transferring bariatric patients.
- Ambulances contained specifically designed equipment for the safe transfer of patients. These included stretchers with locking mechanisms to stop movement during transfer, patient harnesses and equipment to support the safe transfer of babies in incubation units. Harnesses and chairs were available to allow the safe transfer of children of any age. Equipment was available to enable staff to safely and effectively move patients up to a weight of 444 kilos (70 stone). The service also used electric stair climbers to support patients unable to weight bare whilst using stairs to move between differing floor levels.
- Records showed staff had received or were booked on refresher training for all equipment utilised by the service. Training was provided by accredited external trainers and staff received certificates to confirm competency.
- Ambulances were mechanically maintained to remain suitable for use. We reviewed records which evidenced all ambulances were serviced, had valid insurances policies and in date MOT certificates. This documenting system enabled office staff to ensure ambulances were maintained at the required intervals to minimise risk of breakdown which could impact on patient transfer services.
- Since the last inspection, the service had installed a large covered area for the make ready team. This meant staff were able to clean and work on vehicles in a safe, dry environment.

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- Make ready staff completed routine vehicle maintenance tasks at the ambulance base minimising the time an ambulance was unavailable for use. For example, changing light bulbs or replacing damaged side panels or trim.
- Staff would contact the make ready team via an app on their smartphone to make them aware of any ambulance faults. Staff would also complete ambulance defect forms upon returning to base. This information allowed make ready staff to identify whether the work could be completed at the ambulance base or would require the ambulance being taken to a garage.
- Although the service did not transfer detained patients, ambulances were equipped to ensure the safe transfer of patients displaying aggressive behaviour or self-harming. This included seating arrangements which would allow any patient escorts to be seated in front of, to the rear of and side of any patients to minimise the risk of them exhibiting behaviours which could harm themselves and others. All equipment not in use could be stored safely out of sight.
- Equipment was standardised across the ambulances for the type of patient they transported. The equipment was checked by the ambulance staff daily to ensure it was in working order and documented on an app on their smartphone. Records showed equipment used on ambulances was serviced yearly by external companies to ensure it remained available for use. Equipment such as machines to measure blood pressure and blood sugars were routinely replaced once the manufacturer's guarantee expired.
- Office staff maintained a detailed spreadsheet for each item of equipment, electrical and non-electrical used by the service. This contained dates of servicing allowing equipment such as defibrillators to be serviced in accordance with their required timescales. Items we checked during the inspection were in date or had service dates planned.
- Equipment to maintain electrical or battery powered equipment was available for staff if they felt there were concerns items were not functioning properly. Spare batteries, for equipment such as radios were available on each vehicle.
- Each vehicle had emergency equipment that supported staff to provide basic lifesaving treatment to patients of

all ages. We saw records that evidenced staff checked this equipment daily. We inspected the emergency equipment on four vehicles and found all equipment was in date and in working order.

- There was a system in place for safe segregation, storage and disposal of clinical waste which staff understood. On a visual inspection, we saw staff had correctly disposed of waste. The service utilised an external company who removed clinical waste monthly and records confirmed this 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 risk of deterioration.**
- Information about patients' needs were collected at the point of booking by office staff. This information included a patient's level of mobility, their medical needs and any physical needs which would require the use of additional equipment to support them safely. This information was used to identify whether patients required a high dependency transfer or standard patient transfer. This information was communicated to staff via their work mobile phones or handheld personal computer. This allowed staff to complete dynamic risk assessments prior to patient transfer to ensure they had the skills and appropriate equipment to meet these individual needs.
- Patients' wellbeing was visually and continuously assessed during their travel to ensure they remained fit for transfer. During patient transfers one member of staff would sit with the patients in the rear of the ambulance. This enabled them to observe the patients during the transfer allowing them to respond appropriately by providing first aid if they witnessed a decline in a patient's condition.
- Patient transfer services staff followed a clear pathway to manage patients who became ill during their journey. All staff were appropriately trained to administer basic life support and emergency first aid. In the event of an unplanned health related incident staff informed us they would stop the ambulance as soon as it was safe to do so and seek assistance from the local emergency services.

## Staffing

# Patient transport services

- **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 and gave bank staff a full induction.**

- The registered manager and office staff organised shifts and reviewed staffing figures daily. The service ensured there were appropriate staff available, with the right training, to meet the needs of the providers and patients who had pre-booked patient transfers. Staff told us they were regularly contacted by management to discuss their availability to cover shifts.
- The service had an induction training programme for all new permanent and bank staff. The programme included areas such as; completing human resource requirements, reading iON Pinewood policies and procedures, health and safety training, infection prevention and control training. The programme also included reviewing protocols from the NHS trusts from where they received sub-contracted work.
- The registered manager was also able to ensure a capacity of spare staff were available above the minimum figures required to meet the pre-booked patient transfer journeys. This allowed flexibility to respond to ad-hoc, on the day requests for patient transfers.
- The service did not promote the use of lone workers during their patient transfers. However, staff working on behalf of the local NHS trust ambulance service were provided with, and followed their policy and procedures relating to single crew working. This policy was available for staff to review in their staff room and on their mobile phones. Staff said they were able to maintain contact with the senior staff and seek the support of the services management if they had any concerns whilst working. However, staff we spoke with had not worked singularly and felt continually supported in their role.

## Records

- **Staff kept records of patients' care during transfers. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**
- The registered manager and office staff collected information about patients' individual needs before

transfer during the booking process. For example, information regarding their medical condition, age and gender. This ensured staff were aware of the patient's condition allowing them to plan appropriately for the journey.

- Staff completed detailed patient report forms (PRFs) to enable a detailed handover was provided to hospital staff. PRFs contained journey detail times and identified if there were any risks associated with the patient transfer including mental health issues and patient's mobility status.
- Staff checked a patient's Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) status with hospital staff prior to their transfer. The service had a policy which provided guidance to staff on how to manage this information appropriately. Staff documented DNACPR information on the PRF, ensuring this travelled with the patient and was provided during handover when the patient had concluded their journey.
- Completed PRFs were collected on a daily basis by office based managerial staff who ensured they were stored securely in locked cabinets, maintaining patient confidentiality.
- We reviewed a sample of 40 PRFs and found them to have been completed to a generally high standard. The writing was legible, and the information recorded was appropriate and included information such as time of pick up and drop off. The ambulance crew for each transfer was easily identifiable and any specific patient risks had been documented and mitigated.
- Each ambulance contained 'daily log sheets' which detailed each patient transfer journey as well as time of handovers and any reasons for delay or cancellations.
- Staff accessed patient information on work mobile phones which were secured by three pieces of unique data including pin number, password and call sign information before it could be viewed. This prevented unauthorised or accidental viewing by any persons other than identified staff members.

## Medicines

- **The service had systems and processes in place to safely administer and store medical gases.**
- The service only carried medical gases (oxygen) on their vehicles, as other medicines were not required for patient transport services.



# Patient transport services

- Although staff did not initiate treatment, a medical gases policy was available for staff to support them with their existing knowledge on when and how to administer correctly. Staff were also required to complete specific training to ensure they remained competent to administer medical gases appropriately. Staff were assessed on their ability to provide gases safely through the quality monitoring checks process.
- We looked at five vehicles and the storage of medical gases. In all vehicles, medical gases were found to be in date, and securely stored within vehicles.
- The service had a process for the safe transportation of patients' own medicines, for example following discharge from hospital.
- We saw medical gases were stored safely and in accordance with guidelines both on vehicles and at the ambulance base. Oxygen cylinders were stored securely in a locked area of the ambulance base. Cylinders were placed in a storage system which was colour coded to clearly identify the contents level.

## Are patient transport services effective? (for example, treatment is effective)

Good 

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 through their own quality monitoring check process.**
- Staff we spoke with confirmed they had access to policies and procedures on their work mobile phones for immediate reference. This information was also displayed within the staff room situated at the ambulance base.
- Staff we spoke with were aware of the location and content of the service policies and procedures. Once a new policy had been released or updated staff told us they had to sign to say they had read and understood new changes in their working practice.

### Nutrition and hydration

- **Staff assessed patients' food and drink requirements to meet their needs during a journey.**
- Staff told us they would make regular breaks in the journey if they were transporting a patient over a long distance to facilitate eating and drinking.
- All ambulances we inspected carried bottled water, so staff could offer patients a drink if they required.

### Response times / Patient outcomes

- **The service recorded timings of a patient's journey but did not have a formal process to monitor the performance and make improvements.**
- Ambulances were subject to live time tracking which enabled the service and the local NHS ambulance service, who commissioned services from iON Pinewood, to monitor response and journey times.
- The majority of iON Pinewood work was subcontracted from the local NHS ambulance trusts. This meant the collection and arrival times for the subcontracted work was held and monitored by the trusts and not by iON Pinewood. This data was discussed at regular meetings with the trusts however was not held or analysed by iON Pinewood to see if improvements could be made.
- Regular meetings were held with the NHS ambulance service to discuss response times to ensure the service provided met patients' needs. We saw confirmation from the provider that the service had met with one of the NHS providers they subcontracted work from.
- The service recorded but did not routinely analyse their response and journey times to see if the service they provided met patient's needs. Whilst journeys were subject to live time tracking this data was not available after the event and for analysis to see where improvements could be made.
- Patients provided positive responses when asked if staff arrived at the right time and ensured patients made their appointments at the right time. From July 2018 to June 2019 patient feedback analysis showed 79% of those questioned agreed they were collected at the right time and 68% said they were on time for their appointment.

### Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

# Patient transport services

- Predominately staff were already qualified as ambulance care assistants, technicians and paramedics prior to joining the service. All staff with a professional qualification had this checked prior to joining the service, details of which were stored in individual staff files and recorded on the electronic personnel system. We did not see evidence of on-going checks of professional qualifications being carried out.
- All new staff were required to have a disclosure and barring service (DBS) check. We checked three staff files and noted all had received the appropriate level of checks. The outcome was stored in individual staff files and recorded on the electronic personnel system.
- New staff received an induction which included an induction and training folder with relevant information useful to their role as well as policies and procedures. New staff also completed a two-week supervised period to assess their suitability for their position. This allowed management to identify any additional training needs.
- As part of the induction process for new staff, the service completed driver licence checks and driving assessments. This was to ensure staff had the appropriate driving category and experience allowing them to drive the ambulances. Staff provided the service with their driving licences every six months to ensure they remained safe and effective to continue in their driving role. Records showed these checks were current and up to date.
- The provider assessed staff understanding and application of policies and procedures by completing staff quality monitoring checks (QMC). These were supervised and observed staff practice whilst they complete their role to ensure they followed the guidelines provided for them. We reviewed a sample of QMC records which demonstrated checks had been carried out. Where there was a shortfall in the standards required we saw additional training and support had been provided.
- The service provided yearly driving assessments for staff to ensure they remained competent to complete their role. In the inspection reporting period, the service had not used emergency blue lights, however staff had been appropriately trained and assessed to ensure they remained safe to do so.
- The registered manager told us staff received yearly appraisals. Records showed a 100% completion rate for bank paramedics and 89% for all other staff. In addition, staff told us they were able to speak with the registered

manager daily. During daily informal discussions with the manager, staff would discuss what had occurred during their shift and if, for example, they required any additional support such as additional training needs or equipment.

- Staff told us they were encouraged to undertake further professional qualifications to enhance their role. Staff were positive about the training provided and the opportunity to develop within the service. For example, staff told us about training courses they had been supported to attend such as First Response Emergency Care.

## Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- During the inspection, we saw collaborative working relationships with all grades of staff within the service. This included the managers, directors, clinical lead, make ready team, station manager, office staff and ambulance crews.
- Staff said they had good working relationships with the various managers based at the hospitals they transferred patients to and from.
- Staff told us they had good working relationships with the local NHS hospital and ambulance trusts. iON Pinewood were able to support last minute and on the day patient transfers which allowed patients to reach their appointments in a timely manner. We saw staff receiving short notice requests during the inspection and staff provided a professional response to these requests to the positive relationship between the service and trust.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**
- The service had in date guidance regarding the Mental Capacity Act 2005 describing staff responsibilities when

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supporting patients who were not always able to make their own decisions. In addition, the provider had a 'Consent to Care and Treatment' policy which made it clear how and when staff would seek patient consent prior to transport.

- Staff we spoke with were able to provide clear examples of patient consent and had a good working knowledge of the need for consent. Staff members stated they would gain consent prior to any transfer.
- The provider did not transport children under the age of 16 without an escort and the provider's 'Consent to Care and Treatment' policy made it clear how and when staff would seek patient consent prior to transport. This policy also informed staff what action to take should patients refuse to be transferred and provided clear guidance to staff on the Gillick competency and Fraser guidelines. These are guidelines used to help assess whether a child has the maturity to make their decisions and understand the implications of them. Staff had access to this information on the ambulance and could seek advice from the registered manager if they had concerns regarding a patient's ability to provide consent.
- The provider's policy regarding consent also identified the need for staff to seek consent from a young person aged 16 years and 17 years prior to patient transfer. If staff identified a patient of this age was unable to give informed consent staff would seek the consent of a person with parental responsibility for the patient. This ensured any transfer activity undertaken by staff was in the patient's best interest.
- Mental capacity was considered at the initial booking as part of the patient's health status. Mental capacity describes the ability of an individual to understand their care and to make informed decisions. From this information, the registered manager would decide if the booking was appropriate for the service or if additional staff were required for safe transportation of the patient.
- On these occasions the patient would be accompanied on their transfer by a health care professional known to them, such as nurse or doctor. If the patient might display challenging behaviours, iON Pinewood staff would prepare the ambulances by removing items which could be used to cause staff and the patient harm. However, the accompanying health care professionals would take responsibility ensuring the patient does not cause harm to themselves or others during the transfer journey.

## Are patient transport services caring?

Good 

We rated it as **good**.

### Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- The service carried out patient experience surveys. Data showed for the period July 2018 to June 2019 that 197 returns had been received. The survey data showed overall 88% of patients were satisfied with the service and care received.
- Patient feedback included the below quotes:
  - "Such a kindly, helpful, understanding couple (crew) - so lucky to have them – out of 10? I would give them 12!!!"
  - "Very helpful crew, made the journey super comfortable, they both went out of their way to make us comfortable. Thank you."
  - "Good crew who supported my autistic brother with clear, simple language and calm demeanour."
  - "I wanted to thank the driver (crew name) for taking my mum home safely from (hospital) recently. He settled mum in at home and actually called me to let me know."
- Staff told us they had tried to provide the same drivers for patients to provide consistency in care. An example was given of where a patient had requested a specific driver, the service facilitated this upon the patients request.
- During our inspection, we reviewed 25 patient feedback forms. Feedback was entirely positive with no negative comments.
- We were told that ambulance care assistants used blankets to cover patients to protect a patient's dignity and privacy. The service had an ambulance fitted with a hoist so that transfers between stretchers and wheelchairs could be carried out safely and in private.
- Staff supported patients with any moving and handling needs so they could access transfer services. Ambulances had different points of entry including side steps, low access steps and tailgates so patients who



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were able to walk or were in a wheelchair could enter safely. There was additional seating in the ambulances to allow additional medical staff or relatives to travel with the patient if required.

- At the time of our inspection, the provider planned to increase engagement with the NHS ambulance service trust which iON Pinewood provided patient transport services to.
- The service displayed comments received from patients in the staff rest room. Comments about compassionate care included, “your crew are true professionals and certainly went the extra mile”, “they were extremely professional, efficient, helpful, friendly, patient and were simply superb.”

## Emotional support

- **Staff told us how they provided emotional support to patients to minimise their distress during journeys.**
- Staff told us they regularly conveyed the same patients to maintain an understanding of their emotional needs and provided support where necessary.

## Understanding and involvement of patients and those close to them

- Staff we spoke with told us they always communicated with patients throughout the journey. Staff kept patients informed of key information such as traffic and any potential delays.
- Feedback received from NHS trusts reflect the positive feedback received from patients and relatives. One trust stated, “They take a great deal of care with patients, they are not rushed and explain all their moves to the patient.” And “They always take a bit more care and dignity with our bariatric patients.”
- Another NHS trust commented, “The level of care provided by iON is always of a high standard and they are a service we have confidence in to transport our patients and to assist our crews when the need arises for higher acuity patients.”

## Are patient transport services responsive to people’s needs? (for example, to feedback?)

Good 

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.**
- iON Ambulance Care Limited provided primarily non-emergency transport for patients who were unable to use public or other transport due to their medical condition.
- The service provided a patient transport service (PTS). The service worked on an ad hoc basis for local authorities, NHS trusts, private hire and there were no formal contracts issued.
- The local clinical commissioning groups had awarded the provision of PTS services to the local NHS ambulance trust. The local NHS ambulance trust used independent ambulance providers, including iON Ambulance Care Limited to support their delivery of the PTS service.
- The service was able to meet patients’ needs at the time it was required. Staff were available to support patients six days a week from 7am until 10pm. We saw evidence of this in the staff rotas viewed. There was the ability to support patients on Sundays if requested in advance however we were told this was not often required.
- The office sent staff to key locations within neighbouring counties to support patients to receive a prompt service. The registered manager said staff would be located at holding locations in key areas where last minute transfer requests were likely. During the inspection, one of these ambulances was requested by the local NHS trust ambulance service. We saw staff were able to respond immediately to ensure the transfer could occur in a timely manner.

## Meeting people’s individual needs

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- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**
- Patients individual needs were assessed at the time of booking by the registered manager.
- The service complied with the Accessible Information Standard. The standard aimed to make sure patients who have a disability, impairment or sensory loss received information they could access and understand from health and care services. The patients received information regarding their care in a format they could understand.
- We saw all vehicles had patient information guides on them. These guides provided information in accessible formats, such as pictures, translation of phrases and basic sign language information, to help patients understand the care available to them.
- In addition, the service had installed an application on the staff mobile phones to help communicate with patients whose first language was not English. This application allowed staff to choose the patients preferred language which meant staff and patients could communicate their needs clearly.
- All staff completed dementia training and those we spoke with were able to discuss how they would approach a patient living with dementia. This included how they would speak to, encourage and ensure the patient had additional support from a family member, friend, health or social care professional during their journey if available. If a supporting person was not available to provide an escort for the patient, the provider ensured staff were aware on how to manage patients' needs appropriately. This included ensuring the patient was always accompanied to minimise the risk of them becoming disorientated and distressed.
- Patients were supported during their transfers in a way which maintained their privacy and dignity. The ambulances contained equipment to safely transfer patients between differing transfer equipment such as stretchers and chairs. Staff used this equipment in the rear of the ambulances with the doors shut. This minimised the possibility of other people observing patient care maintaining patient's privacy and dignity.
- The service had vehicles equipped with bariatric stretchers and other specialist equipment to support bariatric patients. Staff were aware of the weight limit of

patients they could safely transfer. The booking process included asking for the weight of the patient, to ensure the service was able to transfer and meet the patient's needs.

- When patients were discharged from hospital late at night iON Pinewood staff would ensure the patient would not be left without adequate support once they returned home. If they had a concern they told us this would include liaising with social services via the registered manager and speaking with friends and family of the patient.

## Access and flow

- **People could access the service when they needed it and received the right care in a timely way.**
- Providers and patients could book transport by telephoning or emailing the service. Details of how to make a booking were documented on the provider's website.
- The registered manager also told us they would not accept a transfer request that they could not staff safely. This was reinforced by what crews told us during the inspection.
- The registered manager was also able to respond to immediate requests for transport. During the inspection a last minute, ad hoc request was made for support which we could see was responded to in a timely manner. The registered manager was able to send the nearest available crew to ensure the patient received transport in a timely fashion.
- From May 2018 to April 2019 the service undertook 3967 patient transfer journeys. Fifty per cent of which was commissioned by the local NHS patient transport service. We spoke with a transport manager for one NHS trust who told us, "On request of ad-hoc work and short notice bookings, we have always had a prompt, professional response from iON. They have, most of the time, capacity to deploy additional resources on request at short notice, for planned scheduled work they have provided crews on request".
- Systems were in place to monitor the location of ambulances available for use. The service could track each ambulance using satellite navigation systems. This meant the service could quickly identify the nearest and most appropriate crew to respond to time critical transfer requests.

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- The local NHS ambulance service who used iON Pinewood in support of their patients also had access to this tracking system. This allowed them to identify whether their patients were making their appointments at the correct time.
- Whilst tracking information was reviewed in live time, it was not available for review following the event. This data was stored by the local NHS ambulance trusts iON Pinewood staff were subcontracted to work for. The data, although discussed at regular monthly meetings with the trusts, was not made available for further review by iON Pinewood to ensure they were meeting patient's needs in a timely way.
- The service had a fleet of ambulances available, this meant that in the event of an ambulance breakdown or contaminated vehicle, staff could access an alternative. This would enable patients to continue their journey with familiar members of staff. This is particularly important for patients living with dementia as changes in routine and unfamiliar faces can cause distress. This system of ambulance replacement minimised the risk of disruption to patients' routine supporting them to make their hospital appointments at the required time.

## 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.**
- The service's complaints policy was in date and outlined the process to complete when a complaint was received. This included identifying staff roles and responsibilities and timescales for any investigation into such complaints.
- The service maintained a database of all complaints received. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way.
- Patients were provided with information on how to complain if required and complaints information was clearly displayed in all the ambulances. Patients were able to provide feedback anonymously, positive or negative, by means of a pre-addressed questionnaire available in the ambulances.
- From May 2018 to April 2019, managers investigated all 22 complaints received by the service. Responses had

been provided to the original complainant within the identified timescales. General themes had included staff lateness, behaviour, conflict management and the speed of the transporting ambulances.

- Evidence showed that following investigation the learning from complaints was shared with staff to minimise the risk of reoccurrence. When lessons to learn had been identified from a complaint, all staff were informed during face to face contact with the registered manager. Staff were also offered additional training where required to ensure this learning was effective.

## Are patient transport services well-led?

Requires improvement 

We rated it as **requires improvement**.

## Leadership of service

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.**
- The registered manager was also the director of the company and had overall responsibility for the premises, equipment and staff.
- The service was supported by an identified medical director. The medical director was a doctor who would visit the ambulance base in person one or two days per month. However, both the registered manager and medical director told us they spoke on the telephone almost daily.
- The clinical lead for the service was a registered advanced paramedic. The clinical lead also visited the ambulance base at least once per month and again spoke with the registered manager frequently on the telephone. The clinical lead provided clinical guidance and updates to the service and staff.
- The service had a clear management team structure with nominated persons who held lead roles. These lead roles provided staff with a point of contact if they had a concern in a specific area such as mental health and

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safeguarding for example. Staff were aware of the management structure of the service and felt confident they could speak with managerial staff at any time if they wished to.

- Staff were supported by a visible and supportive managerial team. There was an operations director, operations manager, governance lead and a station manager. Staff spoke positively of the support they received in their daily role from office to managerial staff.
- In the event of any concerns outside of working hours, an on-call system was in place allowing staff to speak to a manager at any time. Staff confirmed the on-call system worked well and were happy to call managers when they had a concern or query.

## Vision and strategy for this service

- **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 growth of the business.**
- The statement of purpose for the service outlined the vision and strategy and described how they wished patient transfers to be completed. The aim of the service was “to provide the highest quality service to patients and clients through the recruitment and retention of the best staff, by ongoing training, by the quality, preparedness and cleanliness of our equipment and vehicles and unfaltering levels of customer service.”
- The service values were “responsive, reliable and regulated”. From these a further set of core values had been identified which were; “safe, caring and improving”. These were embedded within the service and staff as the way they should deliver patient transport.
- Staff we spoke with were able to identify these values and discussed how they would follow these during their working day. Staff were aware of the values of the service and how to display them during patient transfer. The values were written on the side of the vehicles and embroidered on the service uniform.
- The registered manager told us the long-term vision of the service was to expand their operating base enabling patient transport in other counties. Since the last inspection, the service had purchased new ambulances

and had recruited additional staff. The management team and staff told us they were keen to develop the service to ensure they could offer more patient transfers in a greater area.

## Culture within the service

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- Staff spoke positively of the support offered by the registered manager confirming they felt ‘listened to’. Staff said the registered manager took positive action when they raised issues which were immediately addressed.
- Patients and their wellbeing were at the heart of the work completed by staff at iON Pinewood. All staff we spoke with told us the service was focused on meeting the needs of the patient who use the service.
- Staff gave examples, where changes and new equipment to deliver better care to patients had been introduced, because the manager had listened to the views and opinions of staff. Staff said they were proud to work for the service. They wanted to make a difference to patients and were passionate about performing their role to a high standard.
- Staff told us they enjoyed working for iON Pinewood and with the patients they served. The registered manager and other managerial staff were proud of the team and of the strong professional relationships they had developed with patients and other healthcare providers.

## Governance

- **Leaders did not operate an effective governance process. There were limited opportunities for managers and staff to meet formally, discuss and learn from the performance of the service. We found concerns regarding the safe management of medicines. However, staff at all levels were clear about their roles and accountabilities.**
- At the time of our inspection, the service did not hold regular, formal governance meetings. We were provided with an agenda and meeting minutes from February

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2018, however there had been no subsequent meetings recorded. The provider told us management meetings had taken place but due to the rapid expansion of the service they had not recorded the meetings.

- Following our inspection on 14 August 2019, and before our return on 29 August 2019, we were provided with details of future meeting dates and an agenda for management meetings. These meetings were planned for the first Monday of each month. The set agenda is to include;
  - business growth and development
  - recruitment, training, staffing
  - incidents, accidents, risk management
  - safeguarding
  - CQC, governance, compliance, policies and procedures
  - vehicles, maintenance, deep cleaning, equipment
  - any other business.
- Following our inspection we were sent, and reviewed, minutes of the first of the new set of management meetings. We were able to confirm the meeting took place and the agenda, as described above, had been followed and all relevant areas discussed. There was good attendance from the senior management.
- The service employed an advanced paramedic to undertake the role of clinical governance lead. Their role was to ensure the service and staff were routinely and regularly audited to ensure improvements to drive the quality of the service provided were identified. At the time of our inspection, we did not see any evidence to confirm the effectiveness of this role. For example, we did not see evidence of on-going competency checks or audits for the service had been carried or reviewed by the clinical governance lead.
- Following the inspection on 14 August 2019, and before our return on 29 August 2019, we were provided with confirmation the clinical governance lead would be carrying out a review to assess the competency of all professionally qualified staff who work for the service. This would include a review of the use of clinical equipment held by the service.
- The operations director explained managers completed six monthly observed practice with staff and these were called Quality Monitoring Checks (QMC). These were completed to assess and encourage high standards of hygiene, presentation, interaction between clinical staff and patients as well as the care of patients during

transport. We saw this was a detailed process and we reviewed a sample of QMC records for staff which showed the checks had been carried out. Feedback was documented and given to staff.

- The provider had a protocol document with a local NHS trust ambulance service which documented the expectations of iON Pinewood staff whilst working on their behalf. This included communications with the dispatch team, health and safety of patients and patient care for example. Monthly meetings were held with the local NHS ambulance trust to discuss iON Pinewood performance to ensure the service continued to meet patients' needs. We saw feedback from one such meeting which showed positive feedback received from the NHS ambulance trust.
- The protocol also documented the key performance indicators iON Pinewood staff were expected to achieve including, ensuring patients wait no more than 120 minutes after their requested collection time, that patients must not miss their outpatient appointments and passenger time on the vehicles is less than 60 minutes.
- In July 2019, the service had employed a governance lead whose role was to support the clinical governance lead and drive the improvement and effectiveness of governance within the service. At the time of our inspection, the position had only been filled for a month and so it was too early to determine any progress.
- The service had also secured the services of an individual, on a consultancy basis, to assist with reviewing the service's overall governance structure and procedures. We were shown an action plan that had been developed based on the CQC framework for ambulance providers. The action plan showed actions and progress made and demonstrated the service was developing its awareness of governance and the management of risk.

## Management of risk, issues and performance

- **Leaders did not always use systems to manage performance effectively. They had limited processes to identify risks and issues and to identify actions to reduce their impact.**
- Due to the lack of formal governance meetings there was no oversight of risk within the service. At the time of



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our inspection, there were no formal meetings at which risk was discussed or reviewed. The service could not demonstrate they had reviewed their risks to identify if there had been any change or additional risks identified.

- The service had a risk register and a risk assessment for corporate risks however no dates were recorded for either and when the risk had been initially placed on the register or when it was last reviewed.
- The risk register had identified potential areas of concern such as; staffing (recruitment, training) and fleet (vehicles, driving standards). There was an identified owner for each risk, the triggers which would commence the risk and actions which would be taken to minimise these. However, any reviews of the risks had not been documented and it could not be shown how frequently these were being reviewed for accuracy or any change.
- In addition, there was no consideration of other risks to the service, such as risks associated with the lack of audits to identify how the service was performing or risks associated with the management of medicines.

## Information Management

- **The service was not always collecting data and analysing it, to understand performance, make decisions and improvements.**
- The operations director acknowledged the local NHS ambulance trust maintained performance figures relating to iONs Pinewood response times. The impact of this was they did not have ownership of the data and therefore were unable to provide evidence to show whether staff were meeting the key performance indicators. They could not accurately review the quality of the service provided. This made it challenging to identify and take steps to ensure improvements could be made if required.
- Staff were provided with work mobile phones. Staff could access the provider's policies and procedures through applications installed on the phones. They were also used to complete tasks such as daily vehicle checks prior to commencing a shift.
- In the event of a change of policy or guidance, staff received a notification via their work mobile phones and information was placed within the ambulances in the ambulance folder and displayed within the staff room.

- When covering subcontracted shifts with a local NHS ambulance trust, staff accessed patient information, pick up times and polices using personal digital assistants. This enabled the service to securely handle and pass confidential information relating to patients.
- Prior to our inspection, a computer had been installed in the crew room, at the ambulance base, which provided staff with electronic access to polices. We did not see this being used but staff we spoke with were aware of the facility.
- Staff notice boards were in place at the ambulance base. Information included incident reporting data, complaints and guidance on various policies and procedures.

## Public and staff engagement

- **There were limited processes in place to engage with the public and staff.**
- The service sought patient feedback on how to develop and improve the quality of the service they received. The ambulances contained details on how patients could provide their views on the service received. Customer satisfaction forms were available for patients to take from the ambulance and return to the service anonymously if so preferred.
- Patient feedback received spoke positively of the service. From July 2018 to June 2019, we saw patient feedback analysis. This include patient responses to questions such as, were they collected at the right time, did they feel safe and confident with the driver, were they made comfortable by staff before leaving and were they in a clean ambulance. We could see of 197 responses, 100% of patients responded positively saying they felt safe and confident with the driver and 96% of patients said they were left comfortable by staff before they were left at their destination.
- Staff told us there were no formal staff meetings. Therefore, we could not see evidence staff had been involved in meetings to discuss the direction of the service.
- The registered manager said they had an open-door policy and spoke daily with staff. Staff we spoke with told us they felt they were kept up to date with any changes which may affect their role and service delivery. Staff confirmed they were in regular contact with the registered manager and other managers at the base and spoke with them daily.

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- Staff were encouraged to share their thoughts on how the service could be improved. Staff spoke positively about their ability to influence change at the service. For example, the system for the safe storage of medicines had been implemented following suggestions from the station manager.
- The ambulance base had a dedicated kitchen area as well as staff area with seating, provided sweets, biscuits, drinks and a television to allow staff to relax between transfers. The staff room also contained staff pigeon holes for communications and a locked post box which was used for staff to deposit their feedback on how the service was operating.

## Innovation, improvement and sustainability

- **All staff were committed to continually learning and improving services.**
- The service had a long term plan to expand and grow the service provided. At the time of the inspection, an additional six ambulances were purchased to ensure the ongoing availability of service to patients. The service was in the process of recruiting additional staff to allow this expansion to continue without compromising on the quality of the service provided.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service had been involved with designing lifting equipment for bariatric patients. Some ambulances had hoists fitted to facilitate the safe and dignified movement of patients. The service had an ambulance support vehicle with additional lifting equipment. This was deployed to support crews when moving patients.
- The service worked closely with a specialist ambulance fitting company and had installed antibacterial membranes within the body of ambulances. This provided an additional layer of protection to assist infection prevention and control.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should strengthen their governance processes with regards to governance meetings, medicines management and staff competencies.
- The provider should review the process for risk management including recording reviews, actions and outcomes.
- The provider should implement their policy regarding Patient Group Directions (PGDs) ensuring staff are administering medicines in line with guidance.
- The provider should consider further developing systems to analyse response and journey time data.
- The provider should continue with competency checks for qualified and non-qualified staff working for their service.