Inter-County Ambulance Service Ltd

Inter-County Ambulance Services Limited

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Inter-County Ambulance Services Limited is an independent medical transport provider based in Chalfont St Peter, Buckinghamshire. The service provides patient transport, medical cover at events, and a repatriation service. Services are staffed by trained paramedics, ambulance technicians, ambulance care assistants and first responders.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 9 November 2016, along with an unannounced visit to the station on 21 November 2016.

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

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

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

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

- The systems and processes in place for incident reporting was not robust and there was no evidence of staff learning from incidents.
- While staff had a clear understand of what constituted abuse and had received training the arrangements for safeguarding vulnerable adults and children were not robust. This was because there was a not a clear pathway for staff to follow to report concerns. This had been addressed by the unannounced inspection, when a flow chart had been implemented.
- The service had a medicine management policy. However, they did not have any medicine protocols to support staff to administer medicines safely. On the unannounced inspection, a policy had been introduced which gave clear guidance, which medications different grades of staff could administer.
- There were no formal systems in place to ensure staff were suitably appraised or received clinical supervision.
- There were limited policies and guidelines to support staff to provide evidence based care and treatment. The service acknowledged this and was working to implement new policies.
- There were no effective governance arrangements in place to evaluate the quality of the service and improve delivery. Audits were not undertaken and therefore learning did not take place from review of procedures and practice.
- There was no formal risk register in place at the service and therefore we had no assurances that risks were being tracked and managed, with plans to mitigate risks.
- A vision and strategy for the service had not been developed. The service did not formally engage all staff, to ensure that the views of all staff were noted and acted on.
- There was limited provision on vehicles to support people who were unable to communicate verbally or who did not speak English.
- The service had not had a CQC registered manager in post for over six months. They had submitted an application but remained unregistered. Since the inspection, we have received notification that the compliance manager is now registered with the Care Quality Commission as the registered manager.

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

Summary of findings

- Staff followed infection prevention and control procedures to reduce the spread of infection to patients. They kept vehicles clean, tidy and well stocked. The system for servicing vehicles was effective, with accurate records kept.
- Staff working for the service were competent in their role and followed national guidance when providing care and treatment to patients. They knew when to escalate concerns so patients' needs were responded to promptly.
- The service utilised its vehicles and resources effectively to meet patients' needs Staff were able to plan appropriately for patient journeys using the information provided through the booking system.
- Staff we spoke with were aware of their responsibilities regarding duty of candour and understood the importance of being open and transparent with patients when things go wrong.
- Recruitment processes were in place so all staff employed had the experience and competence required for their role, together with pre-employment checks had been carried out.
- The service had a system for handling, managing and monitoring complaints and concerns.
- The service took prompt action where issues were found at the announced inspection and this was supported by our findings at the unannounced.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Inter-County Ambulance Services Limited

Detailed findings

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Detailed findings

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Background to Inter-County Ambulance Services Limited

Inter-County Ambulance Services Limited is operated by Inter-County Ambulance Service Ltd. The service was started in 1972 and registered on 8 August 2011. It is an independent medical transport provider based in Chalfont St Peter, Buckinghamshire. The service provides non-emergency patient transport and medical cover at events to private organisations and some NHS trusts. Services are staffed by trained paramedics, ambulance technicians and ambulance care assistants.

The Inter-County Ambulance Services Limited fleet consists of three ambulance vehicles fitted with one stretcher and three seats. Two were high dependency vehicles staffed by a crew including at least one paramedic or technician and they transport patients with more complex needs, who may require support from trained staff during their journey. The service employs 6 whole time equivalent employed staff and 12 self-employed staff. The service provides cover seven days a week for its patient transport service.

The location did not have a registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The compliance manager had applied for this position, and at the time of the inspection, the application was being processed.Since the inspection, we have received notification that the compliance manager is now registered with the Care Quality Commission as the registered manager.

Our inspection team

Our inspection team comprised of an inspector and a specialist advisor who had extensive experience and knowledge of emergency ambulance services and non-emergency patient transport services.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection. Before visiting Inter-County Ambulance Services Limited, we reviewed information we held about the location and asked other organisations to share information and experiences of

Detailed findings

the service. This was a scheduled inspection carried out as part of our routine schedule of inspections. We carried out an announced comprehensive inspection visit on 9 November 2016.

During the inspection, we visited Chalfont St Peter. We spoke with nine staff including; emergency care assistants, registered paramedics, ambulance technicians and management. We spoke with two patients and one relative.

We reviewed policies and procedures the service had in place. We checked to see if complaints were acted on and responded to. We looked at documentation including relevant monitoring tools for training, staffing and recruitment. We also analysed data provided by the service both before and after the inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Inter-County Ambulance Services Limited is an independent ambulance service, which provides non-emergency patient transport services. They also supply first aid services to public events. The service is staffed by trained paramedics, ambulance technicians and ambulance care assistants.

We inspected this service as a patient transport service as this was their primary work.

The journey types and categories of patient transported included outpatients appointments, admissions and discharges to hospital, nursing and residential home transfers, long distance road ambulance transfers, hospital to hospital, critical care, paediatric, medical standby for public events and repatriation of patients for insurance companies, which also included transfers to and from the Continent.

We carried out an announced comprehensive inspection visit on 9 November 2016.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services.

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

- The internal incident reporting process was not robust. There was not a system to ensure all incidents were recorded and monitored, with learning and out comes shared with staff.
- There were no infection prevention control audits conducted to ensure high standards of cleanliness.
- The arrangement for safeguarding adults and children was not robust. We found that there was not a clear pathway for staff to follow to report concerns urgently and outside of normal office hours. On the unannounced inspection, a flow chart had been implemented.
- The service did not have a policy or protocols to ensure staff were competent to administer authorised medicines. On the unannounced inspection, policy and protocols had been introduced.
- The service did not have systems in place to routinely monitor how the service was performing. The service did not carry out any local audits as a way of monitoring performance and making improvements.
- There were no formal systems in place to ensure staff were suitably appraised or received clinical supervision.
- There were limited policies and guidelines to support staff to provide evidence based care and treatment.
- There was no provision was made for patients who did not speak English or patients who had

Patient transport services (PTS)

communication difficulties. Staff had no access to communication specialist equipment, pictorial guides, and language services to meet patients' individual needs.

- There were no effective governance arrangements in place to evaluate the quality of the service and improve delivery.
- There was no formal risk register in place, which limited the services ability to monitor their risks and put plans in place to mitigate them.
- A vision and strategy had not been developed and embedded across the service, which could reflect the values of the organisation.
- The service did not always proactively engage all staff, to ensure that the voices of all staff were heard and acted on.
- The service had not informed us that the Registered Manager no longer worked for the service.

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

- Equipment was available and appropriately serviced and maintained and vehicles had appropriate checks.
- Vehicles were well maintained and checked on a daily basis.
- Staff understood their responsibilities to protect patients from avoidable harm. Staff were aware of safeguarding and what constituted abuse.
- Policies and procedures were in place for cleaning and deep cleaning ambulances. Ambulances were visibly clean and staff followed infection control procedures, to be bare below the elbow and use personal protective equipment.
- Patient records were held securely and included appropriate information and the service regularly audited these.
- Staffing levels were sufficient to meet patient needs.
- Staff were confident in assessing and managing specific patient risks and processes were in place for the management of a deteriorating patient.
- Staff were able to plan appropriately for patient journeys using the information provided by the booking system.
- Staff had been trained in mental capacity and showed awareness of consent issues.
- Staff helped patients feel comfortable, safe on board the vehicles, and responded compassionately when patients needed additional help or support.
- Patients and their relatives/carers received emotional and practical support from ambulance crews. Staff respected the needs of patients, promoted their well-being and respected their individual needs.
- Staff we spoke with were passionate about their roles and providing excellent care.
- The service utilised its vehicles and resources effectively to meet patients' needs. Specially adapted ambulances were available to accommodate bariatric patients.
- We saw information about how to make a complaint available in all of the vehicles we inspected. Staff and patients were aware of and knew how to access the service's complaints and compliments system.
- The culture amongst the staff we spoke with was good, and they liked working for the service. The approach of staff was to provide person-centred care.
- All staff felt supported by the managers of the service and said the managers were competent, approachable and accessible should they require any advice.
- The service encouraged feedback from patients through satisfaction surveys.
- Processes to improve governance and risk management were being developed.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service had a paper-based system in place for staff to report accidents, incidents and near misses. Staff told us that they reported any incidents to the senior management team. There was no evidence of learning from incidents and staff were unable to give examples of change occurring as the result of an incident.
- The provider reported one incident within the reporting period of January 2016 to November 2016. There were no serious incidents reported within this period. We were not assured incident reporting was embedded in the culture of the service.
- An Incident Reporting Policy(August 2016) had been recently been implemented but this had not been embedded and not all clinical and non-clinical adverse incidents, accidents, hazards and near misses were being identified, reported, recorded, analysed.
- We reviewed the services incident log and found that there was no differentiation made between serious incidents, incidents, near misses, complaints or safeguarding concerns. This meant the service would be unable to assess or analyse incidents or identify themes and trends or areas of improvement. These concerns were fed back to management at the time of our inspection.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff had recently received training in duty of candour and it was a part of the induction process. Staff told us they would be open and honest with people if things went wrong and would immediately seek support from their manager if a patient experienced avoidable harm.

Cleanliness, infection control and hygiene

- The two vehicles we looked at were uncluttered and visibly clean. The ambulance station was tidy and well organised.
- Staff followed infection control procedures, including washing their hands and using hand sanitiser after patient contact. All staff wore visibly clean uniforms and were observed to be bare below the elbow.
- We were informed that the service did not complete infection, prevention and control audits or hand hygiene audits. This meant the service could not be assured they were compliant.
- Staff were provided with sufficient uniform, which ensured they could change during a shift if necessary. Staff were responsible for cleaning their own uniform, unless it had been heavily contaminated, when it was disposed of as clinical waste.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection between staff and patients. Crews carried a spills kit on their vehicle to manage any small spillages and reduce the infection and hygiene risk to other patients.
- Cleaning materials and chemicals were available for staff use. Different coloured mops and buckets were available for different areas; advice as to which mop should be used in which area was prominently displayed to prevent cross infection.
- There was a policy in place regarding safe disposal of clinical waste and a service level agreement was in place with a waste contractor for removal.
- Crews were required to ensure their vehicle was fit for purpose, before, during and after they had transported a patient. Decontamination cleaning wipes were available on all vehicles.
- The crew assigned to the vehicle each day completed the day to day cleaning of vehicles.
- A deep clean involves cleaning a vehicle to reduce the presence of certain bacteria. The service had an internal deep cleaning procedure for staff to follow. Vehicles were deep cleaned when necessary or once a week. All

vehicles we checked had a record of the last deep clean, which was in date. However, the service did not, swab pre and post each deep clean, to confirm the clean had been effective.

- Staff reported that they would be made aware of specific infection risks either on their job sheets or by hospital staff when they collected patients.
- The service followed operational procedures in relation to infection control. Staff told us that if a patient was known to be carrying an infection, they were not transported with another patient.

Environment and equipment

- The ambulance station provided ambulance vehicle parking facilities, an office base and facilities for managers and staff. The service operated three ambulances. We inspected two ambulance vehicles.
- There were systems in place to monitor servicing and Ministry of Transport (MOT) testing of vehicles. There was a log of vehicle MOT tests kept at the station. All vehicles had an up-to-date MOT, service and were insured.
- Initially we found that vehicle keys were not stored securely to ensure staff within the service could only access them. However, at the unannounced inspection a key safe had been installed for vehicle keys to be stored safely. All vehicles were locked when unattended.
- We looked at the arrangements in place to service and maintain ambulance vehicles. The service did not have forms to document vehicle defects such as a description of a fault or defect and further action required. Staff informed us they reported any defects directly to managers and wrote at the bottom of the daily job sheets; we saw when staff had completed these. This concern was fed back to the management at the time of our inspection and we noted at our unannounced inspection that new daily job sheets had been produced which included a vehicle defect report.
- Equipment had been safety tested, stickers showed when the equipment was next due for testing and records were available to support their suitability for use. All vehicles had resuscitation equipment.
- There was a variety of equipment on the vehicles that ensured the safety of patients. This included carry chairs, slide sheets, standard safety belts and strapping to attach wheelchairs to the vehicle floor. These were observed to be in good working order.
- Staff knew the process to follow if their vehicle broke down or was involved in an accident, addressing the immediate needs of any patients first and then liaising with the manager on call.
- Ambulances were all equipped with tracking devices. The service had mobile telephones for staff to use whilst on shift.
- There was a standard equipment list on each vehicle, therefore, it was possible for staff to check and identify missing items.
- The ambulances we inspected were fully equipped, with disposable single use equipment stored appropriately and in-date.

Medicines

- There was a 'Medicines management policy' (2016) and local operating procedures in place for staff to follow for the order, receipt, storage, administration and disposal of medicines. However, there were no policies in place for staff to adhere to, concerning which medicines they could administer dependent on their role and scope of practice. On the unannounced inspection, a policy had been introduced which gave clear guidance about which medications the different grades could administer.
- Medicines at the station were stored in a secure cupboard, monitored by video surveillance. However, there was no record of what was in the cupboard and what was taken out and what was returned. On the unannounced inspection, we saw a log book had been introduced.
- The service did not keep controlled drugs on site. Controlled drugs are a group of medicines that require special storage and recording arrangements due to their potential for misuse.
- The service held an account with an online pharmacy for the supply and disposal of medicines.

Patient transport services (PTS)

- Medical gases were carried on each ambulance vehicle. We found that oxygen cylinders were safely secured and were in date.
- There was no guidance in place for staff to follow regarding the administration of oxygen to patients in the course of their work. However on the unannounced a policy had been introduced.
- The service also kept a stock of medical gas cylinders. These were securely stored in a locked outside cabinet. There were signs to alert staff and visitors to the flammable nature of the gases. However, full and empty cylinders were not segregated and the temperatures were not monitored. We raised this at the time to the management team, on the unannounced inspection, we found the full and empty cylinders had been segregated.
- Medication packs were carried on the two high dependency vehicles, which was crewed, by a technician or paramedic. They transported patients with more complex needs, who may require support from trained staff during their journey.
- There was a tagging system in use for ambulance medicines packs. We checked the two drugs bags and all medicines were in date. Drug bag tags were kept in a secure location, however, the tags on the bags were not numerically logged, this meant medications could be removed from the bags and tags replaced without the knowledge of the managers. On the unannounced inspection, a system had been introduced.
- Staff completed daily checks as part of the vehicle inspection to ensure they had the correct medicines on their vehicle.
- Paramedics and ambulance technicians recorded administration on a medicine administration record (kept with the medicine pack) and the patient record forms. The administration records identified the medicines the paramedics and technicians had administered and who was accountable for the administration.

Records

- Senior management collected relevant information during the booking process to inform the drivers of their patient's health and circumstances. For example, any information regarding access to property or illness issues would be collected.
- The service ensured that up-to-date 'do not attempt cardio pulmonary resuscitation' (DNACPR) orders and end of life care planning was appropriately recorded and communicated when patients were being transported.
- Staff received work sheets at the start of a shift. These included collection times, addresses and patient specific information such as relevant medical conditions, mobility, and if an escort was travelling with the patient. Information was stored in the driver's cab out of sight, respecting patient confidentiality.
- If a patient received treatment staff completed patient report forms (PRFs), based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines.
- Staff stored completed PRFs securely on vehicles in the cab area, which they kept locked when the vehicle was unattended. We saw patient information and patient record forms kept within locked metal cupboards at the station.
- The service audited every PRF record informally and would discuss any anomalies with the staff. Feedback was given to staff on both the content of the PRF and the care they provided to patients.
- Staff personnel files were stored in a locked cupboard on the service premises. We were told only senior managers had access to the keys to ensure the confidentiality of staff members was respected.

Safeguarding

- The service had policies for safeguarding children and for protecting vulnerable adults from abuse but these policies did not give clear guidance to staff as to how to report concerns urgently and outside of normal office hours.
- Safeguarding policies did not contain any contact information for the appropriate local authority safeguarding children or adult teams. This meant that we were not assured that staff could make an urgent referral when required. These concerns were fed back to the management at the time of our inspection and we noted at our unannounced inspection that flow charts had been produced and were available to all staff.

Patient transport services (PTS)

- All staff we spoke with had a good understanding of safeguarding and when they would report an incident. Staff we spoke with could describe the signs of abuse, knew when to report a safeguarding incident, and knew how to do this.
- Safeguarding vulnerable adults and child protection was part of mandatory training. Sixteen out of 18 staff had completed adults safeguarding level 2. Fifteen out of 18 staff had completed safeguarding children and young adults level 3.
- Senior management informed us that all new staff were expected to complete their adults safeguarding level two and safeguarding children and young adults level three training within one month of starting with the service and staff would be supervised until they had completed this.
- The recently appointed compliance manager was the safeguarding lead for vulnerable adults and children and had booked to do the level 3 training in January 2017.

Mandatory training

- Mandatory training covered a range of topics including, fire safety, Mental Capacity Act 2005, and information governance.
- Mandatory training was delivered by a combination of e-learning and face to face training. All staff were required to complete and record their mandatory training. However, training records showed that 12 out of 18 staff had completed all their eLearning and initially the service did not have any records of face to face training records for basic life support. We were provided with evidence that all staff had received basic life support training during our unannounced inspection.
- Senior management were able to review records to see the training staff had completed and training due for renewal.
- Staff completed the e-learning training as part of their induction process, upon beginning employment with the service.
- If there was an unexpected or unplanned emergency all permanent staff were appropriately trained to 'drive under blue lights' and 75% of self-employed staff.

Assessing and responding to patient risk

- Information about patients' needs was collected at point of booking and communicated to staff on their work sheets or via mobile telephones. We observed staff taking details of risk factors when making a booking for transport.
- When providing support at events, staff completed clinical observations on patients, as part of their care and treatment to assess for early signs of deterioration. If a patient did deteriorate, staff requested additional emergency clinical support.
- There was appropriate equipment on board ambulance vehicles to provide monitoring and assessment of patients. For example, patients could have oxygen saturations, non-invasive blood pressure, temperature and blood sugar recorded.
- Members of staff told us that in the event of patient deterioration they would call 999 for emergency backup. This was the process that senior management voiced should be followed.
- The service had a risk assessment for staff to follow when transferring patients. Which included risks to be assessed before, during and post transport of patients. For example, patients being transferred on long journeys were there hospitals that they could divert to if there was an emergency.

Staffing

- The staff based at the ambulance station consisted of the managing director, operations manager and compliance manager.
- The service employed six full time and 12 self-employed staff, which included emergency care assistants, first responders, paramedics and technicians.
- Senior management regularly reviewed staffing levels and the appropriate skill mix of staff to cover shifts. Shifts were scheduled six weeks in advance.
- There was a process in place for the ambulance crews out of hours and in case of emergencies. They had a direct number to the duty manager on call. Staff we spoke with knew how to escalate concerns when working out of hours.
- All ambulance staff had valid enhanced Disclosure and Barring Service (DBS) checks. The service had a Recruitment and Induction Policy (2016).

Patient transport services (PTS)

- We were able to see evidence that a check with the DBS had been carried out prior to staff commencing duties, which involved accessing patients and their personal and confidential information. This protected patients from receiving care and treatment from unsuitable staff.
- Staff did not raise any concerns about access to time for rest and meal breaks.
- The service did not use agency staff but utilised the existing internal team who worked additional shifts on overtime or flexibly where required.

Response to major incidents

- Senior management considered the impact of different resource and capacity risks and could describe the action they would take.
- The service managed anticipated resource risks by scheduling rotas in advance, managing pre-planned holidays, and other leave.
- The service also carried out 'ad hoc' work so would assess resource requirements and capacity on an individual basis when requested. Demand fluctuated and the service only undertook work that was within their capacity.
- The service had a business contingency plan that identified how the service would function in the event of an emergency such as fire and infrastructure incident.
- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and would generally include the involvement, either directly or indirectly, of large numbers of people.
- As an independent ambulance service, the provider was not part of the NHS major incident planning.

Are patient transport services effective?

Evidence-based care and treatment

- Staff provided care and treatment to patients in line with the Joint Royal Colleges Ambulances Liaison committee (JRCALC) clinical practice guidelines. However, there were no regular clinical audits to monitor adherence to these guidelines.
- The service had limited policies and guidance in place to support evidence based care and treatment. The documents we looked at were up to date. The compliance manager was aware and during our unannounced, we saw new policies had been updated and written for example, Infection Control Policy (October 2016).
- The service's policy on Do Not Attempt Cardiopulmonary Resuscitation was based on and referred to the Resuscitation Council (UK) guidance.

Assessment and planning of care

- Staff adhered to relevant national and local protocols for their role, when assessing and providing care for patients of all ages, including children.
- During the booking process, information was gained regarding mobility aids, whether or not a stretcher was required and details of any oxygen required. Staff told us they were able to make dynamic assessments of the needs of patients at the point of pick up and make adjustments where necessary.
- Staff were made aware of any patient mental health problems through the booking system in advance of accepting a booking so they could plan accordingly.
- Staff did not transport a patient if they felt they were not equipped to do so, or the patient needed more specialist care. If a patient was observed or assessed as not well enough to travel or be discharged from hospital, staff made the decision not to take them.

Response times and patient outcomes

- From November 2015 to October 2016, there had been 1258 patient journeys. The level of activity was stable each month.
- The service monitored pick up times, arrival times and site departure times through the crew daily job sheets.
- There was no formal system in place to monitor the services performance to ensure they were delivering an effective patient transport service. The service did not benchmark itself against other providers. Senior managers we spoke with confirmed this.

Patient transport services (PTS)

- The service did not undertake audits, which would allow it to assess, it was meeting the needs of the patient groups it served. We found the service did not have a system in place to routinely collect or monitor information on patient how the service was performing.
- The staff we spoke with supported this; they were not aware of any set key performance indicators (KPIs). Although they worked hard to deliver a good and timely service.
- We were unable to analyse how well the service did in relation to patient outcomes because this information was not available.

Competent staff

- Senior management informed us, that staff had not received an appraisal within the last twelve months. An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner.
- All new staff were required to undertake a set induction programme that refreshed and tested knowledge on safeguarding, manual handling, infection control and health and safety.
- Driver and Vehicle Licensing Agency (DVLA) checks were conducted at the start of employment. All crew were aware of the need to notify the managers of any changes to their license in line with the driving standards policy.
- There were no arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. Staff told us that if they had a concern about the standard of a crew member's driving they would inform managers.

Coordination with other providers and multi-disciplinary working

- Staff we spoke with told us they had good coordination with the various managers based at the hospitals they transported patients to and from.
- Managers told us they worked in a multi-disciplinary manner with staff from local trusts and repatriation companies when patients were being repatriated from another country. We observed communication between a repatriation company and the service when a patient's flight was being delayed.
- Staff told us there were effective handovers between themselves and hospital staff when they collected patients from and dropped them off at hospital locations.

Access to information

- Ambulance staff received daily job sheets at the start of each shift. These included collection times, addresses and patient specific information such as relevant medical conditions, complex needs, mobility, or if an escort was travelling with them.
- Staff felt they had access to sufficient information for the patients they cared for. If they needed additional information or had any concerns, they spoke with the managers.
- Staff told us both hospital staff and control staff made them aware of any special requirements. For example, they were notified if a patient was living with dementia.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act 2005. This training was via eLearning, information provided by the service showed 15 out of 18 staff had completed and were up to date in November 2016.
- Staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport. For example, they told us they would seek the patients consent before they used seatbelts or straps to restrain them safely.

Are patient transport services caring?

Compassionate care

- We reviewed the file of feedback that the service received from patients and their relatives, which included positive and appreciative comments about the service they had received and the caring attitude of staff.
- Patients and carers we spoke with told us staff were respectful, friendly, kind and compassionate when providing treatment or care. They spoke in a gentle

manner and offered reassurance, particularly if they were distressed or in pain. One patient told us that the ambulance staff were 'absolutely super and very nice kind people'.

- Patients we spoke with told us that staff introduced themselves and made sure that they were kept informed throughout their journey.
- A relative we spoke with told us, when a patient living with dementia became distressed, staff responded in a timely and sensitive way. Staff treated the patient respectfully, actively listening and asking further questions where appropriate in order to provide emotional support.
- Staff took the necessary time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times.
- Staff maintained patients' privacy and dignity. Patients conveyed to hospital were covered in a blanket to maintain their modesty and keep them warm whilst on a stretcher or in a wheelchair.
- Wherever possible vulnerable patients, such as those living with dementia or a disability, could have a relative or carer with them while being transported.
- All staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients.

Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. Ambulance crews gave clear explanation of what they were going to do with patients and the reasons for it. Staff checked with patients to ensure they understood and agreed.
- Patients described having confidence in the staff providing their care, and patients were involved as much as possible when planning their journey to and from the hospital.
- Staff provided clear information to patients about their journey and informed them of any delays
- Staff asked permission to enter the patients' home, when they collected a patient from their home to take them to hospital.
- Staff showed respect towards relatives and carers of patients and were aware of their needs; explaining in a way they could understand to enable them to support their relative.

Emotional support

- Patients informed us that staff checked on their wellbeing, in terms of physical pain and discomfort, and emotional wellbeing during their journey.
- Ambulance crews did not routinely transport patients who were end of life or had passed away. However, staff were aware of the need to support family or other patients should a patient become unwell during a journey.

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

Service planning and delivery to meet the needs of local people

- The main service was a patient transport services (PTS) which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or referrals from care homes and private individuals. This provider also provided a repatriation service.
- The service had two core elements, pre-planned patient transport services, and 'ad hoc' services to meet the needs of their patients and workloads were planned around this. Patients told us the service was good at responding, even on short notice bookings
- On the day, bookings were responded to quickly via telephone. For the ad hoc on the day bookings office based staff identified which drivers were free or had finished jobs and were nearest for the next transfer pickup. We observed effective communication between drivers and office staff as part of service planning.

Patient transport services (PTS)

- Staff at the station would take bookings Monday to Friday from 8.30am until 5pm. Out of hours, the on call manager would manage bookings.
- All three of the ambulances were equipped with tracking devices. The service had the ability to monitor the locations of its vehicles and to identify where they were.
- Staff told us their workload was variable, it ranged from transporting one to two patients a day to considerably more than this on some occasions, there were no trends to this variation.

Meeting people's individual needs

- The booking process meant people's individual needs were identified. For example, the process took into account the level of support required, the person's family circumstances and communication needs.
- For patients with communication difficulties or who did not speak English, we were informed staff would use their own telephones to look up phrases and words to help them communicate. However, should they be in an area with no mobile signal, there was a potential risk to patient care if a phrase book was not on the vehicle
- The service did not have any communication aids, to support patients who were unable to speak due to their medical condition or who had complex needs. There was a potential risk of patients not being able to explain what was wrong or understand.
- The service had one vehicle equipped with a bariatric stretcher and other specialist equipment to support bariatric patients. Bariatric patients are those with excessive body weight, which can affect patients' health.
- For patients living with dementia and those with reduced mental capacity their support needs were assessed at point of booking. There was seating in the ambulances to allow family members or additional medical staff to travel with the patient.
- Staff we spoke with told us they would respond appropriately to patients' religious needs. For example, if patients were being transferred on a long distance, they would provide time for patients to pray if needed and use multi faith rooms at airports when repatriating patients.
- Ambulances had different points of entry, including sliding doors, steps and tailgates so that people who were ambulant or in wheelchairs could enter safely.
- Staff told us they would transport a patient in their own wheelchair if possible, rather than transferring them to a trolley, so they were more comfortable.

Access and flow

- The service operated within the core hours of 9am to 9pm every day. They operated two shifts a day with one vehicle for each shift.
- 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.
- Managers confirmed that patient transport services did not do emergency transfers and patients transported were usually clinically stable.
- If a journey was running late the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.

Learning from complaints and concerns

- The service had a system for handling, managing and monitoring complaints and concerns. For example, each vehicle had patient feedback forms available for patients to complete. They had details of how to contact the office and how to complain attached.
- We reviewed the feedback responses received from patients, which were used to forward complaints, concerns and compliments about the service. Patient feedback was positive and the service had not received any formal complaints for the last 12 months.
- The Complaints Policy (August 2016) outlined the process for dealing with complaints initially by local resolution and informally. Where this did not lead to a resolution, complainants were given a letter of acknowledgement within three days of receipt followed up by a further letter within 28 working days, once an investigation had been made into the complaint.

Patient transport services (PTS)

Are patient transport services well-led?

Leadership / culture of service

- At the time of the inspection, Inter-County Ambulance did not have a manager who was registered with the Care Quality Commission, to carry out the day-to-day running of the service. The Health and Social Care Act 2008 requires the Care Quality Commission to impose a registered manager condition on organisations that requires them to have one or more registered managers for the regulated activities they are carrying on. This meant, at the time of the inspection, Inter-County Ambulance was in breach of their registration conditions. We met the member of staff who was submitting an application to be registered with the Care Quality Commission. Since the inspection, we have received notification that the compliance manager is now registered with the Care Quality Commission as the registered manager.
- The day-to-day management of the service comprised of the managing director, an operations manager and the compliance manager who all worked full time. The managers looked after the welfare of the staff and were responsible for the planning of the day-to-day work. The operations manager and the compliance manager also formed part of the operational staff.
- Staff spoke positively about the leadership of the service. They had confidence mangers had the appropriate skills and knowledge for their roles, felt able to raise any concerns with them and found them easy to contact. Most staff we spoke with said the organisation and the managers were good to work for and they felt they were well looked after.
- 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 that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers.
- There was a whistleblowing policy to provide assurance to staff who wished to provide feedback internally or to external regulators about aspects of the service.
- Managers we spoke with during the inspection had a clear understanding of the concerns we raised and how they would address these to ensure compliance.

Vision and strategy

- The management team acknowledged that they did not have a written vision and strategy statement. However, they had guiding values of compassion and “a service committed to excellence”.
- The strategy and focus was to consolidate the business and to develop and improve the quality of service. Senior management informed us they had no plans for service expansion.
- Staff understood the instability of the work through ad hoc contracts and the desire to develop a more long-term plan.

Governance, risk management and quality measurement

- There was no governance framework in place for the service. The compliance manager had identified that governance of the service was a concern and a risk at the time of our inspection and told us an action plan would be put in place to address the issues. We received an action plan following our visit and during the unannounced inspection, some of the issues had been addressed.
- The service did not have a mechanism in place to identify and manage risk and measure the quality of the service delivered to patient. The service did not hold a risk register or have other similar systems to identify and monitor the highest risks to the organisation, both clinical and non-clinical. This meant there was no formal process for identifying and prioritising risks and recording measures implemented to mitigate the identified risks within the organisation.
- There was no system in place to disseminate learning from incidents, safeguarding and complaint outcomes.
- The service did not carry out many audits to measure the quality and effectiveness of the service delivered such as cleanliness and infection control. Patient records were audited and information and learning was shared. There were potential risks to staff and patient safety, through lack of observation and monitoring of performance.

Patient transport services (PTS)

- We observed no evidence of governance meetings taking place. The senior managers did not meet regularly or record any meetings. However, the compliance manager had only been employed since the beginning of October 2016.
- There had been three operational office meetings from June 2016 to August 2016 to discuss finance and recruitment. The meetings did not follow a standardised agenda to ensure consistency of reporting and inclusion of items such as learning from incidents, complaints, safeguarding and health and safety.

Public and staff engagement

- Patient feedback was encouraged through access to forms on vehicles. All of the cards we looked at were complimentary about the care and treatment they had received from staff.
- The service had a web site with information for the public about what the organisation could provide.
- The service did not formally engage with staff, to ensure that the views of all staff were heard and acted on. The management team acknowledged more was required with all staff to engage them and ensure their voices were heard.
- The compliance manager told us the service did not hold specific staff meetings due to shift patterns worked and staff availability. They utilised regular communication via mobile telephones and emails as a medium for staff to access information.
- Team meetings were not held. This meant there was not a forum in which information could be communicated to staff face to face.

Innovation, improvement and sustainability

- The service took prompt action where issues were found at the announced inspection and this was supported by our findings at the unannounced**.**

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must take prompt action to implement systems and processes to assess, monitor and improve the quality and safety of the services.
- Robust governance and risk management systems are in place and understood by all staff. Design, implement and monitor a risk register.
- Staff are supported in their roles by effective supervision and appraisal systems and on going training.

Action the hospital SHOULD take to improve

- The provider should ensure key performance indicators are identified and monitored to provide assurance the service was meeting the target it had been set.
- Develop a vision and strategy for the service and ensure this is embedded across the organisation.
- To proactively engage and involve all staff to ensure voices are heard and acted on.
- Ensure any changes to the individuals registered for the service are notified to CQC.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (2)(a) (b) (e) (f)** **How the regulation was not being met:** • Adequate audit, risk management and control systems were not in place. • There were insufficient quality and monitoring processes in place to review systems and procedures and to take learning to make improvements. • There were no processes in place to seek and act on feedback from staff to evaluate and improve services.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 (2) (a)** **How the regulation was not being met:** • There was no clear appraisal and clinical supervision system in place.