

# Medicar Limited (Clacton on sea)







## Quality Report

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Essex  
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Date of inspection visit: 4 October 2019  
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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?	Outstanding	
Are services responsive?	Good	
Are services well-led?	Good	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Medicar Limited (Clacton On Sea) is operated by Medicar Limited. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the short announced inspection on 4 October 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 only service provided at this location was patient transport services.

This was the first time we have rated this service. We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and completed care records. The service had processes in place to manage safety incidents and had processes to learn lessons from them.
- Staff provided good care and treatment and ensured patients had enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. The service was available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Feedback was continually positive about the way staff treated people. People told us that they thought staff went the extra mile. Staff provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people who were risk assessed as appropriate for the service, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with staff and local organisations to plan and manage services and all staff were committed to improving services continually.

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

- We were not assured that staff followed the service's policy on reporting safeguarding concerns.
- Staff we spoke with were not aware of the service's policy on accessing interpreting services.
- We were not assured that quality monitoring of vehicle deep cleans and vehicle equipment took place.
- We could not be assured that the risk register was reviewed regularly.
- The service had key performance indicators (KPI) and was required to collect data, however the data was only collected for journeys provided under contract, instead of all journeys.

# Summary of findings

- There was limited public engagement from the service.

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

**Heidi Smoult**

**Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating Summary of each main service

Good



Medicar Limited (Clacton On Sea) is operated by Medicar Limited. The service provides a patient transport service. Medicar is a family run business located in Little Clacton, Essex. The service is registered to provide transport services, triage and medical advice provided remotely. The service is only provided to adults.

We rated this core service as good overall because the service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. The service controlled infection risk well and had an updated infection prevention and control policy. Patients could access care and treatment in a timely way to meet their needs. Patient feedback about the service was positive. Leadership was clear and visible. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Summary of findings

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Good 

# Medicar Limited (Clacton On Sea)

## Services we looked at

Patient transport services

# Summary of this inspection

## Background to Medicar Limited (Clacton on sea)

Medicar Limited (Clacton On Sea) is operated by Medicar Limited. The service opened in 2007. It is an independent ambulance service in Little Clacton, Essex. The service primarily serves the communities of Essex, but undertakes journeys across the country.

The service has had a registered manager in post since 2011. At the time of our inspection, a new manager had been appointed and was registered with the CQC in August 2013.

## Our inspection team

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

## Information about Medicar Limited (Clacton on sea)

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the location in Little Clacton. We spoke with five members of staff, the registered manager and the managing director. We spoke with one patient and four relatives following the inspection.

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 three times, and the most recent inspection took place in November 2016.

Activity (April 2018 to March 2019)

- In the reporting period from April 2018 to March 2019 there were 410 patient transport journeys undertaken.

The service employed nine nurses and two drivers on a casual basis. A company secretary, information governance lead and human resources lead were also employed on a casual basis. The registered manager and managing director were the only permanent members of staff. The service operated with two vehicles.

Track record on safety

- There were no never events
- There were no clinical incidents
- There were no serious injuries
- There were no complaints

# Detailed findings from this inspection






## Overview of ratings

Our ratings for this location are:

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



# Patient transport services

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

## Information about the service

Patient transport services (PTS) were the only service carried out by Medicar Limited (Clacton on Sea). The service employed 14 members of staff in total, which comprised of; two drivers, nine registered nurses, a company secretary, information governance lead and human resources lead. There was a registered manager and a managing director. The managing director was one of the drivers for the service. All staff were employed on a casual zero-hours basis and would be contacted to work, usually by the managing director as and when patient journey bookings came in.

The service carried out a total of 410 transport activities between April 2018 and March 2019. The service only provided transport for adults. Medicar Limited (Clacton on Sea) offered the facility for transfers requiring medical transportation, for example to and from hospital appointments.

At the time of our inspection, Medicar Limited (Clacton on Sea) offered private transport services to acute trusts, clinical commissioning groups, private hospitals, social services, care homes and personal customers. The service had a formal contract in place with external providers to provide PTS. The contract had been in place since 2018.

## Summary of findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and completed care records. The service had processes in place to manage safety incidents and had processes to learn lessons from them.
- Staff provided good care and treatment and ensured patients had enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. The service was available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Feedback was continually positive about the way staff treated people. People told us that they thought staff went the extra mile. Staff provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people who were risk assessed as appropriate for the

# Patient transport services

service, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with staff and local organisations to plan and manage services and all staff were committed to improving services continually.

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

- We were not assured that staff followed the service's policy on reporting safeguarding concerns.
- Staff we spoke with were not aware of the service's policy on accessing interpreting services.
- We were not assured that quality monitoring of vehicle deep cleans and vehicle equipment took place.
- We could not be assured that the risk register was reviewed regularly.
- The service had key performance indicators (KPI) and was required to collect data, however the data was only collected for journeys provided under contract, instead of all journeys.
- There was limited public engagement from the service.

## Are patient transport services safe?

Good 

This was the first time we have rated this service. We rated it as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Mandatory training was provided by a combination of e-learning and face to face training, which included basic life support, information governance, infection control, safeguarding adults level two, safeguarding children level two, health and safety and medical gases.
- There had been improvements in the content of mandatory training since our last inspection, report published January 2017. Staff were required to complete training in safeguarding children and completed both adult and children safeguarding training to level two.
- Mandatory training compliance was monitored by a human resources (HR) lead who reminded staff when they needed to complete training. It was the responsibility of the individual staff members to book onto the required mandatory training courses.
- At the time of our inspection 94.7% of staff were up to date with their mandatory training. Some training, such as information governance was only out of date by a small number of days, and the service had good management of their mandatory training. Some members of staff had transferrable training records from other providers.

### 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, however we were not assured that staff followed the service's policy on reporting safeguarding concerns.**
- The service had a safeguarding adults policy which included guidance for staff on their responsibilities and

# Patient transport services

safeguarding processes. The policy contained links to up to date contact details for the local authority and clear guidance on the process staff should follow if they suspected abuse or harm. We reviewed the safeguarding policy which referenced national guidance. It was dated May 2019 and had a review date of May 2020. Staff had a safeguarding phone application on their work phones, which meant they could easily access contact details for the local authority.

- The service did not transport any children, however, all staff completed safeguarding children level two training. Information provided following the inspection indicated that 100% of nursing staff were compliant with this training. Overall service compliance with safeguarding training for adults and children was 83.3% as the HR advisor and secretary were not up to date with their refresher training. This was an improvement from our previous inspection, as staff participated in training for safeguarding adults only at level one.
- The safeguarding lead for the service was the registered manager. This person was trained to safeguarding level three, which was in line with national safeguarding guidelines. The NHS England intercollegiate document, Adult Safeguarding: Roles and competencies for healthcare staff 2018, stated that registered health care staff who engaged in assessing, planning, intervening and evaluating the needs of adults where there were safeguarding concerns were required to undertake level three safeguarding training. This was an improvement from our last inspection where the safeguarding lead was trained to safeguarding adults level one.
- Staff demonstrated awareness of how to identify safeguarding concerns at the locations they attended and gave appropriate examples of these, for example if an appropriate package of care was not in place.
- Staff we spoke to told us that they would contact the registered manager in the event of a safeguarding concern. This was not in line with the service's policy which said for staff to contact the local authority directly. Therefore, we were not fully assured that staff were aware of the service's safeguarding policy. The registered manager told us that they had not had any safeguarding incidents in the last year, however, we saw that safeguarding referrals had been made to the local authority prior to this from looking at the service's safeguarding log.

## 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.**
- Infection control training formed part of the mandatory training programme for staff. Data provided by the service showed that 100% of staff had completed infection control training. This training was due to be completed every three years.
- Staff were required to complete a transfer sheet ahead of all patient journeys. This included an infection control section, where any known infection was highlighted and measures to prevent the spread of infection were documented.
- When a patient was known to have an infection, staff ensured that the patient was the last patient they transported that day and arranged for the vehicle to be deep cleaned by an external company before it was used again.
- The service had two vehicles that were used for transporting patients. Only one of the vehicles was available for us to view on the day of inspection as the other was in use. The vehicle had personal protective equipment (PPE) and hand cleansing gel available for staff to use. There was a box stored in the vehicle with waste disposal bags, blood spill cleaning kits and cleaning wipes.
- Deep cleans were completed every 10 weeks. We reviewed the deep cleaning schedule for the vehicle we inspected from 4 April 2017 to 4 October 2019. There was one occasion where a deep clean due on 18 July 2018 was cancelled due to an early patient journey, and was not completed until 17 October 2018. However all other deep cleans were carried out within appropriate time frames. The service leads told us that the vehicles were valeted once per week. This was recorded via the receipts on the service's bank account.
- There was improvement since our last inspection, previously there were no records kept of vehicle deep cleans. The deep cleaning records showed all items and areas that were cleaned. The deep cleaning records also documented swabbing results from the vehicles before

# Patient transport services

and after the deep clean. For example, the April 2019 swab test of the rear seating in one vehicle had a pre deep clean score of 75. The post deep cleaning score was 2. This demonstrated that the deep clean process was effective.

- Staff we spoke with told us that they were responsible for maintaining the cleanliness of their uniforms. The service had a uniform policy which was included in the induction checklist to ensure staff were aware of it.

## 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.**

- All vehicle checks, and servicing was undertaken by a local registered car centre and MOTs for both vehicles were in date.
- The service maintained daily vehicle safety checklists and equipment checks before they were used each day. This included checks of the tyres and horn. We reviewed the checklist for the vehicle we inspected and saw that the entire checklist had been completed every day for the past month. This was an improvement from the last inspections as the vehicle checks had not been documented.
- The vehicle we inspected was equipped with a stretcher that converted to a chair and a carry chair. These were the only equipment items used by the service. The two drivers for the service were the members of staff who were trained to use the stretcher. The two drivers had been competency assessed to use the stretcher. The correct restraints were in place for both pieces of equipment.
- The vehicle did not contain oxygen, however, there were occasions where the service was required to transport medical gases that were in use by the patient. The service had a risk assessment in place for transporting oxygen. This included potential hazards and harm, as well as control measures, recommendations and a risk level. The vehicle we inspected had appropriate badges displayed to show that gases may be transported.

- The service had a policy for transporting portable oxygen, with a review date of November 2019. The policy provided guidance for staff when transporting oxygen and notified them of the associated risks.
- The vehicles had sufficient room for a family member to travel with the patient if they wished to, along with the service escort who was a registered nurse.
- There was a first aid kit in the vehicle, however, we found that two dressings and one bandage had expired in August 2018. The registered manager provided us with assurance immediately after our inspection that the first aid kits had been replaced, however we were not assured there was a system where these were being regularly checked.
- There was a fire extinguisher kept in the vehicle we inspected, however, there was no service date or service expiry date displayed on it. The registered manager provided us with assurance immediately after our inspection that the fire extinguishers had been replaced, however we were not assured that these were being checked regularly.

## 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.**
- The service carried out risk assessments ahead of each patient journey. Staff assessed patients' eligibility to be suitable to use the service before accepting them for transfer. The risk assessment form captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers.
- Staff reported that the assessment was carried out face to face or via the telephone. Where possible, a 'pre-assessment' was carried out ahead of the date of transfer where staff visited patients and assessed their needs.
- The service destroyed the risk assessment forms after use and after any relevant information had been taken for audit purposes. This was for confidentiality reasons. Information provided following inspection stated that

# Patient transport services

the service maintained daily diary sheets which contained information included within the risk assessment. These documents were kept for a period of eight years.

- The vehicles did not carry emergency medicines or monitoring equipment, because all patients they transported were considered medically fit for discharge. If a patient's condition deteriorated during transfer, the nurse was responsible for assessing the patient and would call 999 in an emergency.
- Staff we spoke to told us they were trained in conflict resolution and would use de-escalation techniques to manage difficult behaviours. Staff told us they had not experienced this type of situation whilst working for this service. Staff were empowered by the service leads to decline any transfers they felt were unsafe.

## Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave staff a full induction.**
- The service was small and comprised of nine nurses, two drivers, a secretary, the managing director and the registered manager. Staff were employed on a casual basis and responded to the needs of the service. The staffing level was appropriate to meet the needs of patients.
- Every patient journey had a nurse escort to support the patient; they did not carry out any clinical treatment. One of the nurses employed by the service was a specialist end of life nurse. The nurses' role was to ensure that all needs were identified prior to the journeys. They were responsible for maintaining the patients' comfort and safety during the journey, and acted as the patients' advocate where required during the transfer. Nurses were responsible for making appropriate decisions should there be a change in a patient's condition during transfer. The nurse also liaised with referrers; taking and documenting any new referrals, giving estimated arrival times and accurate information to ensure continuity of the service.

- The registered manager reviewed the needs of the service and employed an information governance lead and a human resources lead on an 'ad-hoc' basis to support the service.
- Staff did not have fixed shift patterns as they were employed on a casual basis. When a booking was confirmed, staff were contacted to see if they were available to carry out the journey. The nurses we spoke with told us they were flexible and covered each other during holidays or sickness.
- Disclosure and barring service (DBS) checks were carried out on each staff member prior to starting employment and were updated every three years. A DBS check is a record of a person's criminal convictions and cautions. The service kept a record of the certificate number, date of initial DBS check and the date review was required. The service paid for the routine monitoring of staff members' DBS checks which was completed every three years.
- All new staff members received an induction to the service. Staff were required to complete an induction checklist which included roles and responsibilities, vehicle orientation, health and safety and reporting procedures for incidents and complaints.

## Records

- **Staff kept records of patients' journeys. Records were clear, up-to-date and stored securely.**
- Patient details were recorded in a diary sheet and on the risk assessment and patient transfer forms. These forms were destroyed after use, therefore we were unable to review any patient records during the inspection. However, information provided by the service following inspection stated that daily diary sheets were retained for over eight years.
- The daily diary sheets were paper records which contained patient information, including their name, pick up and drop off location, their mobility and whether they used the stretcher or sat for the journey. The records also included carer contacts where applicable and the staff working on that day. Any untoward events were recorded in these records. This

# Patient transport services

could include incidents or complaints, as well as actions taken. Any occasions where 999 had to be called because a patient became unwell were also recorded in the daily diary sheets.

- The daily diary sheets which included patient and journey details were stored securely in a locked cabinet for over eight years.
- Staff told us that they received all the information they required to be able to deliver safe transfers for patients. Staff told us they were made aware of any complex care plans where relevant. Any pre-existing conditions or safety risks were identified during the risk assessment.
- The patient transfer sheet had a resuscitation section where resuscitation decisions could be documented. The form asked whether there was a do not attempt cardio-pulmonary resuscitation (DNACPR) decision in place and whether the form was carried in transit. Staff told us that they always carried original DNACPR documents on the vehicle and handed them over when they arrived at their destinations. The service had a resuscitation policy and there was further guidance in the staff handbook to support staff.

## Medicines

- **The service was not required to use systems and processes to safely prescribe, administer, record and store medicines.**
- No medicines were administered or stored as the service did not carry out any clinical activity.
- Patients could carry their own medicines with them during transit.
- Staff told us that they completed online training on managing medical gases. There were occasions where the service was required to transport medical gases from other care providers that were in use by the patient.

## Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned**

**with the whole team. When things went wrong, staff were aware of their responsibilities to apologise and give patients honest information and suitable support.**

- The service had an up to date incident reporting policy in place to guide staff in the process of reporting incidents.
- The service reported no incidents from April 2018 and March 2019.
- Since our previous inspection, the service developed an incident log. Although there were no incidents reported, the log identified different types of incidents and the number of each incident type per month over the period of a year. This meant that the service leads were able to effectively monitor any incidents that occurred and identify any emerging trends.
- The members of staff we spoke with were aware of the incident reporting process and stated that debriefs were available to staff in the event of an incident occurring. Staff were able to provide examples of incidents that would be reported if they occurred.
- Although the service reported that there had been no incidents during the reporting period, there were processes in place for sharing learning. The service sent staff bulletins via email with any updated information. Team talks also took place, with a presentation documenting the topics of discussion. The team talks provided a forum for staff to consider any learning and ensured that the learning was shared.
- In the event of an incident, the registered manager was qualified to undertake root cause analysis (RCA).
- The service reported no incidents from April 2018 to March 2019 that met the requirements of the duty of candour. Duty of candour is a regulatory duty under the Health and Social Care Act (Regulated Activities Regulations) 2014 that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had an up to date policy on being open and the duty of

# Patient transport services

candour. The policy included information and guidance for staff, and an example letter to support staff with the initial communication with patients related to the requirements of the duty of candour.

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

Good 

This was the first time we have rated this service. We rated it as **good**.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- We reviewed policies, procedures and guidance information which referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and the Department of Health (DoH). However, some of the policies, such as the mental capacity policy and the being open and duty of candour policy were NHS focused, and required updating to ensure they were applicable to the service they provided.
- Staff knew how to access guidance. All the service's policies were available for staff to access via their work phones. This meant that staff had access to guidance while working remotely.
- The service employed a human resources lead who supported the service to ensure policies were kept up to date.
- The service audited its performance with obtaining consent. Information provided by the service stated that they were 100% compliant with obtaining patient consent to undertake journeys from April 2019 to September 2019. The service also monitored key performance indicators they had for their contracted journeys. This included the number of patient journeys and their response times for journeys undertaken under their contract.

- Exclusion criteria was included in the staff handbook to help staff assess a patient's eligibility to use the service. A patient would not be eligible to be transported by the service if they were under 18, travelling with children, required medication administration during transportation, weighed 18 stone or greater, posed a high risk to themselves or staff, or did not pass the service's risk assessment which was completed for every patient.

### Nutrition and hydration

- **Staff assessed patients' food and drink requirements to meet their needs during a journey.**
- Due to the nature of the service provided, food was not routinely offered to patients. However, in the event of long journeys, staff would allow sufficient breaks to ensure patients could have their nutritional and hydration needs met.
- Staff told us that they kept bottles of water on the vehicles so that they could offer drinks to patients.

### Response times

- **The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients.**
- The service monitored the number of patient journeys they undertook. From April 2018 to March 2019 the service carried out a total of 410 patient journeys.
- The service monitored response times for journeys completed under their contract with local clinical commissioning groups (CCG). They achieved 100% of their response times to calls within one hour. The service aimed to pick up all patients within one hour of booking, however, response times were not monitored for journeys outside of the CCG contract, therefore we were unable to assess whether this was achieved for all journeys.
- Data was collected on all patient transfer sheets including the time of the request, time of pick up, time of drop off and any delay, however, the data was only used to monitor patient journeys that were undertaken under their CCG contract.

# Patient transport services

- We contacted five patients and carers who gave their permission for us to contact them after the inspection. All of those we spoke with told us that staff always arrived on time and they were always on time for their appointments.
- The service did not benchmark itself against other providers. Due to the small size of the service and the fact that all journeys had a nursing escort, the service leads were unable to identify a provider similar to themselves to facilitate this.

## Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.**
- All staff received an induction to the service before they started their employment and completed an induction checklist. The nurses we spoke with told us that they were supported by another member of staff on all journeys when they first started their employment.
- New drivers also received a two week orientation under supervision when they joined the service. There were no ongoing competency checks, however driving licences were checked on an annual basis, with a copy securely kept on file. The last driving licence checks took place in May 2019.
- The human resources (HR) lead monitored the completion of appraisals. Information provided by the service following inspection stated that the appraisal rate for staff was 100%. Appraisals took place on an annual basis and were completed by the registered manager who was the clinical lead for the service.
- All staff we spoke with told us that they were supported in their development. One member of staff told us that they identified sepsis as an area of interest and were supported to attend a course. Staff told us they had sufficient support to be able to carry out their roles.
- The service held team talks. These were meetings which were held quarterly. The team talks provided a forum for staff to consider any discussion points or learning from patient journeys to improve the service provided.

- The service had access to an occupational health advisor which ensured there were support mechanisms in place for staff.
- Staff received training to prepare them for supporting a patient with a mental health condition, or people with multiple or complex needs. Staff were required to complete mental health, dementia and end of life care training. All members of staff completed these training courses. This was an improvement from our last inspection, as it was identified that there was limited guidance and training available.
- The registered manager supported all nurses to complete their professional revalidation with the Nursing and Midwifery Council (NMC).

## Multidisciplinary 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 worked well with other agencies to establish all the relevant information they needed in order to assess whether they could meet a patient's needs and accept a request to transfer them. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.
- Staff gave examples where they had coordinated with other providers to support patients to achieve a positive outcome. For example, they told us about an occasion where they worked with hospice staff and a community matron to stretcher transfer a patient from their own bed to a new hospital bed. The stretcher converted into a seated position, which meant that staff could manoeuvre patients around tight corners and into small lifts.
- Team talks took place once per quarter. This allowed the staffing team and the management the chance to reflect on their practice, have a discussion about anything within the service that could be done differently and ensured staff were supported to carry out their roles effectively. We reviewed the May 2019 team talk which included a reflection of four areas of



# Patient transport services

practice. Actions taken were reviewed and learning points were identified. For example, one learning point was to ensure that referrers provided an exact weight rather than an approximate weight.

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

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- Staff understood the relevant consent and decision making requirements of the Mental Capacity Act 2005. Staff were required to complete training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This training was incorporated into the safeguarding adult training and staff were required to complete it every three years.
- The registered nurse present for each patient journey was responsible for obtaining consent. There was an up to date consent policy for staff to follow which was last reviewed in March 2019. The policy contained a flow chart to support staff to obtain consent. There was a section on the patient transfer form for consent to be recorded.
- The service had an up to date mental capacity policy which included best interest guidance and information about DoLS.
- The service carried out a consent audit for the period April 2019 to September 2019 and found that consent had been recorded on 100% of patient journeys.
- The nurses we spoke with told us that they always sought consent and that this was usually provided verbally. The nurses demonstrated an understanding of consent, capacity and best interests decisions.

## Are patient transport services caring?

Outstanding 

This was the first time we have rated this service. We rated it as **outstanding**.

## Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- Following the inspection, we contacted five patients and carers who gave their permission for us to contact them. Feedback from all of those we spoke with stated that they were always treated well and with kindness. Feedback was continually positive about the way staff treated people. People told us that they thought staff went the extra mile. One person described the service as the best transport system they had ever used and told us that they knew the staff genuinely cared about them. Carers we spoke with told us that staff always spoke to both them and the patient to ensure they felt included. Patients were asked what they would like to be called and what route they preferred to travel.
- Staff provided numerous examples where they had provided additional support to patients. Staff told us that they would routinely go out and buy essentials for patients if they transported them home and realised they did not have any food in their house. Staff bought essential items such as bread, milk and teabags.
- Staff told us about an occasion where they transported a patient home, who had been away for some time, to find that the house was cold and there was no food in the cupboards. The staff put the heating on and shopped for some essentials to ensure the patient's needs were met.
- Nursing staff told us that they sometimes provided additional assistance, for example, during long journeys they have assisted patients to get changed or empty their urinary catheter if needed.
- Staff told us that they provided follow up telephone calls to some patients; particularly those who lived alone and had little or no family support to see if they were ok. This was confirmed by a patient we spoke to.
- There was a strong, visible person centred culture. The service prided itself on its patient focussed approach. Staff were highly motivated and inspired to offer care that was kind. Relationships between people who used the service, those close to them and staff were strong,

# Patient transport services

caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Two of the carers we spoke with described all the staff as professional, caring and genuinely kind.

- The service worked with a local hospice to support a last wish scheme for terminally ill patients. The scheme allowed patients to complete an activity that they have always wanted to do. For example, the service had supported a patient to go on a fishing trip with family members. These trips were highly appreciated by patients and their families.

## Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal needs.**
- People's emotional needs were seen as being as important as their physical needs. The service provided nursing escorts for all patient journeys. These members of staff had the skills to identify emotional distress in patients and provided them with support to help them feel calm and to manage any fear. The nurses we spoke with told us that they were able to explain what patients could expect to help ease any worries they had.
- Feedback from carers stated that staff always ensured they communicated with the patients to tell them step by step what they were going to do, continuing to reassure them throughout the journey. Carers fed back that staff continually engaged patients in conversation and made them laugh to help take their mind off their hospital appointments which made them feel more at ease during their journey.

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

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Feedback we received from carers stated that when they were not able to be present on journeys, staff contacted them to update them and reassure them that their loved one was alright. The carers we spoke with highlighted that this was important to them and the staff made an effort to ensure they remained involved in their loved one's care.

- It was possible for a relative or carer to travel with patients in the vehicles. There was enough space for one additional person in each vehicle.
- The patients and carers we spoke with told us that staff contacted them to confirm a booking and to check the arrangements were correct. They told us that staff contacted them once again when they were on their way to pick them up, and that this made them feel less anxious. One person told us that no other services they used provided that care.
- The service sought feedback from patients and carers and provided feedback cards when appropriate. We reviewed some feedback cards and letters. All of those we read had positive comments. Some of the comments included "Very caring service" and "You have made it a pleasurable trip".
- Patients' eligibility to the service was communicated over the phone or face to face following completion of the service's risk assessment. One nurse we spoke with described how they communicated to a patient when they were not accepted. They explained to patients that the vehicle was not suitable for their transfer and that their priority was the patient's safety and comfort.

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

Good 

This was the first time we have rated this service. 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 people who were risk assessed to be appropriate for the service.**
- The service was planned and designed to meet the needs of patients who were risk assessed as appropriate for the service. The service accepted bookings over the telephone or via email. The service accepted bookings

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from 9am to 5pm, Monday to Friday. The service completed journeys at weekends to accommodate the needs of patients they supported. They rarely facilitated overnight journeys.

- The service held a contract with six local clinical commissioning groups (CCG). The contract mainly included routine services of patients requiring transport for regular hospital appointments or unplanned transportation. This included hospital discharges.
- To meet contractual requirements, the service was expected to meet key performance indicators (KPIs) around response times. Data from April 2019 to September 2019 showed that 100% of bookings were responded to within one hour. This exceeded the provider's target of 90%. This information was only monitored for journeys under the CCG contracts. The service was flexible and could facilitate last minute requests for transport journeys.
- The service leads told us that if they received a booking request that they were unable to meet, they would not accept it. They only accepted bookings that they knew they could fulfil.
- The service was expected to meet KPIs around collection times. Data from April 2019 to September 2019 showed that 100% of patients were collected within one hour of the agreed collection time. This was better than the target of 90%. This information was only monitored for journeys undertaken under the service's contract. Staff told us that if a patient had a hospital appointment, they waited until the patient was ready to be collected to ensure they collected them on time and the patient did not have to wait.
- Following our inspection, we spoke to five patients and carers. Every person we spoke to told us that the staff always arrived on time and they never missed any appointments.

## Meeting people's individual needs

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

- Where the service transported regular patients, the service tried to ensure continuity of staff if the bookings took place on the same day. However, staff told us that all staff members got to know patients who regularly used the service due to the small size of the team.
- Staff contacted patients prior to their journey to ensure they understood the individual needs and preferences of patients. Where the service had sufficient notice, they completed pre-visits ahead of the booked journey. This allowed staff to assess the layout of the home environment and ask patients whether they had any specific needs for their journey.
- The service provided transport for patients from a local hospice. They also completed a number of other journeys for end of life patients. The service leaders identified this was an ongoing need and employed a specialist end of life nurse to improve care and support the needs of patients at the end of their lives.
- The vehicle we inspected had a glass roof. This meant that when a patient was being transported on the stretcher, they were able to see outside to help prevent them feeling too enclosed
- Staff received training to help them support patients with mental health conditions. The nurses we spoke with were aware of de-escalation techniques to help keep people calm if they became agitated during a journey.
- Staff were experienced with supporting patients living with dementia. Staff told us that they explained things clearly to patients, reassured them that they were safe, held their hand and encouraged them to share any concerns they had where possible. All staff received training in dementia awareness.
- The service had updated its patient transport form following our last inspection to ensure that any communication needs were identified. This ensured that staff were aware if patients were living with dementia or a learning disability. Staff had the necessary information available to allow them to respond to individual needs in the event of transporting a patient living with dementia or a learning disability.
- The patient transfer form also highlighted any language needs and any visual, hearing or speech impairments.

# Patient transport services

The service did not provide communication cards or other communication aids to help support communication with patients with complex needs. This is not in line with the accessible information standard.

- There was a process in place for staff to follow if English was not a patient's first language and they required support. This information was included in the staff handbook. It directed staff to an interpreting and translation service that could be accessed online. However, when we spoke with staff, they were not aware of this process and informed us that they would access hospital interpreting services. The service has not needed to access interpreting services to date.

## Access and flow

- **People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**
- Access to the service was monitored through key performance indicator (KPI) monitoring in conjunction with local clinical commission groups (CCG).
- Bookings were mainly made on an ad-hoc basis on the same day they were required, although some transfers were planned in advance, for example in the case of a long journey. The service did not monitor the exact proportion of same-day bookings.
- The managing director carried out patient transfers themselves as one of the drivers, or contacted the other driver once a booking had been made. They also contacted the nurses to check their availability to ensure an escort could be provided. Bookings came from other care providers, patients themselves or their families or carers.
- The service aimed to pick patients up within one hour of the booking being made (unless it had been made in advance for a specific time and day). The patient transfer form included the pickup and drop off times, the time of the request and any delays. Although these forms were destroyed after use, the data was extracted for audit purposes before they were destroyed. While the service monitored response times, collection times and any cancellations, this was only monitored for journeys provided under the contract the service had with local CCGs, rather than all journeys they carried out.

## 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.**
- All vehicles carried feedback cards for patients to complete. The feedback cards included information for patients and carers on how to complain about the service, which directed them to the service's website.
- The service reported that they received no formal complaints from April 2018 to March 2019 from patients or carers who used the service. The service had a clear, up to date complaints policy in place which provided staff with guidance on the complaints process. It also included a grading system which advised staff on the seriousness of a complaint. The staff induction checklist monitored that staff were aware of the complaints process.
- The service held a complaints log. As the service had not received any complaints, there were no complaints documented in the log, however, it demonstrated that the service had a process for oversight of complaints that might be raised in the future. The complaints log included sections for details of complaints, the date complaints were resolved, lessons learnt and how learning was shared.
- Staff shared an example of an issue raised by someone who used the service. The issue was not raised as a formal complaint, however, the managing director fed back to the staff member involved in the journey to ensure they were made aware. The issue was a comment about the environment of the vehicle feeling enclosed.

## Are patient transport services well-led?

Good 

This was the first time we have rated this service. We rated it as **good**.

## Leadership

# Patient transport services

- **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.**

- The registered manager was the clinical lead for the service. The clinical lead managed the nurses, information governance (IG) advisor, human resources (HR) advisor and the service level agreement with a deep cleaning service. The managing director was the operational lead for the service. The operational lead managed the drivers, company secretary, accountant and payroll services.
- Staff we spoke with were clear about the roles and responsibilities of the leaders of the service, and told us that they were visible, approachable and supportive. The managing director was one of the drivers for the service, which meant that nursing staff had regular contact with them. This dynamic allowed the service to be led from the front, with one of the service leads directly delivering the service that the organisation provided.
- We spoke with five members of staff who all told us that they felt confident they would be able to raise concerns with their management if required. They told us that the management were receptive to feedback and continually wanted to improve the service.
- The leaders were aware of the main challenges to the service, which they identified as the unpredictable demand on the service and the inability to offer their staff regular hours of work.

## Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- The service had a clear philosophy which was to put the patient first.
- The service had a list of key aims and objectives, which were also displayed on their website. The aims and objectives included: to ensure a high standard of patient experience and always offer a friendly face and an understanding attitude that puts patients, families and carers at their ease; to ensure that all journeys protect a person's dignity, privacy and vulnerability by ensuring

their needs and wants are met by one to one support from a registered nurse; to maintain a professional customer focused approach; to ensure that staff are appropriately prepared and trained to deliver the service; and to promote excellent communication at all levels and fostering the best of working relationships with all healthcare colleagues for the benefit of patients.

- Staff we spoke with were aware of the patient focussed values of the service. They also told us that the service leaders consulted them on any potential changes to the service. For example, staff told us that service leaders asked for the views of staff before they submitted the bid for the contract they achieved with local clinical commissioning groups (CCG).
- An explanation of the philosophy of the service was included on the induction checklist for new staff.

## Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.**
- We spoke with five members of staff, who all spoke highly of the culture of team work within the service. Staff reported feeling encouraged by the managers, describing them as supportive and valuing their contributions.
- Staff felt proud to work for the organisation and felt that they were valued. One member of staff told us they were always made to feel important.
- Staff were consistently positive of each other and their teamwork, and stated they had close working relationships and always supported one another.
- The service leads told us they had a number of staff who worked for the company for several years. They described staff as committed to the service with a 'can do' attitude.

## Governance

- **Leaders had improved governance processes throughout the service. Staff were clear about their roles and accountabilities and had opportunities to meet, discuss and learn from the performance of the service.**

# Patient transport services

- The service had an incident reporting log and a complaints log which provided a framework for monitoring any incidents and complaints. The complaints log was designed so that relevant dates would be captured so that the service had oversight of whether they responded within appropriate time frames. The complaints log also included sections for lessons learnt and how learning was shared. Although these processes were in place, we were unable to assess how well the service responded to incidents and complaints because they had not received any.
- Record keeping systems had improved since our last inspection. For example, the daily vehicle checks and vehicle deep cleans were completed, however monitoring of this was not yet embedded. Although the risk assessment forms and patient transfer forms were destroyed after use, relevant information about journeys was held within the daily diary sheets which were retained for a period of eight years. They contained sufficient information to enable the service to address any complaints or concerns in line with policy if they arose at a later date.
- We were not assured that consumables in the first aid kits and the fire extinguishers in the vehicles were being regularly checked.
- The service did not hold formal governance meetings due to the small size of the service. However, the service held team talks. These were held quarterly and were documented in the form of a presentation that included the topics of discussion. The team talks provided a forum for staff to consider any learning from patient journeys and ensured that the learning was shared.
- The service followed correct recruitment processes through ensuring staff had an enhanced Disclosure and Barring Service (DBS) check as part of the recruitment process.
- We reviewed the files held for the registered manager and managing director which were kept electronically. We were assured that they were compliant with the requirements of the Fit and Proper Persons regulations in relation to directors. The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role. The files held included curriculum vitae (CV), DBS and nursing and midwifery

council (NMC) registration for the registered manager. The service had a fit and proper persons policy which included a process for checking ongoing compliance with the regulations.

## Management of risks, issues and performance

- **Leaders used systems to manage and monitor performance. They identified and escalated risks and issues and identified actions to reduce their impact. However, we could not be assured that the risk register was reviewed regularly.**
- The service had a risk register which was introduced following our last inspection. The risk register contained three risks to the service; road traffic accident, equipment malfunction and access to property. Each risk contained controls that were in place to mitigate the risk. They were also graded based on the likelihood and severity of harm. However, there were no review dates documented on the risk register so we could not be assured that it was reviewed regularly. The risk of equipment malfunction referred to the stretcher and carry chair, but did not include other equipment on the vehicles such as the consumable items and fire extinguishers.
- The service had a process in place for managing serious incidents whereby they would hold serious incident forums. The service had not held any of these forums to date as they had not had any serious incidents.
- The service carried out a risk assessment ahead of every patient journey. The risk assessment captured any manual handling needs, communication needs and any challenging behaviour. This was supported by the use of the patient transfer sheet which captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers. As these records were destroyed after use we were unable to verify whether they were completed correctly.
- The service was developing a quality dashboard. At the time of our inspection the dashboard was used to monitor incidents, near misses, referrals to social care, safeguarding referrals, vehicle checks, vehicle deep cleans, feedback from the staff survey and patient consent. The information held was from April 2019 to September 2019.

# Patient transport services

- The registered manager told us that there were plans to develop the dashboard further to improve oversight of the service. We reviewed the information that the service planned to include in the dashboard which included: patient feedback, transporting end of life patients, number of referrals to language services and the number of private bookings.

## Information management

- **The service collected data, however some of the data was only collected for journeys provided under contract. Leaders could find the data they needed to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- The service collected data for key performance indicators (KPI) that the service was required to report on. The IT systems used by the service supplied reliable data to enable them to submit data as required.
- The service monitored obtaining patient consent, incidents, near misses, referrals to social care and safeguarding referrals.
- Records of journeys containing person identifiable data were paper based records stored in a locked cabinet and retained for a period of eight years.
- The service's policies and procedures were available for staff to access online. They were able to access them through an application on their work phones.
- The service employed an information governance (IG) lead who supported the service to ensure information was managed appropriately. The IG lead ensured systems and processes were compliant with the General Data Protection Regulation (GDPR) introduced in May 2018. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

## Public and staff engagement

- **Leaders engaged with staff and local organisations to plan and manage services.**

- Staff surveys were completed and staff received appraisals. Staff were asked whether they thought there was anything that could be improved within the organisation. The service reported 100% compliance with the staff survey.
- Leaders and staff told us that staff were engaged in any potential developments in the service. For example, staff told us that service leaders asked for the views of staff before they submitted the bid for the contract they achieved with local clinical commissioning groups (CCG).
- The service sought feedback from providers in the community that used the service. This was in the form of questionnaires. The service received feedback from two other providers. Both responses were positive throughout and stated that the service was reliable, flexible and accommodated the needs of patients.
- There was limited engagement with the public, however the service sought feedback from patients and carers and provided feedback cards when appropriate for them to complete. They could also share feedback via the website.

## Innovation, improvement and sustainability

- **All staff were committed to continually learning and improving services.**
- The service was proud of their patient centred approach and was not willing to allow changes to the service that may compromise it. The service provided nursing escorts who accompanied every patient journey. Feedback from patients and carers about the way the service was delivered was positive; they stated that they felt safe and reassured throughout their journeys.
- The service employed an information governance lead and a human resources lead on an ad-hoc basis. This demonstrated that leaders reviewed the needs of the service and were proactive in ensuring the service remained compliant with new legislation, such as, the General Data Protection Regulation (GDPR).

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff routinely went over and above their job roles to support patients. When staff transported patients home they ensured they had basic supplies of food, and bought essential items for them if required.
- Staff told us that they provided follow up telephone calls to some patients; particularly those who lived alone and had little or no family support to see if they were ok. This was confirmed by a patient we spoke to.
- The service employed a specialist end of life nurse. This acknowledged the demand for journeys for end of life patients to ensure the needs of those patients were met.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure staff are aware of their responsibilities to report safeguarding concerns directly to the local authority.
- The provider should ensure all policies are specific to the service provided.
- The provider should ensure there are processes in place to ensure the quality monitoring of vehicle deep cleans and vehicle equipment takes place.
- The provider should introduce alternative communication aids to help support communication with patients with complex needs, and ensure they are compliant with the accessible information standard.
- The provider should consider methods to increase their public engagement.
- The provider should update their risk register to demonstrate that actions have been assigned to individuals and include dates of review.
- The provider should continue to develop its monitoring of quality and delivery to include the service as a whole, not just journeys carried out under the contract.