

OnCue Transport Limited

OnCue Transport Limited

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We carried out an inspection of OnCue Transport Limited using our comprehensive methodology on 16 November 2022 to 22 November 2022.

This was the first time we inspected the service. We rated it as good because:

- 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 kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers ensured staff were competent for their roles. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, 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 the service.
- 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 patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

The service had not been previously inspected or rated. During this inspection we rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to OnCue Transport Limited

OnCue Transport Limited provides non-urgent, planned transport for adults with a medical need who need to be transported to and from NHS services. They are a sub-contractor organisation, and take transport bookings directly from partner organisations. They undertake approximately 4500 journeys per week.

OnCue Transport Limited has a fleet of 166 single man crew vehicles. Each vehicle is configured to carry both walking, wheelchair transferable patients and wheelchair bound patients, as well as escorts when required. OnCue Transport Limited has 160 driver companions who are subcontracted to the service. The provider directly employs 30 members of staff including administration workers, control room staff, fleet management staff, and senior managers.

The provider was registered on 22 September 2022 to carry out the regulated activity 'transport services, triage and medical advice provided remotely'. The service was previously registered since 31 May 2011, under the name of Q Despatch (West) Limited.

The service had a registered manager in post at the time of our inspection.

The provider does not transport any children, bariatric patients, palliative patients requiring medical support or patients detained under the mental health act using secure transportation.

This was our first inspection of the service since it was registered.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection from 16 November 2022 to 22 November 2022.

We visited the main base of this location in Hampstead, London, which included the control room.

During our inspection we spoke with 15 staff members including control room staff, driver companions, fleet maintenance, supervisors and senior managers. We spoke with four partner organisations, and 6 patients. We checked 7 vehicles and reviewed 5 patient records.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure all employees have appropriate and validated professional references in place prior to commencing employment.

Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

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

Are Patient transport services safe?

Good 

This was the first time we rated safe at 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.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Topics included, but were not limited to, basic life support; infection prevention and control; safeguarding; disability awareness; dementia; and preventing radicalisation.

At the time of our inspection, compliance with mandatory training for the various modules was 100%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files and ensure staff completed training in a timely way.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding adults at risk of harm and safeguarding children and young people's policies were in-date and accessible to all staff.

Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults and children in vulnerable circumstances. All staff knew who the safeguarding lead was, how to make a safeguarding referral, and who to inform if they had concerns.

Staff received training specific for their role on how to recognise and report abuse. All staff had received level 2 training in safeguarding adults and children. The registered manager was the Safeguarding Lead trained to level 4. This met the requirements within the intercollegiate documents for adults and children's safeguarding training. Compliance with safeguarding training at the time of our inspection was 100%.

Safety was promoted through recruitment procedures and employment checks. Staff had enhanced Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There had been no safeguarding concerns reported to the CQC in the reporting period, from November 2021 to October 2022.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and generally well-maintained. This included the garage bays where vehicles were deep cleaned. During the inspection we viewed vehicles and saw they were visibly clean and in a good state of repair. The service had an up-to-date vehicle cleaning standard operating procedure (SOP) in place.

Driver companions maintained the cleanliness of their vehicle during their shift. For example, they cleaned down any surface areas used by patients or others onboard in between journeys. Driver companions were responsible for the daily cleaning of their vehicles.

Partner organisations regularly monitored the cleanliness of the vehicles as part of their contracts with OnCue Transport Limited. Staff adherence to infection control procedures were also monitored. Audits for three partner organisations showed that the service achieved above the targets set by each partner organisation for vehicle cleanliness and staff adherence to infection control procedures.

Vehicles were routinely deep cleaned on site by an external company every eight weeks or after any seriously contaminated patients. During the inspection we observed five vehicles being deep cleaned which including fogging the vehicle. We reviewed seven deep cleaning records which showed that all vehicles had been cleaned, and tests had been undertaken to check the cleanliness of the vehicle afterwards.

Provisions within the organisation promoted good hand hygiene in line with best practice. Staff followed infection prevention control processes in place to minimise the chance of cross infection. All staff were up to date with yearly infection prevention and control training and had good knowledge of infection prevention control processes. All staff we saw were bare below the elbow.

Patient transport services

Cleaning of the service's registered premises and all facilities fell to a separate domestic services, who were responsible for their own auditing.

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.

The design of the vehicles followed national guidance. At the time of our inspection the service had 166 vehicles that were suitable for use. Each single crew vehicle was equipped with its own wheelchair. During our inspection, we checked seven vehicles. We found that vehicles were well stocked, and the equipment, including wheelchairs, were working and well-maintained. We saw that all staff were trained in the use of wheelchairs and staff secured the wheelchairs to the floor of the vehicles correctly.

We checked the maintenance records for seven vehicles and saw that all had received full services and were MOT compliant. We saw that all the fleet was DVLA compliant. Vehicles were serviced every 20,000 miles or 24 months, whichever came first. We saw the vehicle tracking system alerted staff when a vehicle was approaching its service due date.

Staff completed a vehicle checklist using an app at the start of their shift which required them to report stock, mileage, and any issues with the vehicle. In addition, staff completed weekly vehicle checks. Staff told us there was a defect reporting process and they had to complete a form when they identified a defect with their vehicle. Managers were able to use the app to monitor compliance with checking vehicles, as well as having early oversight of any vehicle problems.

Maintenance concerns were generally responded to in a timely manner. Vehicles were taken off the road when faults were reported. The faults were managed by the fleet supervisor. The service used local garages to carry out repairs to vehicles. The fleet supervisor was trained in vehicle maintenance and able to quickly identify faults.

Staff managed clinical waste well. Waste was appropriately disposed of in line with each partner organisation's policy. Disposal of all waste was monitored by the partner organisations, and audits showed staff were compliant with their waste disposal policies and procedures.

The management of control of substances hazardous to health (COSHH) standards within the organisation was in line with best practice. The equipment was locked away and stored appropriately.

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 provided by this location was patient transport services delivered by driver companions for patients who were not acutely unwell. Staff did not take routine observations of vital signs for standard patient transport journeys but were aware what to do if a patient became unwell.

Patient transport services

Staff responded promptly to any sudden deterioration in a patient's health. The service had a safe and effective escalation process for deteriorating or seriously ill patients. Staff would usually call 999 but may take patients back to hospital if they were onsite or very close as per their deterioration of a patient during transport policy. As they were not an emergency service and completed a thorough eligibility criteria assessment with patients, this rarely happened.

Staff and patients told us that staff interacted with patients regularly and were attentive to their needs throughout the journey. This meant they would pick up on any signs of patient deterioration promptly. Staff and patients told us that drivers would safely fasten patients into seats, or safely secure their wheelchairs, and checked they were comfortable before transportation, and checked the environment was safe when arriving at the patient's destination.

The service ensured that there was a risk assessment in place to ensure patient safety. The referring partner organisation was required to complete a risk assessment for the planned patient transportation. This was reviewed by the service prior to them accepting the transfer. The service also completed their own formal risk assessment using a risk matrix to identify any red flags such as if a patient had additional needs, infection control needs, or used specialist equipment.

The service had risk assessments in place. These included wheelchair assessments, ramp use, vehicle assessments, equipment assessments and visual assessments by staff of the patient's environment. Any identified safeguarding concerns, for example patient is not safe at home, would be immediately reported to the correct team for action and in some cases, patients were transferred back to hospital.

The service had systems to monitor how safely driver companions drove vehicles, and all staff had high scores for driver safety. The service had a full vehicle maintenance and service agreement plan in place. Due to the tracking system staff could often anticipate any fleet or breakdown issues.

Staff could contact a senior manager 24 hours a day, 7 days week if they needed to escalate a risk or seek advice or help.

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.

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe. There were a total of 170 staff working for the service, of which 30 were permanently employed; the remaining staff are sub-contracted self-employed working on an ad-hoc basis. Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.

The service had a control room which monitored the location of all vehicles and was in regular communication with the staff on the vehicles regarding patient journeys and new requests for work.

All staff records were securely stored on an electronic system. Managers made sure all new staff had a full induction tailored to their role and a high level of support.

During the inspection we reviewed five substantive staff files, and five driver companion files (those working on a sub-contracted self-employed basis). All staff had an up-to-date DBS check, proof of identification, and application details. The driver companion files also showed evidence of appropriate driving licences.

Patient transport services

The service had obtained two references for all driver companions, which included one personal and one professional reference. However, four of the substantive employees had only one reference in place, and one member of staff did not have any references. We saw that these references were personal references and had been completed by senior managers at OnCue Transport Limited. We did not see any professional references for substantive staff meaning leaders did not have evidence of conduct for their previous employment. We raised this with the leaders at the time of in the inspection, who told us that the substantive staff were known both personally and professionally to senior management and therefore they did not have any concerns regarding individual members of staff's conduct on their employment. Since the inspection the service has provided CQC with professional references for all substantive members of staff, which have been completed by previous employers who do not work at OnCue Transport Limited.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

During our inspection we looked at five patient records. Patient records were appropriate, and all staff could access them easily. Records were stored securely. Patient records were electronic and initiated by the control room operatives when taking a booking.

The records contained relevant information to enable driver companions to safely transport patients. This included details of the patient and their journey, details of any vulnerabilities, risks and the patients' Covid-19 status.

Medicines

Due to the nature of this service, staff did not carry or have access to on-board medications. However, we saw a medicines management policy that covered the transporting of patients' personal medication.

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.

The service had an up-to-date incident reporting policy, which detailed staff responsibilities to report, manage and monitor incidents. An electronic reporting system was available which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

There had been no never events at the service from November 2021 to October 2022. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

During the same reporting period, one serious incident had been reported. The incident had been reported and investigated in accordance with the provider's policy for incident management, and lessons learnt had been fed back to staff.

Patient transport services

The provider had a duty of candour policy which staff could easily access. 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents was shared in a variety of means including weekly senior management meetings, daily staff briefings, and emails.

Managers debriefed and supported staff after any serious incident. Staff we spoke with corroborated this.

Are Patient transport services effective?

Good 

This was the first time we rated effective at this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service ensured that guidelines and local policies were available for staff to access easily. Staff followed NHS England eligibility criteria for patient transport service to ensure they transported appropriate patients.

There was a comprehensive range of local policies and procedures for the safe transfer of patients and any relevant activity. There was an effective process for managing and reviewing policies. We reviewed 8 policies which were all in date.

There was a regular audit programme across the service. Managers used information from audits to improve care and treatment. For example, infection prevention and control, and key performance indicator audits such as response times. The results of these were shared with staff and reported as part of the services' assurance process.

When handing over care, staff routinely referred to the psychological and emotional needs of patients. Staff spoke with hospital and care home staff, carers and family when collecting or dropping off patients. They shared information about the patient relevant to the patients' needs.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff received specific training as part of their mandatory training. All staff we spoke with understood the principles of the Act and could give examples of considerations in practice to support people. The service did not provide a secure transport service for people detained under the act.

Patient transport services

Nutrition and hydration

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

Patients' nutrition and hydration needs were considered and there were arrangements, such as bottled water in the vehicles, which could be given to the patient if required. Longer journeys were planned in advance and staff could stop at service stations if it was appropriate to do so. Staff considered the needs of individual patients taking into consideration any special dietary requirements.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The service had an effective system to regularly assess the quality of its services to ensure outcomes were monitored and measured. Regular audits and monitoring of key performance indicators facilitated this.

The service used locally agreed key performance indicators to monitor objectives. Data was collected and reported at regular intervals to monitor performance. This included information about journey times, punctuality, complaints, and number of patient transfers. Punctuality reports were discussed at weekly external clinical governance meeting with referring organisations.

In the reporting period 1 November 2021 and 31 October 2022, there were 228,000 patient transport journeys undertaken. The service operated between the hours of 6am and midnight, seven days per week.

The service monitored the number of patient transfers completed and tracked journey times. Each vehicle had an electronic tracking system which was used to monitor response times. The software allowed staff to run reports to help them identify when improvements might be needed. We saw that the service consistently met the response and journey times key performance indicators (KPIs) set by each partner organisation over the previous 12 month period, scoring over 95% in all KPIs for response and journey times.

Competent staff

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

Staff had the right skills and knowledge to meet the needs of patients. Staff employed by the service were trained to carry out their roles.

The service had effective staff recruitment processes in place. Most necessary checks on new staff had been carried out. There was a process in place to ensure that driver companions held an appropriate license to drive vehicles. Licenses were checked as part of the recruitment policy. Each staff member had a file which contained details of their application, enhanced disclosure and barring service checks (DBS) and references. However not all staff had appropriate reference checks in place.

Managers gave all new staff a full induction before they started work. Driver companions who were new to the service, underwent an induction training which comprised classroom-based induction and driving training. The classroom

Patient transport services

training was a combination of face-to-face training such as basic life support and manual handling, and e-learning. Following this, new staff members were allocated to shifts with more experienced drivers. New driver companions were not permitted to work alone until they were signed off as competent. A member of staff we spoke with had recently completed their induction and felt confident to complete their role following their training.

Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge. Staff we spoke with confirmed the provider offered refresher training on a regular basis and ensured staff were up to date with their skills, knowledge and learning requirements.

Managers supported staff to develop through constructive appraisals of their work. As of October 2022, 100% of staff had received an appraisal.

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.

The team worked well together and communicated effectively for the benefit of patients and their families. There was effective team working between all staff including the senior management team, transport coordinators and driver companions.

Staff worked across health care disciplines and with other agencies when required to meet the needs of the people who used the service. The service had established strong links with the local NHS trusts, as well as independent providers. They worked with managers and other professionals to help keep patients safe and provide a quality service.

We spoke with three partner organisations, and all feedback regarding the service was very positive.

Staff spoke positively of team working, effective communication and peer support. We observed constructive examples of staff working well together.

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.

The Deprivation of Liberty Safeguards were not applicable for this service.

Staff gained consent from patients for their journey in line guidance. Staff had access to an up to date policy on consent. Where patients with capacity to consent declined to go on the transport, staff respected this decision although did try to encourage patients to make the journey.

Staff received training in the Mental Capacity Act. At the time of inspection, 100% of staff had received their training.

The service transported patients who were voluntarily attending treatment for mental illness. Staff engaged with hospital staff and escorts to ensure the patients' rights were upheld.

Patient transport services

Staff gained consent from escorts or carers if they deemed a patient to not have capacity. We acknowledged that patients with more severe dementia who were less likely to have capacity were usually supported by carers on the journey therefore asking registered carers in the best interests of the patient was appropriate.

Are Patient transport services caring?

Good 

This was the first time we rated caring at this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients we spoke with told us that staff treated all patients as individuals, courteously and helped them remain autonomous and independent wherever possible. Staff were trained to care for patients in a way that respected dignity by ensuring they were addressed in their preferred way. Staff appropriately dressed patients prior to transfer.

Staff asked patients if they wanted to walk or use a wheelchair. Staff communicated with patients during the transfer from hospital and when discharging them home by explaining what was happening to ensure they understood.

Patients said staff treated them well and with kindness. All patients told us the staff were friendly, kind and put them at ease. They had no complaints about their care or treatment.

Staff followed policy to keep patient care and treatment confidential. Staff respected people's right to privacy and confidentiality.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were able to build supportive professional relationships with regular patients and understood how having long-term health conditions impacted upon a person's life.

Understanding and involvement of patients and those close to them

Patient transport services

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

Staff made sure patients and those close to them understood their care and treatment. Staff told us they spoke with families and carers to ensure they could be involved in the patients care either before the journey or at the end of the journey.

Staff talked with patients, families and carers in a way they could understand. We observed a call where a control room operator took a booking. The operator introduced themselves by name and spoke politely throughout. They reconfirmed all details with the patient to ensure a full understanding.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Managers actively sought feedback from patients. Patients gave positive feedback about the service. All patients gave very positive feedback about the service. Patients said the service was “fantastic” and the staff were “very understanding and helpful”.

Are Patient transport services responsive?

This was the first time we rated responsive at 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 local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population. They worked with referring organisations to plan service provision. The individual needs of the patient was central to all planned transfers. The service ensured risk assessments were completed as part of the referral process and used to tailor the crew and vehicle to meet individual patient needs.

The service was available 18 hours a day, 7 days a week and was able to offer immediate support for patient transfers. Driver companions were available out of normal business hours and could provide instant support to referring organisations.

The service offered transfers for patients across the country. We were given examples of journeys undertaken, which included transfers between London and the South of England. Staff told us that most transfers were short distance, however, when transfers were provided over longer distances, additional risk assessments were required to ensure there were enough staff and rest breaks.

The facilities provided by the service met the needs of the individuals using the service. For example all vehicles were equipped with their own wheelchair, but could also transport patients in their own chairs if required.

The service had strong links with local NHS and independent organisations and had developed good working relationships with service providers.

Patient transport services

Meeting people's individual needs

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

The service was inclusive and took account of patients' individual needs and preferences. Staff treated patients as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds respected.

The referring organisation were required to provide a clear outline of the patients' needs prior to the journey. The service then catered the transfer based on the assessment provided. For example if the patient preferred to travel in their own wheelchair.

Staff made sure patients living with mental health problems, learning disabilities, autism and dementia, received the necessary care to meet all their needs. Staff received training in the awareness of those who required additional support, such as those living with dementia or those with a learning disability.

We were told that staff considered individuals needs for each transfer, and ensured that they kept patients informed. The service transported regular patients who required medical treatment several times a week, and were aware of the personal preferences and choices these patients had. For continuity, the service ensured patients who used the service regularly had the same driver companion for all of their journeys.

The service provided breaks and stops as able, according to the risk assessments and the level of transfer being provided. Stops were only permitted if it was deemed safe and the patient was very low risk.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes that had been specified by each partner organisation.

All vehicles were tracked by a navigation system that allowed staff at base to see where a vehicle and driver companion were. Journey times were monitored and the service maintained a dashboard which was presented and reviewed at regular senior leadership team meetings.

We reviewed the service's waiting time performance from November 2021 to October 2022 and saw the service met the agreed waiting times for over 95% of journeys. Managers told us that it was very difficult to always meet the target wait times as 25% of bookings were 'ad hoc/ on the day' bookings that had been referred from partner organisations who could no longer complete the journey themselves.

Managers knew the service's busiest times in a typical weekday and made plans to meet demands on the service.

Learning from complaints and concerns

Patient transport services

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

Patients we asked knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern. We saw notices and forms onboard explaining how patients could give feedback with contacts inside the back of vehicles. Staff told us they could help patients complete these if needed.

Staff understood the policy on complaints and knew how to handle them. The service acknowledged, responded to, and investigated all complaints with an outcome given to the complainant within 28 days. If necessary, an apology was also offered to the complainant.

People's concerns and complaints would be responded to and used to improve the quality of care. The registered manager understood the systems in place to manage complaints.

The service reviewed all complaints and implemented actions to improve the patient journey. If a complaint identified a safeguarding issue, then staff informed the appropriate agencies, and followed all protocols.

Managers investigated complaints and identified themes. The service reviewed complaints and if necessary, put additional training into place, implemented an action plan, reviewed policies and standard operating procedures with possible updates. Managers would then make staff aware of these changes.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service had not received any formal complaints within the 12 months prior to our inspection.

Are Patient transport services well-led?

This was the first time we rated well led at this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear management structure with defined lines of responsibility and accountability. The leadership team consisted of chief executive who was supported by a chief operating officer, a compliance manager, and a business development director. They were supported by administrative staff, fleet management, transport coordinators, and driver companions. Human resources, finances, marketing and communications support were provided by external companies.

Patient transport services

The leadership provided clear priorities for ensuring that the service provided was compassionate, inclusive and effective. Leaders were based in the head office which meant that they were active in the daily management of the service. They ensured that staffing was appropriate for each transfer and checked risk assessments in advance to ensure that the service could meet the needs of the patient. Staff were clear on their roles and responsibilities and how to report to leaders.

Staff told us that there was good leadership within the service and the organisation and that leaders were well respected, visible, and approachable. Staff felt confident to discuss any concerns with managers. There was a passion and sense of pride in how people spoke of OnCueTransport Limited and their roles within it.

Managers were passionate about the service they led and worked well with the team of staff in their organisation. They demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service's vision was to have the right mix of management, staff, equipment and technology in place to deliver a scalable, reliable, safe and efficient Non-Emergency Patient Transport Service.

The business values were built around a C.A.R.E ethos:

- **Care Led:** Care-centric approach to our patients
- **Availability:** Scale-able service to meet the needs of our partners
- **Reliability:** Compliant and safe non-emergency transport partner that both patients and partners can trust
- **Efficiencies:** Saving our partners money and administration burden

During our inspection we saw that staff worked in line with the services values and objectives. Staff we spoke with were committed to providing a high-quality service to all patients who used it.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we met with were welcoming, friendly and passionate. They spoke positively about their roles and demonstrated pride and passion. The culture was centred around the needs and experience of people who used the service.

The service had a caring culture. Staff told us that they enjoyed working for the service and felt supported by their managers. Senior managers told us that they had an open-door policy and they were proud of their staff.

Patient transport services

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour.

Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that all their managers were very approachable and felt they could raise any concerns.

Governance

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

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

The service had established processes to monitor safety, quality and performance, through service audits, incident reporting and performance measures. Leaders met weekly with both themselves and their partner organisations to discuss performance and governance.

Internal governance meetings followed a set agenda which included incidents, training, audits and review of risks. External meetings included incidents, audits, and key performance indicators.

Policies and procedures were in place based upon relevant legislation and best practice guidance relevant to the needs of the service. The service carried out a range of audits and provided staff with feedback to improve performance.

Managers were clear about the competencies which staff required to fulfil their role and responded to this by providing a robust training programme for all staff. Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used an online enhanced Disclosure and Barring Service checks system and a DVLA license check system, which meant they could access up to date detail relating to staff suitability.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a system to identify, record and manage risks and issues. The service had an investigation and incident reporting policy, which described the risk assessment matrix and how to score risks.

The service maintained a risk register which included a description of the risk, the impact and likelihood scores. Each risk had control measures and an identified an owner. The service kept regular updates of the actions taken and the dates of the completed actions. The risk register was reviewed during the governance meetings.

The directors demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance.

Patient transport services

There was an effective audit programme was to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly; data was collected and reported at quarterly governance meetings. Where issues were identified, these were addressed promptly.

The service had a business continuity plan in place to identify actions to be taken in the event of an incident that would impact the service, such as facilities or equipment failure, fuel disruption, and vehicle breakdowns.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, 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.

Managers had systems in place to collect and analyse data. We saw information could be easily retrieved and was in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance and audit data was frequently collated and reviewed to improve service delivery.

Staff understood information governance and the importance of securely storing patient information. Patient transfer forms were electronic and were stored securely and only assessable to those with permission to do so.

Engagement

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

Managers worked collaboratively with staff regarding the service. Managers openly engaged with staff through a variety of communications. Staff told us the leaders engaged with them about developments within the service.

The service worked with local organisations to plan and improve the healthcare of the local people. Staff told us how they had strong links with the local NHS services, as well as independent health providers and partner organisations.

The service collected feedback from the referring and receiving organisations, as well as feedback from patients using the service. We saw that feedback was overwhelmingly positive.

The service worked closely with the referring organisation to ensure the patients' needs could be addressed during the planned transfer.

Learning, continuous improvement and innovation

Patient transport services

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

There was a focus on continuous improvement and quality. Managers were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Staff took time together in team meetings to review the service's performance and objectives. We found there was a strong focus on continuous development and training opportunities for staff.

Leaders had systems to support continuous improvement. Staff used feedback from people who used the service, learning from incidents and complaints to help with improvements.

At the time of our inspection the service was working in partnership with a carbon consulting expert company with the aim of becoming one of the UK's leading Non-Emergency Patient Transport Service to achieve the NHS's Long-Term Plan of Net Zero by 2040.