Town Travel Ltd

Town Travel Limited

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Town Travel Limited provided a non-emergency patient transport service in the Swindon area for patients with a range of health and mobility difficulties.

We inspected this service in January 2018 using our comprehensive inspection methodology.

Following that inspection, we served a Section 29 Warning Notice under the Health and Social Care Act (2008), which set out our areas of concern. These are summarised below:

- There was no governance framework to evidence and support the delivery of good quality care. The provider could not tell us how they assured themselves of the quality and performance of the service.
- The provider did not review performance data to identify ways in which the service could be improved.
- There was no programme of internal audit to identify the service's areas of strength and areas for development. There was no oversight of risk, performance, outcomes or safety.
- There was no risk register or similar process to assess, monitor and mitigate the risks to service provision or the health, safety and welfare of patients.
- There was no documentation to support how the provider had assessed the risks identified at the booking stage. There were no management plans to safely manage risk to individual patients using the service.

We conducted this focused follow-inspection on 19 July 2018 to see what progress had been made to address the concerns laid out in the warning notice.

Services we do not rate

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

We found the following areas of good practice:

- There was a new governance framework outlining how the provider would ensure the delivery of safe and high-quality care. This included a quality policy and an annual programme outlining how they would measure performance in each area of the service.
- A programme of audit had been developed and the service had undertaken two audits. This ensured they had oversight over the quality and safety of care provided and a system for identifying where action was needed.
- There were new systems for measuring and recording risks within the organisation. Five organisational risk assessments had been completed and there was a plan for those which would be completed over the coming year.
- The service had improved how it recorded their assessment of the risks of transporting individual patients. The booking form had been updated to include more information. We saw risk assessment forms had been completed for individual patients and we were given examples where visits had been made to premises to establish the safest way to transfer the patient.
- To address a possible shortfall in skill and experience around governance, the registered manager had sought external advice regarding its arrangements and planned to arrange an independent review once improvements had been completed.

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

- There were no formal arrangements for the regular review of quality and performance outcomes. Discussions about governance activity happened informally and were not recorded, and there was no process for the review and improvement of the assurance systems.
- Although risks had been assessed and documented, there was process for the regular review of risks to ensure controls were sufficient.

Summary of findings

Amanda Stanford
Deputy Chief Inspector of Hospitals (South) on behalf of Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Town Travel Limited provided non-emergency patient transport services so patients in need of assistance could reach healthcare appointments, or to support admission and discharge from healthcare providers. It provided these services to the local communities of Swindon. Since our last inspection, we saw the provider had made several improvements in response to our warning notice. These improvements made the service safer. They also ensured the quality of the service would be monitored in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were not yet assured there was an adequate framework for the review of audit outcomes and risks to ensure safety would be maintained and continually improved.

Town Travel Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

Contents

Background to Town Travel Limited

Town Travel Limited registered as a provider of patient transport services in May 2016 and is an independent ambulance service in Swindon, Wiltshire. The service has had a registered manager, in post since May 2016.

The service primarily serves the communities of the Swindon area under contract with the local clinical commissioning group and healthcare providers. It is registered to provide the following activity:

- Transport services, triage and medical advice provided remotely

We first inspected this service on 9 January 2018 when we undertook a comprehensive inspection. We identified some concerns and told the provider urgent improvement action was required. We issued a Section 29 Warning Notice, which we served on 5 February 2018. The service provided an action plan describing what actions they planned to take to meet the regulatory requirements.

Our inspection team

The inspection team comprised a CQC lead inspector, another CQC inspector, and a specialist advisor with expertise in ambulance services.The inspection team was overseen by Mary Cridge, Head of Hospital Inspections.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The main service of this provider was patient transport. There were two full time employees and all other staff worked for the provider under a bank arrangement. There was one ambulance operational each day which was crewed by two staff members.

During this inspection we visited the provider's offices and spoke with the management team, which consisted of a managing director and the registered manager. Due to the focused nature of this inspection, we did not speak with staff or patients or check vehicles or equipment.

Activity (30 June 2017 to 1 July 2018)

- There were 1107 patient transport journeys undertaken.

Track record on safety:

- No never events, clinical incidents or serious injuries
- No formal complaints received

Summary of findings

We found the following areas of good practice:

- There was a governance framework outlining how the provider would ensure the delivery of safe and high-quality care.
- A programme of audit had been developed and the managing director had undertaken two audits. This ensured they had oversight over the quality and safety of care provided and a system for identifying where action was needed.
- There had been improvements to the arrangements for identifying, recording and managing organisational risks. Risk assessments had been completed and there was a plan for those that would be completed over the coming year. These were recorded on a new risk register.
- The service had improved how it recorded their assessment of risks involved in transporting individual patients. The booking form had been updated to include more information.
- To address a possible shortfall in skill and experience around governance, the registered manager had sought external advice regarding its arrangements and planned to arrange an independent review once improvements had been completed.

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

- There was no formal arrangement for the review of audit information to make decisions about the action needed to improve the service.

Patient transport services (PTS)

- Although some performance analysis was completed by the local clinical commissioning group, no analysis of performance data had been undertaken by the organisation to support a holistic understanding of performance and finances.
- Although risks had been assessed and documented, there was no process for the review of these to ensure controls remained relevant and sufficient. There was no system to ensure risks had been considered when planning services.
- Senior managers had no formal arrangements for discussing quality, safety and performance and documenting the decisions and actions agreed about service improvement.
- There was no formal documented process to ensure new staff understood policies, procedures and safe working practices when joining the service.

Are patient transport services safe?

NOT INCLUDED IN INSPECTION

Are patient transport services effective?

NOT INCLUDED IN INSPECTION

Are patient transport services caring?

NOT INCLUDED IN INSPECTION

Are patient transport services responsive to people's needs?

NOT INCLUDED IN INSPECTION

Are patient transport services well-led?

Governance

- The systems, processes and structures supporting the delivery of safe and high-quality care had improved since our last inspection. An underpinning governance framework was near completion and described the systems used to support the delivery of safe care. The framework included the organisation's mission and core values, quality policy, the annual quality programme, risk assessments and the risk register, audits, and the training tracker. The service had structured its framework around CQC's five key questions (Safe, Effective, Caring, Responsive, Well-Led) and outlined how they would obtain assurance in each area. However, the service had no arrangements for the regular review and improvement of its governance and assurance systems to ensure it had oversight of current risks and areas of concern.
- The intention was for the governance framework document to be available to staff to use as an operating manual. However, as it was not finished it had not yet been shared with staff. The document included other organisational policies and templates, such as the recruitment and disciplinary policy and the patient booking form. Managers intended this to be the key document through which information about quality and governance was shared with staff.

- There were clear job descriptions outlining roles and responsibilities towards governance processes, including their accountabilities. There was also a written reporting structure so people knew who they reported to.
- There were good relationships with the local clinical commissioning group (CCG) with which the service held its main contract. The service was last evaluated by the CCG in February 2018 and no service delivery concerns were identified during the commissioning process. Performance metrics were discussed with the CCG during routine engagement but no areas for improvement had been identified through these discussions.
- The management team had used external expertise to support the organisation while they developed their experience and knowledge needed to ensure good governance. They planned to have their governance arrangements reviewed by an external consultant once completed, but there were no timescales for this.

Management of risk, issues and performance

- Assurance systems had been improved since the last inspection and there were now clear processes through which assurance could be gained about risk, outcomes and performance. The annual quality programme outlined the service's performance measures. Two audits had been completed by the managing director, looking at infection control and dignity. These audits had improved the oversight of quality and safety, some actions had been identified following the infection control audit with a timeframe for completion and a person responsible. No re-audit had yet been completed to identify whether actions had led to improvement and there was no system for the recording of audit outcomes so trends could be identified. The infection control audit was planned quarterly, and the dignity audit was planned annually. Further audits were outlined in the annual quality programme and planned for later in the year; these were on consent, timeliness, equipment and CQC (regulatory) compliance.
- There was a new system for providing feedback to staff about compliance and performance through a supervision process. A template had been designed to document discussions and agreed actions. No supervision meetings had yet taken place. More serious or repeated failure to adhere to company processes would be managed through the disciplinary policy.
- Staff meetings had taken place and these were planned quarterly. Attendance was dependent on the availability of staff who mostly worked for other providers. We reviewed the meeting minutes from the last meeting and saw standing agenda items including incidents, complaints, audits and training. They also asked staff for their ideas for improving the service.
- We were not assured there was a regular and systematic review of risk, performance and outcomes. The Managing Director and Registered Manager were in daily contact with each other, but there was no formal meeting structure for the management team. Although it was clear there had been regular conversations about service improvements, these discussions and agreed actions were not documented. This meant it was not possible to determine where improvement action was required and what action was needed to ensure the business was sustainable.
- Risks associated with individual patients were identified at the booking stage. Since our last inspection, the booking form had been improved to capture more information. At booking, questions were asked on which the risks were assessed, such as the weight of the patient and difficulty with access. Where a manager felt there was increased risk to the patient or staff, a site visit was undertaken and a risk assessment was completed. During the inspection we were given an example where a journey had been pre-assessed due to access difficulties. The assessment was documented on a risk assessment template and instructions given to the crew verbally.
- There was no system to ensure the safe induction of new staff or the safe introduction of new policies or equipment. There was no induction checklist or system of competency assessment to evidence staff were familiar with the equipment and safe working practices. The service managers identified this was required and said they would introduce a system going forward. We were told staff always worked alongside a manager during their first shift and all staff worked frequently with the two managers as they were the only full-time employees. This meant they had ongoing assurance regarding the competency and working standards of staff through observation. However, this was not documented and would not be sustainable if the service grew.
- Organisational risk assessments had been completed and were recorded on a new service risk register. Five

had been completed at the time of the inspection, including bad weather, patient movements requiring 3-4 people and vehicle servicing. The service had identified the additional risk assessments they wanted to complete in the future, such as patient death during transfer and working in high temperatures.

- The risk register included information about the risk, the probability of occurrence and the likely impact to patients, staff or the service. Contingency plans were also described to say how the service planned to reduce the risk of occurrence. There was no system for the regular review of risks to ensure control measures remained relevant and sufficient. There was no system to ensure the risks were considered when planning services. It was not possible to assess whether the risk register linked up with incidents and audit outcomes as no incidents had been reported since the risk register had been introduced, and no organisational risks had been identified through the two audits.
- Performance information was held by the service but there was still limited analysis of data to drive improvement. Performance analysis was completed by the CCG and discussed at contract meetings. The managing director described how their performance was consistently good and there had been no concerns identified by the hospital or commissioners. This was supported by the latest CCG service evaluation. Managers described how they would have regular discussions with senior staff at the local hospital when journey delays occurred and worked together to improve the timeliness of discharges. Most delays were due to problems at the hospital, such as the readiness of take-home medicines or needing a cannula removing. The managers could not recall any delays or service interruption caused by Town Travel.
- There had been no complaints or incidents reported since the service's assurance structures and systems had been formalised. We were therefore unable to assess whether the governance systems interacted and worked effectively together to support continuous improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Regularly monitor and review risks and information gained from assurance processes and ensure actions needed to improve quality, safety and performance are agreed and monitored.
- Keep contemporaneous records of discussions between and decisions made by the management team.
- Record compliance with staff training in the service's policies, procedures and safe systems of working.

Action the hospital SHOULD take to improve

- Regularly review the governance structures and processes to ensure they are working effectively.
- Analyse the performance data collected to identify themes or trends about how the service can be improved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was no system for the regular review of risks on the risk register to ensure control measures remained relevant and sufficient and that risks had been considered when planning services. There was no system for the review of outcomes from service performance measures to identify areas and actions for improvement. Senior managers did not keep records of discussions about quality, safety and performance and the decisions or actions agreed about service improvement. There was no formal process to ensure new staff understood policies, procedures and safe working practices when joining the service.