Promedicus Limited

Pro Medicus

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We rated the service as requires improvement because:

- The service did not control infection risks well. There was a lack of reporting of safety incidents. Lessons learned from incidents were not shared with staff. Safety information was not always reliable and some equipment was worn or damaged. Medicines were not stored correctly.
- Leaders did not always understand or manage the priorities and issues the service faced. Governance processes and risk management processes were not effective.

However:

- The service mostly had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. They assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. The service mostly met agreed response times. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. 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. Most people could access the service when they needed it and did not have to wait too long for treatment.
- 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	We rated this service as requires improvement because safety and leadership required improvement. However, it was effective, caring and responsive.
Emergency and urgent care	Requires Improvement 	Emergency and urgent care is a small proportion of service activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport section. We rated this service as requires improvement because safety and leadership required improvement. However, it was effective, caring and responsive.

Summary of findings

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Summary of this inspection

Background to Pro Medicus

Pro Medicus is a private ambulance service based in Harpenden, Hertfordshire. It was formed 18 years ago and has 14 vehicles designed for emergencies, patient transport and medical event journeys. Event medical services are not regulated by the CQC but we do regulate ambulance journeys from events to healthcare facilities if they take place on a public road.

Pro Medicus mainly provides care and treatment to people in Hertfordshire and Bedfordshire however crews can undertake long-distance journeys if necessary. The company has a contract with the local NHS ambulance service to provide one ambulance and crew each week to respond to 999 calls. It also has an arrangement with a local hospital to provide patient transport services for adults and children. Approximately 70 patients are transported and an average of 16 emergency patients are treated each week.

The registered manager had been in post since the service opened in 2004. We last inspected the service in December 2017 but did not give it a rating as we did not have a legal duty to rate independent ambulance services at that time.

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

How we carried out this inspection

We carried out a short-notice comprehensive inspection with a team comprised of a CQC inspector and a specialist advisor. An inspection manager was available for off-site support.

During the inspection we spoke with eight members of staff including ambulance technicians and assistants, administration staff and managers. We reviewed seven patient records and four staff records. After the inspection we spoke with three patients and four family members who had recently used the service.

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 the service MUST take to improve:

- The service must ensure there are effective systems in place to maintain safe medicine storage temperatures. Reg 12 (2)(g)
- The service must ensure they strengthen governance processes to monitor the quality and safety of the service. Regulation 17(1)(2)
- The service must ensure there is a contract with the local NHS hospital trust for the provision of patient transport services. Regulation 17(2)(d)

Summary of this inspection

- The service must ensure a comprehensive audit programme to measure safety and effectiveness. Regulation 17 (2)(a)

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:

- The service should ensure they maintain records to confirm that incidents have been investigated and action taken to prevent them happening again.
- The service should ensure they provide training in the safe restraint of patients.
- The service should ensure all ambulances are included in regular infection control audits.
- The service should ensure that worn or damaged equipment is replaced or repaired in a timely manner.
- The service should ensure information regarding quality and safety can be easily accessed by all staff.
- The service should ensure they monitor risks to the service to ensure that mitigation is effective.
- The service should consider implementing a patient satisfaction survey.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Emergency and urgent care	Requires Improvement	Good	Inspected but not rated	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

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

Are Patient transport services safe?

Requires Improvement

We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

All staff received and kept up-to-date with their mandatory training. Records showed that 96% of staff who had been in post for more than a year were up-to-date with training in key skills. All clinical staff had training in resuscitation skills appropriate to their roles.

The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. However, they did not receive training in the safe restraint of patients who may be confused or disorientated. The registered manager had recognised this training gap and had recently contacted a company who could provide instruction in the theory and practice of safe restraint.

Managers monitored mandatory training and alerted staff when they needed to update their training. Alerts were sent to staff via a private social media group when they needed to update training.

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.

Staff received training specific for their role on how to recognise and report abuse. The safeguarding lead for the service had completed level 4 safeguarding training for children and adults and staff knew how to contact them if necessary. Ambulance technicians completed level three training for adults and children and ambulance care assistants completed level two training. Records showed all staff were up-to-date with this training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. The contract with the NHS ambulance service meant that all concerns had to be reported to the NHS duty safeguarding lead. They would then carry out an investigation and take further action if necessary. Managers told us they were sent feedback from the NHS following the investigation.

If staff had safeguarding concerns about people who were not patients of the NHS ambulance service (For example, children in a patient's home) they would raise a safeguarding alert with the appropriate team at the local authority. Contact details were readily available via the service's computer system.

Cleanliness, infection control and hygiene

The service did not always control infection risks well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not keep all equipment and vehicles clean.

Ambulance interiors were not always clean and some furnishings were poorly maintained. We inspected three ambulances. One had a dirty floor and the back of the wheelchair was torn in two places. A second ambulance, which had been deep cleaned two days previously, had a dirty stretcher trolley. The underneath of the trolley had a thick layer of dust and oil. The back of one of the seats in the back of the ambulance was torn. A patient transfer device (known as a banana-board) was badly chipped. Torn and worn furnishings and equipment are difficult to clean which increases the risk of infection. We pointed out the lack of cleanliness to staff who assured us that the ambulances would be re-equipped and cleaned before they were used for patients.

Cleaning records were up-to-date and appeared to demonstrate that all areas were cleaned regularly. A checklist was used to ensure vehicles were clean before they were used for patients. Also, a deep-cleaning checklist, signed by two members of staff. Despite these records showing vehicles to be clean, we found that some of them were not.

Part of the deep-cleaning process included 'fogging' the vehicle with an antiseptic spray. Records showed that this had not taken place recently. Managers told us this was because they no longer had a member of staff who could use the fogging equipment. They had contacted a commercial company who had sent them a quote for deep cleaning the vehicles (including fogging) but it was not clear when the work would commence.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were provided with PPE, for example disposable aprons, face masks and gloves. We observed hand sanitizer, clinical wipes and PPE on the vehicles we inspected.

Managers told us that regular infection control audits were carried out for premises, vehicles and staff. We looked at audits for the last three months and found that results for staff and premises were positive. However, the only ambulances that had been audited were the two that were used for urgent and emergency work. There had been no detailed checks on the 12 other vehicles used to transport patients.

Additional infection control procedures had been introduced during the COVID-19 pandemic. These had been updated regularly and were in line with national guidance.

Environment and equipment

Some equipment was worn or damaged. The design, maintenance and use of facilities, premises and vehicles did not always keep people safe. Staff were trained to use them. Staff managed clinical waste well.

Some equipment was poorly maintained. We found a torn seatback in one ambulance and a wheelchair with a badly frayed seatback. Another ambulance contained a patient transfer device that had deeply worn, sharp edges that could cause damage to patients with frail skin. We drew this to the attention of senior staff who took immediate action to replace or repair the damaged equipment.

Records showed that staff were trained to use equipment and had completed ambulance driving courses. The service maintained accurate and up to date records for the servicing of equipment and vehicles. Ambulances were serviced annually and all had current MOT certificates.

Staff disposed of clinical waste safely. It was disposed of in colour-coded sacks and secure bins. The service had a contract for the bins to be emptied or collected by a specialist clinical waste contractor. Certificates confirmed the waste was disposed of safely and legally.

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.

Patient records showed that risk assessments were carried out for patients before starting each journey. There was separate risk assessment for bariatric patients (those with severe obesity) which had to be completed by two staff. Staff used a recognised tool for detecting deteriorating patients (National Early Warning Score - NEWS2) and took appropriate action when necessary. All staff had been trained in resuscitation skills relevant to their roles.

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 bank staff a full induction.

The service had enough staff to keep patients safe. There were six full time crew members and 12 bank staff on “as and when” contracts. Service managers matched staffing levels to patient need and could increase staffing when demand arose.

The service did not directly employ paramedics but relied on agencies to provide them when needed. They also used independent paramedics who were self-employed. Managers told us that, before using temporary staff, they checked their registration with Health and Care Professions Council, current Disclosure and Barring certificate and training portfolio.

There was an active group of bank staff on “as and when” contracts. Records showed they had been trained and assessed to the same standard as those fulfilling full-time roles.

The service had an increasing staff turnover rate. Two crew members had left at the beginning of 2022 and two more during the summer. Managers told us they had left for a variety of reasons and a recruitment process had started to employ additional staff.

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.

Requires Improvement

Patient transport services

Patient notes were comprehensive and all staff could access them easily. They included up-to-date risk assessments as well as a clinical and social history. We reviewed seven sets of patient records and they all contained information that was clear and well organised.

When patients transferred to a new team, there were no delays in staff accessing their records. Ambulance crews gave a copy of the patient record to hospital staff when they handed over patientcare. .

Records were stored securely. Paper elements of the patient record were scanned into the service's computer system and were password protected. The paper records were stored in a locked filing cabinet and then delivered to the NHS ambulance service each week.

Incidents

The service did not always manage patient safety incidents well. Staff rarely recognised incidents and near misses and very few were reported. Managers investigated incidents but did not share lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Despite staff telling us how they would report incidents and accidents very few had been recorded.

Staff did not always raise concerns or report incidents and near misses in line with the service's policy. A manager told us that incidents had been recorded on a new computer system for the last six months but they were unable to access these during the inspection. We were shown a file where incident and accident reports were stored before the computer system was used. There were no incidents reports since 2019 despite the manager telling us that staff understood the concept of near misses. We were later sent one accident report that had taken place in July 2022

Managers did not investigate incidents thoroughly. We looked at records of the most recent incident. Although statements were taken and staff interviewed, managers did not look at risk assessments, relevant training or company policy. Learning from the incident was not discussed at the subsequent management meeting. However, all staff were sent an email emphasising the importance of planning and communication.

The service had no never events or serious incidents

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff were able to describe the importance of being open and honest with patients and their families. Records showed that patients had been involved in the most recent investigation. Information had been shared and support offered.

Are Patient transport services effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.

Requires Improvement

Patient transport services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Service policies and procedures were in date, version controlled and accessible to staff via personal digital assistants. However, there was no audit process to make sure that patient transport staff followed the guidance.

Managers told us that the service currently holds an ISO 9001 (International Organization for Standardization) certificate for the design, construction and maintenance of ambulances.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink. Drivers called ahead to patients who were about to have a long journey. They advised them to have something to eat before the journey or to bring a snack with them. All vehicles carried bottled water and disposable cups.

Response times

The arrangement with the local NHS hospital was that one or two vehicles would be on permanent standby at the hospital, mainly for patients who had been discharged from in-patient care or from the emergency department. Patients were not allocated to them until an ambulance had returned from its previous journey. Therefore, there were no appointed patient collection times to monitor.

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.

Managers gave all new staff a full induction tailored to their role before they started work. This usually took two or three weeks depending on previous experience. An induction checklist was completed and signed off by a senior manager before the new staff member could work unsupervised.

Managers supported staff to develop through yearly, constructive appraisals of their work. Records showed that all but two staff had received an appraisal in the last year. Learning needs were assessed and additional training arranged if required. Managers and staff told us that clinical supervision took place when managers undertook clinical shifts with different crew members. However, there were no formal records of these sessions.

All patient transport crews were encouraged to qualify as first responders in emergency care. This added to their basic knowledge and skills and helped them if they wished to train as an ambulance technician in the future.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. It had been difficult to bring staff together during the COVID-19 pandemic but two, well attended, staff meetings had taken place in 2022. The aim was to hold them every three months.

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 described good teamwork between different groups of staff. Records showed that crews communicated effectively with other healthcare providers in order to deliver good patient care.

Requires Improvement

Patient transport services

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.

Records confirmed that staff had received training in mental health awareness which included subjects such as living with dementia, informed decision making and gaining consent. The service would be informed in advance if a patient was likely to be confused because of mental ill health. Staff facilitated the transport of a patient's escort or carer where this would help reduce distress or confusion. Patient records showed that verbal consent was gained from patients before moving them into a vehicle.

The service did not transport patients who were subject to the mental health act or a deprivation of liberty authorisation.

Are Patient transport services caring?

Good

We rated caring 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. We were unable to directly observe patient care during this inspection but staff explained how they would maintain patients' privacy and dignity if they had to care for them in a public place. One patient, who we spoke with after the inspection, described how staff had put them at their ease when they were upset and embarrassed.

Several patients told us they had enjoyed the conversations they had had with ambulance crews and appreciated the rapport that had been established.

Patients said staff treated them well and with kindness. Most patients commented on the friendliness of ambulance crews, their gentleness and the time they took to make patients comfortable.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The family of a patient living with dementia described the time and trouble that staff took to understand individual needs, and to communicate in a way that the patient could understand.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff could describe some of the needs of people from differing cultures, for example, fasting during Ramadan.

Requires Improvement

Patient transport services

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. One patient told us that staff were friendly, respectful and raised her spirits. Parents of children were complimentary about the rapport that crews established with the whole family. One parent described the staff as “wonderful”

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.They understood the impact that patients’ care, transfers and condition had on the patient’s wellbeing. Staff discussed the importance of treating patients as individuals with different needs.

Understanding and involvement of patients and those close to them

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. One relative described the explanation, and attention to detail, of pain relief during a journey. They described it as “Phenomenal”.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Parents of children were complimentary about the rapport that crews established with the whole family. One parent described the staff as “wonderful”

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.Staff encouraged feedback by any means convenient for the individual, including e-mail, telephone or letter.

Patients gave positive feedback about the service. One said the care they had received could not have been better. Another said staff were friendly, professional, kind and caring.

Are Patient transport services responsive?

Good

We rated responsive 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. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service provided transfers between a range of locations within the United Kingdom, and occasionally abroad. The service worked closely with a local NHS hospital to help with the discharge of patients from wards and the emergency department.

Due to the increasing demand for transport for people who weigh more than 25 stone, the service had recently purchased a second bariatric ambulance containing specialist equipment for patient transfers.

Requires Improvement

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.

Staff established each patient's needs in advance. This included if they would be carrying oxygen or if they needed specific support or equipment during a journey. Drivers ensured patients could make requests during longer journeys, including stops at service stations for refreshments and to use the toilet. Long journeys would be planned in advance to ensure there were sufficient service stations on the route. Language interpretation books were used to help communicate with patients whose first language was not English.

One patient we spoke with said they had used Pro Medicus more than once because they were more reliable than other private ambulance services.

When transporting patients to their home address, staff ensured that a plan was in place for their arrival. For example, they checked that food was available and that heating was working in cold weather.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. They worked closely with carers to explain what was happening in terms the patient could understand and carers were encouraged to travel with the patient. Extra time was allowed for people with learning disabilities or confusion.

Access and flow

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

The service always had at least one ambulance on permanent standby at the local hospital, mainly for patients who had been discharged from in-patient care or from the emergency department. A new patient would be allocated to them each time they returned to the hospital. Correspondence from managers at the hospital showed they were happy with the speed and quality of response.

Patients and their families told us that the service responded quickly to requests for private transfers and that crews arrived on time or even a little early. A local care home recommended the service because of its responsiveness.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The complaints policy supported the service to treat concerns and complaints seriously, to investigate them and to share lessons learned with all staff.

The service clearly displayed information about how to raise a concern in patient areas. We observed notices encouraging feedback in the ambulances we inspected.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received very few complaints. There had been none in 2022, prior to our inspection, and one in 2021. Managers told us that they would acknowledge a complaint as soon as it was received and would aim to give a full response within two weeks.

Staff could give examples of how they used patient feedback to improve daily practice. Heating systems had been changed in ambulances to make patients more comfortable.

Requires Improvement

Patient transport services

Are Patient transport services well-led?

Requires Improvement

We rated well-led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. However, they did not always understand or manage 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.

The service was led by the registered manager who was an experienced ambulance technician. They were supported by an operations manager, fleet manager, two administrative staff and the medical director. Staff told us that the senior management team were visible on a daily basis and that they would not hesitate to ask for support if it was required.

However, there was a lack of attention to governance processes. Knowledge and management of worn and damaged equipment was also lacking.

Clinically qualified leaders regularly undertook direct patient care. This meant that they had an understanding of some of the challenges the service may be facing and also knew the strengths and weaknesses of staff they worked with.

They were keen to develop staff and gave examples of three staff who had progressed to more senior roles.

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.

The vision for the service was to provide high quality care to all patients referred to the service. Working with the local NHS organisations was a key part of the strategy. However, minutes showed the progress of the strategy was rarely discussed at management meetings.

Culture

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

Staff we spoke with were proud of the work that they carried out. They enjoyed working for the service and were enthusiastic about the care and services they provided for patients. Two staff who we spoke with had been promoted during their time with the service.

Staff told us that managers listened when they raised concerns and that there was an open and honest approach to dealing with those concerns. Some staff expressed frustration about delays in replacing old equipment.

Requires Improvement

Patient transport services

Governance

Leaders did not operate effective governance processes, throughout the service or with partner organisations. Staff at all levels were clear about their roles and accountabilities but did not have regular opportunities to meet, discuss and learn from the performance of the service.

There were few governance processes for the patient transport service. For example, the infection control audit did not include vehicles used for patient transport and there was confusion about who was responsible for checking the daily vehicle checklists. This meant that worn and damaged equipment had not been reported to the registered manager and had not been replaced in a timely manner. Some staff told us they had stopped recording damaged equipment because action was rarely taken.

There was no discussion of quality and safety issues at management meetings. We looked at the minutes of the last three meetings (April, May and August 2022) and found that the registered manager had only been present at one of them. This meant that decisions were sometimes delayed.

There was a well-established arrangement with a local NHS hospital for patient transport services but there was no contract or service level agreement. This meant that the service and their crews could not be certain of the standards they were expected to achieve or the type of patients they were expected to convey. If things went wrong, it was unclear who would be responsible.

All staff had a job description and there were regular appraisals and clinical supervision to ensure they were clear about their roles and accountabilities. However, there had only been two staff meeting in 2021 and one in 2022, meaning there were few opportunities to meet and discuss the performance of the service.

Management of risk, issues and performance

Leaders and teams did not use systems to manage performance effectively. They did not always identify relevant risks and issues but had identified actions to reduce the impact of some risks. They had plans to cope with unexpected events.

The service kept a risk register but managers were not familiar with its use. We were shown how information could be entered into the register but staff could not tell us which of the risks to the service was the most severe, or whether the risks reflected concerns raised by staff or service users. After the inspection we were sent a copy of the Opportunity and Risk register. This contained nineteen issues but it was not always clear which item was a risk and which was an opportunity. The register recorded actions to address the issues but it did not record the risks highlighted in a recent incident. We were told that highest risk was recruitment and retention but it was not clear how the severity of the risk was calculated. For example, there were no risk scores recorded.

There were no systems for managing performance. Audits of patient transport activity and resources did not take place. There was a regular infection control audit but this did not include vehicles and equipment used for patient transport services. This meant there were no checks that actions identified to prevent a repeat of incidents or necessary to comply with company policy were taking place.

The service ran enhanced checks with the disclosure and barring service before staff were allowed to look after vulnerable adults and children.

There was a business continuity plan which gave guidance to staff should unexpected events such as power cuts or floods take place.

Requires Improvement

Patient transport services

Information Management

The service collected data but staff could not easily find the data they needed to understand performance, make decisions and improvements. The information systems were integrated and secure.

Senior staff could not always access computer systems to find data about incidents or risks to the service. During our inspection staff sometimes had to ask colleagues for help to find information about quality and safety.

Paper-based information, for example, checklists for the quality of ambulance interiors, was not reliable. We found problems with the cleanliness and quality of some ambulances, even though regular checklists reported them as satisfactory.

Clinical guidelines and company policies were available to each staff member via a personal digital assistant (PDAs). The PDAs linked to the main computer system which was password protected.

Engagement

Leaders and staff engaged with patients, staff and local organisations to plan and manage services. However, the engagement was passive rather than active. They sometimes collaborated with partner organisations to help improve services for patients.

Although there were notices in each ambulance encouraging feedback from patients there was no patient survey to actively obtain information about the patients' experience.

Managers told us that staff meetings were difficult to organise although minutes showed they were well attended. There had only been three in the eighteen months prior to the inspection and there had been no discussion about the performance of the service or plans for the future. Staff surveys had not taken place.

Although we were shown an email confirming the local hospital was happy with the service provided, there was no active collaboration aimed at monitoring or improving services for patients.

The service provided supervised work experience for teenage schoolchildren from a local school. One of these had recently qualified as a first responder in emergency care and worked part-time for the service.

Learning, continuous improvement and innovation

There was little evidence that the patient transport service was committed to continually learning and improving services. The service did not have an understanding of quality improvement methods.

Staff were not aware of any quality improvement initiatives within the service and managers were unable to demonstrate how they used quality improvement tools to drive improvement. Some of the issues that we raised at our last inspection had not been improved. For example, an audit system to measure the service's safety and effectiveness.

Requires Improvement

Emergency and urgent care

Safe	Requires Improvement
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Requires Improvement

Are Emergency and urgent care safe?

Requires Improvement

We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in key to all staff and made sure everyone completed it.

Please refer to patient transport service report.

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.

Please refer to patient transport service report.

Cleanliness, infection control and hygiene

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

Ambulance interiors were clean and well maintained. We inspected one of the two emergency ambulances. It was visibly clean and checklists showed each item of equipment had been individually cleaned.

Staff used personal protective equipment (PPE) for example disposable aprons, face masks and gloves. Hand sanitizer, clinical wipes and PPE was readily available on the vehicle we reviewed.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. A checklist was used to ensure vehicles were clean before they were used for patients. Also, a deep-cleaning checklist, signed by two members of staff. However, not all of the deep cleaning processes had been completed. Part of the process included 'fogging' the

vehicle with an antiseptic spray. Records showed that this had not taken place recently. Managers told us this was because they no longer had a member of staff who could use the fogging equipment. They had contacted a commercial company who had sent them a quote for deep cleaning the vehicles (including fogging) but it was not clear when the work would commence.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were provided with PPE, for example disposable aprons, face masks and gloves. We observed hand sanitizer, clinical wipes and PPE on the vehicle we inspected.

Managers told us that regular infection control audits were carried out for premises, vehicles and staff. We looked at audit results from April 2022 to August 2022 and found all were positive. There was an average compliance of 97% which was better than the target of 95%.

Additional infection control procedures had been introduced during the COVID-19 pandemic. These had been updated regularly and were in line with national guidance.

Environment and equipment

Some equipment was worn or damaged. The design, maintenance and use of other facilities, premises, vehicles and kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Please refer to patient transport service report.

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.

Please refer to patient transport service report.

Staffing

The service mostly had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Please refer to patient transport service report.

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.

Please refer to patient transport service report.

Medicines

Requires Improvement

Emergency and urgent care

The service used systems and processes to safely prescribe, administer and record medicines. Storage of medicines was not always safe.

Staff followed systems and processes to prescribe and administer medicines safely.

Oversight of the governance of medicines was by the medical director and registered manager. Medicines were stored securely at the location and on vehicles with access only by authorised members of staff. Medicines allocated to urgent and emergency ambulances were kept in specifically designed medicine bags. They were secured with security tags which included an expiry date to indicate medicines were safe and ready for use.

The service used Patient Group Directions (PGDs) which give authorisation for ambulance technicians to administer prescription-only medicines. The PGDs were up-to-date, followed current guidance and had been signed by the necessary clinicians.

Staff did not always store and manage medicines safely. The service used a large range of medicines including those used for emergency resuscitation. They did not use controlled drugs or those that required refrigeration. The medicines were kept in secure cupboards and storerooms and the temperatures were checked daily although staff could not find the temperature records during the inspection. The safe ranges for storing most medicines is between 0°C to 25°C

The service later sent us temperature records for the year ending August 2022. These showed that, during July and August 2022, storage temperatures in one cupboard had been higher than 25°C on 33 occasions. The highest temperature recorded was 38°C. Maximum/minimum thermometers were not used and it was possible that temperatures had been higher than 38°C. Incorrect temperatures mean that medicines can deteriorate and may not be effective when administered to patients.

Staff and managers we spoke with were unaware of the safe range of storage temperatures. We drew their attention to the high temperatures that had been recorded. The registered manager took immediate action to change practice and to order digital maximum/minimum thermometers.

Stock rotation was undertaken to ensure medicines had not expired before use. Medical gases were stored safely and systems were used to ensure that empty and full cylinders were stored appropriately. Ambulance staff were trained in the use of medical gases and the provider had a policy to support this.

Staff completed medicines records accurately and kept them up-to-date. Records showed that the correct dose of medicines had been administered to the right patient at the right time.

Incidents

The service did not always manage patient safety incidents well. Staff rarely recognised and reported incidents and near misses and very few were reported. Managers investigated incidents but did not share lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Please refer to patient transport service report.

Requires Improvement

Emergency and urgent care

Are Emergency and urgent care effective?

Good

We rated effective 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.

Service policies and procedures were in date, version controlled and accessible to staff via personal digital assistants. Managers audited 20% - 30% of patient records to check that guidance was being followed. Results were positive.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patient records showed that pain levels were assessed and recorded using pain scores. Appropriate pain relief was given if necessary. Staff were aware that people with severe dementia expressed pain differently and adjusted their assessments accordingly.

Response times

The service monitored, but did not always meet, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The operations manager monitored response times from the time a call was first received to the time a patient was handed over to hospital staff. Key points in between were also logged and monitored and the results were discussed with NHS ambulance managers at regular meetings. The service did not meet all the targets set by the NHS. For example, the target for the average amount of time spent at the scene, before taking a patient to hospital, was 30 minutes. The most recent results for Pro Medicus crews was 59 minutes. The service did meet the 15 minute target for cleaning and re-stocking the ambulance ready for the next call. Where targets were not met, managers investigated the cause in order to make improvements.

Although some of the current response times did not meet local targets, NHS managers did not disclose the response times of their own crews and so it was not possible to compare Pro Medicus results with those of a similar service.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients

Requires Improvement

Emergency and urgent care

Outcomes for patients were positive, consistent and met expectations, such as national standards.

The operations manager carried out audit of patient records that assessed compliance with care pathways and clinical skills. Results for April and July 2022 showed that clinical standards had been maintained. Feedback was given to staff members if changes needed to be made to clinical practice.

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.

Please refer to patient transport service report.

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.

Please refer to patient transport service report.

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.

Please refer to patient transport service report.

Are Emergency and urgent care caring?

Inspected but not rated

Inspected but not rated.

On this occasion, we were unable to speak with patients who had used the emergency service and we were unable to observe emergency patient care. We are therefore unable to rate this key question.

Compassionate care

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

Please refer to patient transport service report.

Emotional support

Requires Improvement

Emergency and urgent care

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

Please refer to patient transport service report.

Understanding and involvement of patients and those close to them

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

Please refer to patient transport service report.

Are Emergency and urgent care responsive?

Good

We rated responsive 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. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the local population. They worked closely with the local NHS ambulance service to respond to emergency calls. This helped to reduce delays for emergency and urgency care for local people.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff had completed training in meeting the needs of people living with dementia and those who lacked capacity. Feedback from patients showed that the understanding approach of staff was much appreciated.

The service made reasonable adjustments to help patients access services and had a range of equipment for use by different patient groups, for example bariatric stretcher trolleys.

Staff had access to communication aids to help patients become partners in their care and treatment. There was a multi-lingual translation book in each vehicle that allowed basic information to be exchanged in an emergency.

Access and flow

Requires Improvement

Emergency and urgent care

People could mostly access the service when they needed it, in line with national standards, and received the right care in a timely way.

The service monitored response times to emergency calls according to a set of criteria required by the local NHS ambulance service and based on national standards.

The criteria included;

1. Time from initial call to handing over patient to a hospital

b) Time on scene for patients requiring hospital treatment

c) Time from handing patient over to hospital staff to readiness for next call.

The criteria did not include the time it took to respond to the initial emergency call and so we could not be certain that the service met the national standard.

The most recent data (July 2022) showed that the service was close to meeting national standards. For example, the standard for the time from initial call to handing over a patient to hospital was one hour and 55 minutes. Pro Medicus achieved an average of two hours and two minutes. The NHS ambulance service did not disclose national response times or local NHS response times, so it was not possible compare the performance of Pro Medicus.

Learning from complaints and concerns

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

Please refer to patient transport service report.

Are Emergency and urgent care well-led?

Requires Improvement

We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. However, they did not always understand or 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.

Please refer to patient transport service report.

Vision and Strategy

Requires Improvement

Emergency and urgent care

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.

Please refer to patient transport service report.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Please refer to patient transport service report.

Governance

Leaders did not always operate effective governance processes throughout the service. They did share safety and quality information with partner organisations. Staff were clear about their roles and accountabilities but there were few opportunities to meet, discuss and learn from the performance of the service.

Internal governance procedures were not always effective. For example, the registered manager was unaware of worn and damaged equipment despite staff completing checklists designed to record such issues. Infection control and deep cleaning checks failed to identify ambulance interiors that were not completely clean.

The operations manager took part in quarterly meetings with the local NHS ambulance service in order to review operational, quality and compliance issues. Topics discussed included risk assessments, clinical audit, complaints, compliments and incident reports, and medicines management. Although information for the reviews was supplied by Pro Medicus, the meetings were led by the NHS ambulance service. Governance issues were not discussed at internal management or staff meetings.

All staff had a job description and there were regular appraisals and clinical supervision to ensure they were clear about their roles and accountabilities. However, there had only been two staff meeting in 2021 and one in 2022, meaning there were few opportunities to meet and discuss the performance of the service.

Management of risk, issues and performance

Leaders used systems to manage performance. However, they did not always identify relevant risks and issues or identify actions to reduce their impact. They had plans to cope with unexpected events.

The service kept a risk register but managers were not familiar with its use. They could not tell us which of the risks to the service was the most severe, or whether the risks reflected concerns raised by staff or service users.

There were systems for managing performance. Managers carried out regular infection control audits and patient record audits. There were regular meetings with contract managers from the local NHS ambulance service to monitor and discuss key performance indicators.

Requires Improvement

Emergency and urgent care

The service ran enhanced checks with the disclosure and barring service before staff were allowed to look after vulnerable adults and children.

There was a business continuity plan which gave guidance to staff should unexpected events such as power cuts or floods take place.

Information Management

The service collected data and analysed it. Staff could not always 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.

Please refer to patient transport service report.

Engagement

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

Please refer to patient transport service report.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The service had recently taken delivery of a new version of a medicine that reversed the effect of opiate overdoses. It is administered by inhalation rather than injection which was quicker and easier for patients and staff. Training was about to take place for all staff who delivered emergency treatment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose There were not effective systems in place to maintain safe medicine storage temperatures.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have effective governance processes to monitor the quality and safety of the service. There was no contract with the local NHS hospital trust for the provision of patient transport services. The service did not have a comprehensive audit programme to measure safety and effectiveness.