

Zot Limited

Zot Limited

Inspection report

112 Stanford House
Station Approach, Oldfield Lane North
Greenford
UB6 0AL
Tel: 02039711001
www.myzot.co.uk

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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?

Good



Are services effective?

Good



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

We conducted a short notice unannounced comprehensive inspection of Zot Limited, which is a Patient Transport Service (PTS) to see if improvements had been made since our inspection in January 2020. We inspected Zot Limited as part of our continual checks on safety and quality of healthcare services and to look at all parts of the service that did not previously meet legal requirements in the January inspection. At that time, we rated the provider as inadequate and the provider was suspended due to concerns we had about the quality of the services. The provider was also placed in special measures. Following the January inspection, Zot Limited regularly engaged with CQC around the improvement action plan.

Overall, we found the provider had made significant improvements since our last inspection. Our rating of Zot Limited improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. We reviewed records from all five staff files and saw staff members had been re-trained in all areas of mandatory training since the last inspection. Staff knowledge on mandatory training topics such as safeguarding and consent had improved.
- 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. The safeguarding policy was up to date with relevant national guidance and the safeguarding lead was now trained to the recommended level.
- The service controlled infection risks. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. There was a good understanding of national guidance for COVID-19 and good access to personal protective equipment (PPE).
- All staff had been re-trained in the use of equipment by a qualified trainer. Staff were able to demonstrate how to use pieces of equipment such as the patient carry chair. The provider had also purchased a children's harness for the second vehicle to keep children safe during transport. All equipment was well maintained and serviced as per manufacturer's guidance.
- The provider had updated their Deteriorating Patient Policy so that it was in line with the scope of practice of a Patient Transport Service (PTS). Staff had a good understanding of the signs of a deteriorating patient and knew to call 999 or attend the nearest emergency department if this happened.
- The provider had introduced an exclusion criteria as part of their booking process. This ensured patients were risk assessed for suitability to a PTS service before accepting the transfer. The booking form also contained an assessment designed to exclude patients displaying COVID-19 symptoms, as the provider was currently not transporting these patients.
- The provider had enough staff with the right skills and competencies for a PTS. This ensured patients were kept safe from avoidable harm.
- Patient booking forms were now completed for each patient and contained all relevant details and information about the person being transferred. The registered manager was now auditing all booking forms staff fully completed them.
- The provider had improved the way they managed patient safety incidents. An incident reporting log was now in place and all incidents were investigated and any learning identified and shared as per the incident reporting policy. Staff awareness of incidents and what they should be reporting had improved.
- The provider was monitoring performance against Key Performance Indicators (KPIs) for arrival and departure times and had good compliance.
- The consent policy had been updated and patient consent was documented on the booking forms. Staff knowledge of the mental capacity act and deprivation of liberty safeguards had improved.

Summary of findings

However;

- The provider had updated a number of their policies so they were up to date with relevant national guidance. Whilst all policies had been reviewed and were up to date we noted no policies had version control. Therefore, there was no record of what had been added or removed from policies following changes. Therefore, we could not be assured staff knew about the changes.
- The provider took into account peoples individual needs at the time of booking. However, there were limited facilities available to ensure these needs were met. For example, there were no communication aids available to support those who could not communicate verbally. Following the inspection, the provider informed us they had ordered communication aids for both vehicles.
- The provider had a complaints procedure in place, however we were not assured it was easy for patients and relatives to give feedback.
- The provider had improved risk management and a risk register was now in place, which listed each risk to the service and what actions the provider was taking. However, risk management was not fully robust. The risk register did not provide detail as to why each item was a risk to the service or dates when risks were last reviewed. The process for removing risks from the risk register was also not established.
- The provider had improved clinical governance within the service. However, the clinical governance meeting had no terms of reference and meetings did not state quoracy. Whilst the same items were discussed, there was no documented agenda.
- Whilst there was a document called the quality and strategy document 2020 to 2022, knowledge about the aims of this amongst staff was poor. The leadership team stated compliance with CQC was the overall focus at the moment.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Requires Improvement



Rating

Summary of each main service

Our rating of this service improved. We rated it as requires improvement because:

- Mandatory training had improved since the last inspection. All staff had attended mandatory training modules again over a period of five days. Training was completed via training providers and e-learning. There was systems and processes in place to support ongoing compliance with mandatory training.
- 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. The safeguarding lead was now trained to the recommended level and the safeguarding policy was up to date with relevant national guidance.
- The provider controlled infection prevention and control risks. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Personal Protective Equipment (PPE) was in use in response to the COVID-19 pandemic and used in a way that kept people safe.
- The design, maintenance and use of facilities, premises and equipment kept people safe. All staff had received training from a suitably qualified trainer on the safe use and management of equipment. Staff were able to show us how to use pieces of equipment such as the patient carry chair and a child's harness.
- The provider 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 provider had introduced an eligibility criteria to ensure patients were assessed for suitability to a Patient Transport Service (PTS).
- The completion of booking forms had improved and the registered manager conducted monthly

Summary of findings

audits to ensure compliance. Booking forms were completed with all the key information required to ensure the safe transfers of patients, including pre-transfer risk assessment, COVID-19 screening, medical history and next of kin details.

- The provider had registered for the regulated activity to Treatment of Disorder, Disease and Injury (TDDI). This ensured they were registered to supply oxygen on vehicles. All staff had been trained and had competency assessments in the use of oxygen. Oxygen was stored securely on vehicles and a policy was in place around its use.
- The provider had improved how they managed patient safety incidents. Staff recognition of the types of incidents that needed to be reported had improved. The registered manager had an incident reporting log, which detailed the incident, the learning and what actions had been taken.
- The service provided care and treatment based on national guidance. Evidence-based practice and policies were up to date. The registered manager checked to make sure staff followed guidance and had signed up to receive regular updates when new guidance came out.
- 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.
- The provider was monitoring Key Performance Indicators (KPIs) to ensure good performance around arrival and departure times. The provider currently had no contracts or service level agreements in place, however was monitoring KPIs to ensure their journeys were timely.
- Staff supported patients to make informed decisions about their care and treatment. They followed the provider's policy around documenting consent on booking forms. Staff understanding of the Mental Capacity Act 2005 and consent had improved.
- The leadership team had undergone further training and employed an external contractor to

Summary of findings

support them in improving clinical governance within the service. The senior leadership team were meeting on a monthly basis to discuss performance and risk.

- The service had made significant improvements to support an open and transparent culture. Staff were encouraged to report when things went wrong and it was clear there was a no-blame culture. Staff told us they were very supported by the management and morale was good. There were regular team meetings with all staff and this was evidenced with staff meeting minutes.
- The provider improved their information management and were no longer sending photographs of booking forms to staff. Staff now took the patient booking forms with them on journeys and returned them to the office following the completion.

However:

- The provider had updated a number of policies to ensure they were referencing relevant national guidance. The policies did not have any version control so there was no record of what information was removed or added to the policy.
- The provider took into account peoples individual needs at the time of booking. However, there were limited facilities available to ensure these needs were met. For example, there were no communication aids available to support those who could not communicate verbally. Following the inspection the provider informed us they had ordered communication aids for both vehicles.
- Systems for patient engagement were limited and it was not easy for patients to give feedback or raise concerns.
- Clinical governance meetings were now taking place on a monthly basis. However, there were no terms of reference in place. When we asked the registered manager about this he was unsure what we meant by terms of reference.
- The risk register did not describe or provide information about why each risk item was a risk

Summary of findings

to the service. The provider also did not have a formalised procedure in place for closure of risks from the register once the risk score was low. The dates that each risk were last reviewed was not documented. However, the provider had significantly improved risk management since the last inspection. There was a risk register in place and risks were discussed monthly during clinical governance meetings. The management were aware of the biggest risks to the service and mitigations were in place to reduce risks.

- The provider had a documented strategy. However, staff were unable to tell us what the strategy for the provider was.
-

Summary of findings

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Summary of this inspection

Background to Zot Limited

Zot Limited is an independent ambulance service which provides Patient Transport Services (PTS). The service opened in 2018 and is based in North West London. Zot Limited registered with CQC in September 2018 and started providing services in February 2019. The service transports non-emergency patients to and from community locations, airports, hospitals and patients' home addresses, primarily within London with some transfers across the whole of the United Kingdom. The service transports both adults and children and has two vehicles used for PTS.

Zot Limited currently has no contracts or service level agreements in place. Following our last inspection, Zot Limited was suspended between January 2020 and April 2020. The provider started providing transfers again on the 24 April 2020. Since then the provider has carried out 186 journeys. Of these 185 transfers were adults and one journey was a child. All jobs the provider undertakes are ad-hoc and short notice bookings.

Zot Limited registered with the CQC on 5 September 2018. The registered manager has been in post since the service opened.

The provider updated their registration following the January 2020 inspection and was now registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of Disease, Disorder and Injury (TDDI)

Following our last inspection on 21 January 2020, the provider was rated 'inadequate' and placed in special measures. This was because we identified significant safety concerns and breaches in the following of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment and Regulation 17 Good governance. Section 10 of the Health and Social Care Act 2008 makes it an offence to carry out a regulated activity without being registered to carry out this activity with the CQC. At the last inspection, we also identified the provider was carrying out the regulated activity of TDDI without being registered with CQC to do so. Due to breaches in these legal requirements, we imposed a Section 31 Urgent suspension of a regulated activity. Zot Limited took action to address the regulatory breaches. The Section 31 notice was addressed by the provider during the suspension period. The provider did not start providing transport until required actions were completed.

To help us carry out our comprehensive inspection, we interviewed all three members of the senior management team and PTS crew. We also examined 33 patient booking forms and numerous documents including the provider's staff records, policies, risk register and audits.

How we carried out this inspection

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 provider SHOULD take to improve

Summary of this inspection

- The provider should ensure equipment that is not suitable for a patient transport service is removed from vehicles.
- The provider should continue to improve risk management within the service to ensure risks are robustly managed.
- The provider should develop terms of reference for clinical governance meetings and ensure meetings are quorate.
- The provider should ensure any infection, prevention and control additional training is conducted by a trainer who has the suitable qualifications
- The provider should ensure version control is used when their policies are updated or changed.
- The provider should consider other methods of communication for patients who may find it difficult to communicate.
- The provider should consider different methods of gathering patient feedback to ensure it is easy and accessible.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Good	Good	Insufficient evidence to rate	Requires Improvement	Requires Improvement	Requires Improvement

Patient transport services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Requires Improvement 
Well-led	Requires Improvement 

Are Patient transport services safe?

Good 

Our rating of safe improved. We rated it as good because:

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- All staff had undergone retraining of all mandatory training modules since we inspected the provider in January 2020. This was provided by training providers and e-learning modules. We reviewed all five staff records and saw training was up to date, certificates were provided and showed training had been provided by certified trainers.
- At the inspection in January 2020, we saw all modules of mandatory training and been completed on the same day. The new mandatory training had taken place for all staff over a five day period during the provider's suspension.
- The registered manager kept a training log and staff were reminded when refreshers were due by the registered manager.
- **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.**
- When we inspected the provider in January 2020, the safeguarding policy was not up to date with the most recent relevant national guidance. The safeguarding lead was not trained to level four safeguarding as recommended. Staff understanding of safeguarding was poor and we were not assured safeguarding was recognised and reported.
- During this inspection, we found significant improvements with regards to safeguarding. The policy was up to date with the most relevant national guidance and referred to the Working Together to Safeguard Children 2018 guidelines.
- We found staff understanding and knowledge around safeguarding had improved. Staff had attended the required safeguarding training and knew the types of things that needed to be escalated if required.
- We saw staff reported safeguarding incidents and these were documented on the incident reporting log. These had been appropriately escalated to the local authority and patients were kept safe.
- The registered manager was the safeguarding lead and had been trained to level four safeguarding as per the recommendations of the national guidelines.
- **The service controlled infection, prevention and control risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- Staff were trained in infection, prevention and control (IPC) via an external provider. The registered manager had completed an additional training called the IPC link practitioner training.
- The registered manager had completed the IPC link practitioner training.

Patient transport services

- We reviewed risk assessments, protocols and policy updates introduced as part of the organisation's response to COVID-19. There was a COVID-19 notice board in the control room which provided key information regarding hand washing techniques, donning and doffing and national guidance.
- The provider had introduced temperature checks for staff to complete at the start of each shift. The temperatures were documented on a log. All staff were required to wash their hands on arrival to their shift. The registered manager enforced good practice around hand washing throughout the inspection and this included asking CQC inspectors to wash their hands upon arrival.
- The provider risk assessed all patients as part of the pre-journey risk assessment for COVID-19 symptoms. The provider was not transporting COVID-19 patients and all patients temperatures were checked before they got onto the vehicle.
- All staff were required to wear surgical masks during shifts, this included office staff. We observed good practice with regards to the use of Personal Protective Equipment (PPE) throughout the inspection. The registered manager ensured that all staff and visitors wore masks before entering the office space.
- To ensure social distancing in the office the provider had moved the desks around so staff were at least two metres apart. The office staff were also encouraged to work from home to limit the number of staff in the office at one time. We saw information was displayed in the office around hand washing and there was hand gel available for use.
- The provider conducted monthly health and safety audits which included infection, prevention and control. This included checking the vehicles were cleaned to an appropriate standard.
- There was a 'Daily Vehicle Cleaning' log completed, which recorded the checks of cleanliness of equipment.
- The vehicles were deep cleaned every four weeks or as when required. There was a deep clean checklist in place for when there were deep cleans and records kept indicating when the next was due for each vehicle.
- We inspected both vehicles and saw they were cleaned to a good standard, visibly clean and free from dirt.
- There was good access to PPE including surgical masks, gloves and aprons. There were also hand gels available for staff to use between patients. Due to COVID-19, the registered manager had taken the decision to get all staff fit tested for FFP3 masks. However, as the provider was not taking COVID-19 patients these were not currently required.
- Cleaning equipment was available on the ambulances and in the office. Vehicle cleaning took place in the car park of the office and cleaning equipment was readily available in the office.
- The service had a clinical waste policy in place. However, the bags available for clinical waste did not match up to the colours described in the policy. This was raised to the registered manager during the inspection, who said the policy would be updated.
- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them.**
- When we inspected the provider in January 2020, we identified significant safety risks around the use of equipment. We found training on the use of equipment had been completed by the management staff who were not qualified to do so. We found there was no child's harness in one of the vehicles.
- During the providers Section 31 suspension period, all staff were trained in the safe use of equipment by a person qualified to do so. At this inspection, we reviewed staff records and saw certificates to show staff had been trained on the use of all equipment, including the carry chair and stretcher. During the inspection staff were able to demonstrate how to safely use equipment, such as the carry chair.
- The provider had purchased a second children's harness so that both vehicles now had access to one and staff were able to demonstrate how to use them.
- The provider had two vehicles that were for PTS only. Whilst most equipment was suitable for PTS we did find a suction unit on one vehicle. This had been identified at the last inspection. We asked the registered manager and staff about this. We were told this was never used by the providers PTS staff but was left on the vehicle in case medical or nursing staff required one during transfer. This was not appropriate as if this was used in an unsafe way it could put patients at risk. The registered manager told us this would be removed from the vehicle following the inspection. Following the inspection, the provider confirmed this had been removed.

Patient transport services

- The service kept vehicle maintenance logs and we saw there were up to date. The vehicles' tax, MOT and insurance was all documented. Staff driving licences were checked and documented in the staff files. All equipment had been serviced by an external company.
- The provider had access to bariatric equipment and staff had now been trained in the use of this.
- **Staff completed and updated risk assessments for each patient and removed or minimised risks.**
- When we inspected the provider in January 2020, staff did not complete thorough risk assessments for each patient. The lack of pre-transfer risk assessments identified at the last inspection meant the provider was not assured the patients they were transporting were suitable for a PTS. We identified examples of patients at risk of deteriorating being transferred and one case where staff did not escalate this as per policy. The deteriorating patient policy was also not appropriate for the service.
- At this inspection, the provider had made a number of improvements when it came to risk assessments of patients. Pre-transfer risk assessments were now completed for all patients and included an eligibility criteria for the types of patients the provider could not transport.
- The booking form had been updated to include sections for key patient information. We reviewed 33 booking forms and found they were all fully completed and identified potential risks. Booking forms also recorded whether a patient was Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). All staff had a good understanding about the protocol in place for DNACPR.
- The deteriorating patient policy had been updated and gave staff all the information required should a patient deteriorate. Staff were required to call 999 and attend the nearest emergency department if a patient deteriorated during transfer. We spoke with staff and they had a good understanding of this policy.
- We observed the registered manager taking a booking and saw a thorough risk assessment was completed prior to the patient booking being confirmed. This included checking for risks and COVID-19 symptoms.
- **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.**
- As the provider had previously been suspended, this had impacted the number of patient journeys the provider had made. Patient journey numbers were still low. As a result, there were no issues around staffing numbers.
- There were three directors who managed the service and two Ambulance Care Assistants (ACAs). Since the last inspection, all staff had attended numerous different training courses including retaking all mandatory training modules. At this inspection, staff had the right skills to keep patients safe. For example, staff knowledge of the provider's policies around incident reporting, safeguarding and deteriorating patients was good.
- **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.**
- Booking forms were paper based and completed and stored in the office for eight years. Since the January 2020 inspection, the provider had made numerous improvements to the booking form.
- The booking form now contained the eligibility criteria and had been updated to include all key information required for a PTS. The form also now included a section for staff to make 'patient care notes', which detailed what happened during the journey.
- The service had introduced an audit of booking forms to ensure they were being suitably completed. The provider was engaging with CQC on a monthly basis to discuss the improvement plan and record keeping and audits were discussed. Compliance for September was 100%.
- The registered manager also completed checks of booking forms when staff returned to the office. If anything was incomplete this was dealt with immediately and staff were reminded about the importance of ensuring they were fully completed. For example, one booking form did not contain the signature of the nurse from the care home when the patient was handed over. There was a note on the record to show the registered manager had immediately called the care home for the nurse's name.
- We reviewed 33 booking forms during the inspection and found all forms were fully completed, signed and dated. They contained all relevant information including patient details, locations, next of kin and information about risks. All records now had notes about the patient journey completed by the ACA.

Patient transport services

- The provider was no longer taking photographs of patient booking forms and sending them to the ACAs. Instead, all booking forms for journeys were now collected by the staff before the journey and brought back to the office following the journey to be checked by the registered manager.
- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- The provider was now registered with CQC to provide the regulated activity of Treatment of Disease, Disorder and Injury (TDDI). Therefore, the use of oxygen was now within the providers scope of practice.
- All staff had been retrained in the use of oxygen and had their competencies signed off. Oxygen was appropriately stored on the vehicles.
- **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.**
- Since the inspection in January 2020, the provider had improved the way they managed incidents. Staff were actively encouraged to report incidents and the registered manager kept an incident reporting log.
- There had been six incidents since the provider's suspension ended in April 2020. All incidents were documented and actions were identified and shared with staff.
- There was a duty of candour policy in place and staff had a good understanding of this.

Are Patient transport services effective?

Good 

Our rating of effective improved. We rated it as good because:

- **The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.**
- Policies and procedures were in place and up to date with relevant national guidance. The provider had changed numerous policies since the January 2020 inspection. This ensured staff followed best practice and kept patients safe. For example, the deteriorating patient policy was updated and staff understanding of the policy was good.
- The provider was working with a clinical governance contractor to improve the policies and ensure they were as effective as possible. National guidelines and any changes were discussed during management meetings. The registered manager had also subscribed to various online sites to receive updates around national guidelines, such as the National Institute for Health and Care Excellence (NICE).
- Staff could access policies and procedures on computers in office, in physical folders and also and remotely (password protected).
- We noted during the inspection, that there were copies of out of date UK ambulance service clinical practice guidelines in the office. There was a risk if staff accessed these copies that care might not be delivered in line with the latest national guidance.
- The provider had a number of audits in place including health and safety, Infection, prevention and control (IPC) and booking forms.
- Whilst policies were reviewed and up to date, the provider did not use version control on policies. This meant when they were changed, there was no documented evidence to show what had been added or removed.
- **Staff assessed patients' food and drink requirements to meet their needs during a journey.**
- When we reviewed patient records, we saw staff now documented when patients were offered drinks and food.
- If journeys were long, staff would ask patients about food and drink preferences.
- **The service monitored, and met, response times so that they could facilitate good outcomes for patients.**
- The service had completed 186 journeys since the suspension was lifted in April 2020.

Patient transport services

- The provider was monitoring their own performance against Key Performance Indicators (KPIs) for departure and arrival time performance. This was being done to ensure the vehicles arrived to patients homes and drop off locations in a timely way. Performance was currently 100% in all criteria.
- There were four KPIs being monitored: Arrivals: 90% of service users to arrive at the destination not early than 45 mins and not later than 10 mins prior to the appointment time; Departures: 90% of service users to depart not later than 60 mins after the arrival in the waiting room; 100% of service users to depart the hospital facility not later than 90 minutes after arrival in the waiting room; Time on vehicle: 90% of patients within 10 miles shall not spend more than 45 mins on vehicles from pick up time to time of delivery. Performance for all four KPIs was 100%.
- The registered manager told us they were planning to develop KPIs for staff absence and sales targets. However, this was not in place at the time of the inspection.
- The provider currently had no contracts of service level agreements so they did not have to monitor performance for a contract.
- **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.**
- To improve the competency of staff following the last inspection all staff had completed their mandatory training again. We reviewed staff files and found evidence of staff competencies and qualifications in the form of various training certificates.
- There had been no new employees since the last inspection. However, the provider had updated the induction process for the service to ensure staff competency. There would now be a two week induction, which included all key training and driving assessments.
- The registered manager appraised staff work performance every six months. We viewed appraisal records which showed that all staff had up to date appraisals.
- Staff underwent a safety driving course we assessed how safe they were on the road. All three staff members were rated as low risk. Driving licence checks were conducted regularly.
- DBS checks were conducted for each staff member as part of the service's recruitment process in line with service policy.
- The senior leaders were in the process of planning staff education sessions led by the clinical director. For example, sessions on topics such as dementia.
- In addition, the registered manager told us the leadership team were encouraged to develop by attending training. For example, the registered manager was booked to attend a course on incident investigation in November 2020.
- **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.**
- We saw examples where the registered manager had engaged with local Clinical Commissioning Group (CCG) and local authorities regarding patients individual needs. For example, one patient's home was in poor condition and the provider communicated well with other agencies to safeguard the patient.
- The service was not commissioned by any NHS providers and did not undertake sub-contracted work for other independent health ambulance services.
- The provider had improved the booking process since the last inspection. There was a detailed discussion during the booking process around patients' needs to ensure effective working.
- The provider had also added a handover section on the booking forms, which the person receiving the patient was required to sign.
- Staff told us they had team meetings every month at the office. The service manager said that team meetings were a good opportunity to feed back any issues as a team.
- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Patient transport services

- There was a policy in place around consent called ‘consent of patient in line with mental capacity act and Deprivation of Liberty Safeguards (DoLS)’. We reviewed this policy and saw this was in date and reflected best practice and guidance.
- Staff understanding of consent and the Mental Capacity Act (2005) had improved. Consent was being documented on the patient booking forms and this was in line with the providers policy.
- Staff had received training around consent and attended a course on dementia awareness and DoLS since the last inspection.
- The RM told us that the service did not transport patients detained under the Mental Health Act 1983 or patients experiencing a mental health crisis. The registered manager told us this was assessed at the time of booking. We observed a booking being taken and the registered manager asked questions around mental health to assess if the patient was suitable for the service.

Are Patient transport services caring?

Insufficient evidence to rate 

Due to COVID-19 and the requirement to maintain social distancing we were unable to observe patient care. However, we did not identify any significant risks.

- The provider was using online reviews on a popular online search engine to get feedback. The provider had received no negative feedback since they began operating again in April 2020.

Are Patient transport services responsive?

Requires Improvement 

Our rating of responsive improved. We rated it as requires improvement because:

- **The service planned and provided care in a way that met the needs of local people and the communities served.**
- Zot Limited transported patients from across London and undertook longer journeys across the UK, which meant the service did not only service an immediate local population.
- The service had two ambulances in total and only accepted work where it had capacity to carry out those patient transfers.
- The service took non-emergency bookings on an ad hoc basis from private customers, clinical commissioning groups, county councils, hospitals as well as other ambulance services.
- The provider had improved their booking process to ensure patients using the service were suitable for PTS. The eligibility criteria was completed for all patients and if their needs could not be met the booking was not taken.
- Referrals were risk assessed to establish any individual requirements such as the type of equipment needed.
- The provider was able to track vehicles to see how long a journey would take. The number of journeys since the suspension was still low. Therefore, the provider was able to effectively manage the workload and ensure timely transfers.
- The company website advertised the services as a Patient Transport Service (PTS) and had removed the advertisement for High Dependency since the last inspection.
- **The service took into account patients’ individual needs during the booking process. However, there were limited facilities available to ensure these needs were met.**

Patient transport services

- The service was able to provide a flexible service for patients and accommodated short notice bookings. The booking process was completed on paper. The service's booking form contained information such as pick up and booking addresses, care needs, appointment times and DNACPR information. The needs of the patient was discussed at the point of booking.
- Both vehicles were equipped to transport bariatric patients and since the inspection in January staff had been trained in transporting bariatric patients.
- The provider had also supplied staff with training on dementia awareness, learning disability awareness and handling violence and aggression.
- Patients' needs were identified during the booking process. For example, if a patient required a stretcher or wheelchair.
- The service did not use a translation service for patients whose first language was not English. The provider told us staff would use google translate for these patients. The registered manager told us this application can instantly translate up to 109 languages and was simple to use. One of the functions of the application was two-way communication.
- The provider did not have access to communication aids such as pictorial aids to help with communication. Following the inspection, the provider informed us that they had ordered pictorial aids for both ambulances.
- There were no adaptations for patients with complex needs such as those hard of hearing or deaf or partially sighted or blind. Following the inspection, the provider informed us they would be purchasing a hearing aid loop for both vehicles.
- **People could access the service when they needed it and received the right care in a timely way.**
- Patients could access the service provided by Zot Limited in a timely way, as the service only booked jobs that they had the capacity to fulfil. The registered manager told us that patients rarely experienced delays in pick up times and if a delay was likely to occur the patient would be informed.
- The service took bookings 24 hours a day and jobs were booked throughout the week, Monday to Sunday as required by telephone or email.
- Since April 2020, the provider had experienced two delays. The registered manager told us these were due to situations which were out of their control. For example, one delay was because the crew had been stopped by a pedestrian who needed assistance.
- The provider was monitoring four Key Performance Indicators (KPIs). The four KPIs were monitoring arrival and departure times for patients to ensure journeys were made in a timely way. Since the providers suspension had ended the provider had completed 100% of patient journeys on time.
- **The provider had processes in place for investigating complaints, however we were not assured it was easy for people to give feedback and raise concerns.**
- There was an up to date complaints policy, which stated that the service acknowledged complaints within 48 hours and would respond within 25 days of receiving a complaint.
- The Registered Manager told us he would handle complaints and said that any complaints would be fed back to the crew at team meetings. However, since starting operations, the service had not received any complaints so could not demonstrate this in practice.
- The service's contact details were supplied on the patient vehicles and patients were asked to leave online reviews. However, there were no other method in place for collecting patient feedback. The provider had previously sent out feedback forms but was no longer doing this. The provider informed us that they had previously used paper feedback forms but had discontinued this for a number of reasons prior to our previous inspection in January 2020. Following this inspection, the provider informed us that they would begin to use paper feedback forms again for patients. The registered manager also informed us that the patient information posters would be written in the top seven most used languages in London.

Are Patient transport services well-led?

Patient transport services

Our rating of well-led improved. We rated it as requires improvement because:

- **Leaders had the skills and abilities to run the service. 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.**
- Since the inspection in January 2020, all staff including the three directors had undergone retraining to ensure they had the right skills and abilities to run the service. The registered manager understood the main priority for the provider was to improve compliance with standards. Therefore, they had hired a clinical governance contractor for advice and support.
- Since the January 2020 inspection, the leadership had a better understanding of what a good ambulance service should look like. The management had a better understanding of the challenges the service faced in relation to quality and sustainability. The leadership team said currently the main focus was to become compliant with regulations.
- **The service had a vision for what it wanted to achieve and there was a strategy in place. However, staff knowledge of the strategy was poor.**
- The registered manager told us the provider's vision was to become the 'best patient transport service'.
- The registered manager showed us a documented strategy for 2020 to 2022. The strategy described Zot Limited goal, which was to 'strive to continuously improve the quality of care it provides and put quality at the heart of everything we do'.
- The main aims of the strategy was to improve compliance with legal requirements. The document set out the providers goals for each year. For example, for the year 2020 the main areas of focus were issues identified in the last inspection report. Such as improving clinical governance, incidents management and strengthening safeguarding processes.
- We asked staff about the provider's vision or strategy and they were unable to describe what this was.
- **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.**
- Following the inspection in January 2020 and the provider's suspension, staff told us it was a difficult time for the service. However, staff reported they felt supported and the team felt like a family.
- The leadership team actively encouraged staff to report when things go wrong so actions could be identified and addressed. This supported an open and transparent culture.
- **Leaders had improved governance processes throughout the service. 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.**
- Since the providers suspension ended, the management team have attended monthly engagement meetings with CQC to discuss the improvement plan and performance. This includes discussions around records audits, incident management and governance.
- There were monthly clinical governance meetings where items such as incidents, risk, national guidance and audits were discussed. These were attended by all three directors and the clinical governance contractor.
- However, there were no terms of reference in place for the clinical governance team and the leadership team were not sure what we meant when we asked about terms of reference and quoracy.
- We reviewed the clinical governance meeting minutes and saw items such risk, national guidelines, incidents and safeguarding were discussed at each meeting.
- The provider had updated their policies to ensure they were in line with relevant national guidelines. However, there was no version control on the policies so any information added or removed was not documented.

Patient transport services

- The provider had made improvements since the last inspection, including more robust incident management, improved safeguarding and safer use of equipment. However, some issues we identified at the last inspection had not been addressed. For example, the suction unit on one vehicle had not yet been removed. Following the inspection, the provider told us this would be removed.
- We also found the blue lights on one of the vehicles was still activated. The registered manager informed us they had deactivated blue lights on one vehicle following the last inspection. However, he informed us that for the second vehicle it was more difficult to deactivate due to the wiring. Staff we spoke with told us they were aware blue lights were not to be used. However, we did not see evidence that this had been communicated.
- **Whilst risk management had improved we were not assured this was fully robust and embedded. Relevant risks and issues were identified and actioned. However, the processes for removing risks was not established.**
- The provider currently had no contracts or service level agreements. However, as part of their improvement plan they had introduced Key Performance Indicators (KPIs) and were using these as a way to monitor performance.
- The three directors could identify what the biggest risks were to the provider and these included: CQC regulation compliance; COVID-19; and COVID-19 financial impact. All three items were on the provider's new risk register. However, there was no description as to why these were a risk to the service and what the impact would be.
- We reviewed the risk register and saw there were currently 16 live risks documented on the register. Risks were assessed and assigned a 'unmitigated' risk score. They were then assigned a 'anticipated risk' score when risks were fully mitigated. We were unsure what the current risk score was as the provider only documented 'anticipated'.
- Details on when the risk was last reviewed was not detailed on the risk register. The registered manager informed us that all risks were reviewed monthly at the clinical governance meeting. However, actual dates of the last review and the next review were not documented.
- We noted five of the risks were rated as green signifying they were low risk. However, the provider did not have a procedure in place for the closure of risks from the register.
- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.**
- At the last inspection, we identified booking forms were being photographed and sent to staff via a messaging application. This was against the provider's own data protection policy and created a risk of confidential information being accessed by an unauthorised person.
- The provider was no longer doing this and staff were now required to collect booking forms from the office and return them following the transfer. The registered manager was also conducting an audit of all booking forms to ensure compliance. This audit was discussed during monthly engagement meetings with CQC.
- Staff had access to the provider's policies and procedures both online and from folders in the office. We saw these folders were accessible during the inspection.
- **Leaders actively and openly engaged with staff. However, patient engagement was still limited.**
- Staff meetings took place on a monthly basis and staff told us they were able to speak with their manager regarding any concerns whenever they needed.
- Patient feedback was gathered via the online review system. There were no other methods of collecting patient feedback to inform service development. Following the inspection, the provider informed us they would begin to use paper feedback forms again. We were also told information posters inside the vehicles would be updated and written in additional languages.
- The provider discussed patient feedback on a monthly basis during the management meeting. The registered manager informed us that improving patient feedback was part of the Quality Strategy for 2021.
- **All staff were committed to continually learning and improving services.**
- The provider was focused on ensuring compliance to legal requirements before undertaking any further service developments.

Patient transport services

- The provider had hired an external contractor to support the improvements of clinical governance within the service. The providers overall aim was to become a 'good' rated service by CQC. The registered manager told us once the provider was compliant with legal requirements they would start to focus on service development.