

Spark Medical HQ







Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Spark Medical HQ is located in Ellesmere Port, Cheshire and is operated by Spark Medical Limited. It is an independent ambulance service that mainly provides patient transport services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 11 June 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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

We found the following areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

- Whilst the service used systems and processes to safely prescribe, administer, record and store medicines, it did not have any controlled drugs or a controlled drugs license to allow usage of emergency medicines such as morphine.
- Whilst the service carried out some monitoring of the effectiveness of care and treatment, information such as response times was not routinely collated in order to make improvements and achieve good outcomes for all patients.
- Whilst most consumable items were appropriately stored and kept within expiry dates, we found a number of sterile wound dressings that had expired.

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

Summary of findings

Ann Ford

Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

The main activity provided by the service was patient transport services.

The service also provided emergency services for patients that required transport from events to a hospital. As this was only a small part of overall activities, this has been reported under patient transport services.

We rated this service as good because it was safe, effective, caring, responsive to people's needs and well-led.

Summary of findings

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Good 

Spark Medical HQ

Services we looked at:

Patient transport services;

Summary of this inspection

Background to Spark Medical HQ

Spark Medical HQ is located in Ellesmere Port, Cheshire and is operated by Spark Medical Limited. It is an independent ambulance service that mainly provides patient transport services.

Spark Medical HQ primarily serves the communities of North Wales, West Cheshire, Merseyside and the Wirral. It undertakes the movement of non-urgent patients between hospitals, homes and care facilities in a pre-planned and short notice (un-planned) work environment.

The service has contracts with the Welsh Ambulance Service NHS Trust (through an independent booking agency) and three local NHS acute trusts in England. In addition, they undertake private work. The service also provides first aid cover at events and can carry out emergency transfers of patients to hospital from events when required.

The service has been registered with the Care Quality Commission (CQC) since April 2018. It has had a registered manager in post since registering with the CQC in April 2018.

Our inspection team

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

Information about Spark Medical HQ

Spark Medical HQ is located in Ellesmere Port, Cheshire and is operated by Spark Medical Limited. It is an independent ambulance service that mainly provides patient transport services.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

During the inspection, we visited the Spark Medical HQ ambulance station and looked at four ambulance vehicles. We spoke with five staff including two emergency medical technicians, the office administrator, a managing director and the registered manager. We spoke with one patient and the relative of another patient. During our inspection, we reviewed 12 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the first time we have inspected this service since registration with CQC in April 2018.

Activity (June 2018 to May 2019)

- In the reporting period there were 983 patient transport journeys undertaken. This included 874 patient journeys under arrangements with the Welsh Ambulance Service and 109 patient journeys undertaken for patients from three NHS acute trusts. This included three patients that were under 18 years of age.
- There were 19 patients transferred to hospitals from events in the reporting period and these were all adult patients.

The service was managed by three managing directors, consisting of the registered manager and two other managing directors. They were supported by a compliance manager, a clinical manager, an event

Summary of this inspection

manager and an ambulance operations manager. There was also a part-time administrator in post. The service had contractual arrangements with approximately 49 staff, including first aiders, paramedics and emergency medical technicians and a registered nurse.

Track record on safety ((June 2018 to May 2019)

- No never events
- No serious injuries or incidents
- Two incidents (no patient harm)
- One formal complaint

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

This is the first time we have rated this service. We rated safe as good.

Good



We found the following areas of good practice:

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided mandatory training in key skills to all staff and made sure the majority of staff completed it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.
- 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.

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

- Whilst the service used systems and processes to safely prescribe, administer, record and store medicines, it did not have any controlled drugs or a controlled drugs license to allow usage of emergency medicines such as morphine.
- Whilst most consumable items were appropriately stored and kept within expiry dates, we found a number of sterile wound dressings that had expired.

Are services effective?

This is the first time we have rated this service. We rated effective as good.

Good



We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Summary of this inspection

- 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.
- 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 supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

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

- Whilst the service carried out some monitoring of the effectiveness of care and treatment, information such as response times was not routinely collated in order to make improvements and achieve good outcomes for all patients.

Are services caring?

This is the first time we have rated this service. We rated caring as good.

We found the following areas of good practice:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

This is the first time we have rated this service. We rated responsive as good.

We found the following areas of good practice:

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

Good



Summary of this inspection

- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Are services well-led?

This is the first time we have rated this service. We rated well-led as good.

We found the following areas of good practice:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- 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.
- Leaders operated effective governance processes and used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Patient transport services

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

Information about the service

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The service also provides emergency services for patients that require transport from events to a hospital. As this is only a small part of overall activities, this has been reported under patient transport services.

Summary of findings

The main activity provided by the service was patient transport services.

We rated this service as good because it was safe, effective, caring, responsive to people's needs and well-led.

Patient transport services

Are patient transport services safe?

Good 

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. 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.**
- The service had an incident reporting procedure that provided guidance for staff on how to identify, report and investigate clinical and non-clinical incidents and adverse events (such as vehicle-related incidents). The procedure included guidance on how to grade incidents by severity (for example minor, moderate, major and catastrophic).
- Staff we spoke with had a clear understanding of the types of incidents that could occur and how to report these.
- All incidents, accidents and near misses were logged using a paper system of incident report forms. Reported incidents were reviewed and investigated by staff with the appropriate responsibility, such as the registered manager or the compliance manager.
- Information about incidents was discussed during routine meetings and through individual discussions. Staff also received information on incidents by email or through the provider's newsletter to aid learning.
- There had been no never events or serious incidents reported by the service between June 2018 and May 2019. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- There were two incidents reported by the service between June 2018 and May 2019. One of these related

to an accident (patient trapped hand) and the other incident related to a disruptive patient. None of these had resulted in any patient harm. We looked at the records for these incidents and saw that they had been reported and investigated in line with the provider's policy.

- The service had its own duty of candour policy in place and a duty of candour video was available to provide staff with further information on the process. The staff we spoke with were aware of the basic principles of duty of candour.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The duty of candour principles are only applicable if care and treatment has led to moderate or severe patient harm. There had been no incidents reported by the service between June 2018 and May 2019 that had resulted in moderate or above patient harm that would trigger the duty of candour process.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure the majority of staff completed it.**
- Mandatory training was delivered on induction, followed by annual updates. The majority of training was delivered through e-learning modules but specific topics such as life support and first aid training were delivered as face-to-face training.
- Staff received training in moving and handling, first aid, fire safety and health and safety as part of their initial induction. Staff also received mandatory training in key areas such as medicines management, infection prevention and control, information governance, customer service, business continuity, safeguarding of vulnerable adults and children, mental capacity act and deprivation of liberty safeguards (DoLS) and equality, Diversity and human rights.
- The service used an electronic training system through which staff accessed e-learning content. This system was also used to monitor training compliance. The system identified when an individual staff member's

Patient transport services

training was due for renewal or had expired. The registered manager told us they carried out routine monitoring to check staff training compliance was maintained.

- Records showed overall mandatory training compliance was 77% for ambulance operations staff, 100% for management staff and 90% for event medical services staff. The registered manager confirmed that mandatory training completion was monitored and only staff that had completed their mandatory training were allocated for patient transport or medical event duties.

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 mandatory training in the safeguarding of vulnerable adults and children. Records showed 80% of ambulance operations staff, 100% for management staff and 94% of event medical services staff had completed level one and level two children and adults safeguarding training.
- Training in female genital mutilation (FGM) training and 'prevent' (anti-radicalisation) was also included as part of the mandatory safeguarding training.
- Each ambulance vehicle contained a safeguarding handbook that provided additional guidance for staff. However, the handbook only related to information on adult safeguarding and did not include information on children's safeguarding.
- Staff were aware of how to identify potential abuse and report safeguarding concerns and had a good understanding of good practice guidelines for protection of vulnerable adults and child protection. There was a safeguarding policy in place and information on how to report safeguarding concerns was displayed in the ambulance station. The policy included detailed guidance for staff in relation to identifying abuse and neglect for children and vulnerable adults, referral to external bodies and child protection arrangements.
- The registered manager, managing director and compliance manager were the named safeguarding

leads for the service and had completed level three training in children and adults safeguarding. Staff were aware of how they could seek advice and support when needed.

- There had been no reported safeguarding incidents reported by the service between June 2018 and May 2019.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**
- There had been no cases of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia, Clostridium difficile (C.diff) or Escherichia coli (E. coli) reported by the service between June 2018 and May 2019.
- Staff received infection control training as part of their induction, followed by annual mandatory refresher training. The service had infection prevention and control policies in place and staff we spoke with understood current infection prevention and control guidelines.
- The ambulance vehicles we inspected were clean, tidy and well maintained. Staff cleaned the vehicles using chlorine based cleaning solutions and equipment was cleaned in between use using disinfectant wipes. Staff placed a sign on each vehicle to indicate whether the vehicle was clean and ready for patient use and to confirm appropriate vehicle checks had been completed.
- There was a cleaning schedule in place that outlined roles and responsibilities and the frequency of cleaning of vehicles and equipment. Staff completed safety and cleanliness checks on each vehicle (and equipment) and recorded this information on a checklist record. The checklists were complete and up to date on each vehicle we inspected.
- The registered manager completed a routine vehicle cleanliness audit. The audit for March 2019 showed overall compliance ranged between 95% to 100% for each ambulance vehicle. Actions were put in place to improve compliance in areas where shortfalls had been identified, such as the availability of sharps bins.

Patient transport services

- We saw that suitable cleaning equipment was available in the ambulance station and this was stored appropriately. Staff used a colour-coded system for mop buckets and single use mop heads. The ambulance station also had a sluice area for the disposal of dirty water.
- The ambulance vehicles were decontaminated and “deep cleaned” approximately every 12 weeks by an external contractor. A swab of each vehicle was taken before and after each deep clean to measure the presence of microbes. Records showed the ambulance vehicles were routinely deep cleaned and microbial levels were within acceptable ranges. Staff told us the vehicles could also be deep cleaned immediately if decontamination was required following patient use (for example if patient had an infection).
- The ambulance station and office areas were clean, tidy and well maintained. There were suitable arrangements in place for the handling, storage and disposal of clinical waste in the vehicles and the station. This included the use of colour coded waste bags and a locked clinical waste bin. There was an arrangement with an external contractor for the removal of clinical waste.
- Portable sharps waste bins were available in the station and in each ambulance vehicle we inspected. We found two instances where the sharps bins in the ambulance vehicles had not been labelled correctly by staff prior to use and raised this with the operations director during the inspection.
- Clean linen was available in each vehicle and was appropriately stored in cabinets to protect from exposure to air-borne particulates in the open environment. Soiled linen was appropriately segregated in bags and laundered off site through an external contractor.
- All the ambulances and transport vehicles contained personal protective equipment, such as disposable gloves and masks. Each vehicle had a spillage kit available for cleaning following contamination by bodily fluids.
- The staff we observed were compliant with 'bare below the elbows' guidance. Staff were provided with instructions on laundering uniforms at home. If a staff member's uniform became contaminated while on duty, they were able to obtain a clean uniform from the ambulance station.

- We saw that portable hand gel was available in each vehicle. The ambulance station also had hand wash sinks available for use by staff. The service did not routinely carry out hand hygiene audits to monitor staff compliance with hand hygiene guidelines.

Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- The service operated from one location that had sufficient office space and capacity for all the ambulance vehicles to be kept securely within the premises. The vehicles were locked when not in use and vehicle keys were kept securely in a locked cabinet inside the station.
- We found the premises were clean, free from clutter and well maintained. There were sufficient bathroom facilities for staff.
- Access to the premises was restricted with door locks. Hazardous substances (such as cleaning chemicals) were stored in a locked cupboard. There was a control of substances hazardous to health file, which included information and risk assessments relating to substances stored on the premises.
- Records showed that fire safety, electric, water and gas safety systems had been serviced through an external contractor. Fire extinguishers on the premises and on the vehicles were stored securely and had been serviced.
- The provider had five vehicles in use at the time of the inspection, including three ambulances, a rapid response vehicle and a support van. Two of the ambulances were routinely used for patient transport services. The remaining vehicles were mainly used for events.
- The age of the vehicles ranged between three and seven years old. Records showed the vehicles had appropriate MOT, tax, service, breakdown cover and insurance certificates in place. The vehicles were serviced at least every six months. We inspected each vehicle and found these were suitably maintained and in a good state of repair.
- The registered manager confirmed vehicle faults and breakdowns were monitored and any vehicle with

Patient transport services

frequent issues would be decommissioned and replaced. The service had emergency breakdown cover and emergency wheel repair cover in place for all vehicles.

- Staff carried out daily vehicle checks to confirm the vehicles were fit for purpose and stocked with the correct equipment and consumable items. Checklist records we looked at showed the vehicle checks were being completed and documented appropriately.
- We saw that equipment such as chairs, stretchers; wheelchairs and slide sheets were well maintained and serviced routinely. There was an arrangement with an external contractor to service all equipment on an annual basis. Staff told us there was sufficient stock to replace any faulty equipment. Consumable items, such as gloves and hand gels were replenished each day from stock available at the ambulance station.
- The vehicles were equipped with safety harnesses and anchorage points for securing wheelchairs. Equipment and single use items were available for both adults and children. The registered manager told us they carried out routine stock and expiry date checks on consumable items.
- We found the majority of single use items (such as syringes and tubes) were kept within their sterile packaging and were within expiry dates. However, we found a number of sterile wound dressings that had expired. We raised this with staff during the inspection and the staff removed these immediately.
- Each vehicle was equipped with an automated external defibrillator device. These had been serviced and included adult pads that were within their expiry dates. The defibrillators were checked daily by staff. The registered manager told us they did not stock paediatric defibrillator pads and would use the adult pads if required.
- The service had emergency “grab bags” that were kept in a store room and used for patient transport vehicles or events. We looked at these and they included basic first aid equipment, oxygen masks, drainage kits and single use sterile items such as airways tubes that were kept in their sterile packaging. These items were also checked daily by staff to ensure they were correct and within their expiry dates.

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.**
- As part of the patient transport booking process, basic risk assessments were undertaken. This included an assessment of patient-specific requirements including what level of mobility the patient had, if they required oxygen, if they had any special notes such as a do not attempt cardiopulmonary resuscitation order (DNACPR) or if the patient had an escort accompanying them.
- Ambulance staff we spoke with understood how to identify and manage patients that had a DNACPR in place and told us this information was available in the referral record and through verbal discussions with healthcare professionals when receiving patients.
- The management team assessed each referral request to determine if they had appropriate resources available (such as staff, vehicles and equipment) in order to transport the patient. The registered manager told us they did not routinely have a problem covering shifts and that patient transport bookings would be declined if adequate resources (such as suitably trained staff) were not available. There had been no instances of booking requests being declined or cancelled due to unavailability of staff between June 2018 and May 2019.
- The registered manager and the managing director told us they did not routinely transfer patients with complex medical needs (for example patients with drips, pumps or syringe drivers). They told us these patients would be accompanied by appropriately trained staff such as healthcare professionals from the referring NHS trust to minimise the risk to patients.
- There were systems in place to allow ambulance staff to escalate key risks, such as incidents, accidents or safeguarding concerns. Staff were able to report any issues to the control room staff, who would either support the staff or escalate to the management team.
- If a patient’s condition deteriorated during transport, procedures were in place to instruct staff on the actions to take, including stabilising the patient (if within the staff member’s scope of practice) and then transferring the patient to the nearest hospital emergency department. There had been no instances where a patient’s health had deteriorated during transport and required emergency intervention and transfer to hospital between June 2018 and May 2019.

Patient transport services

- The service provided first aid cover at events with the ability to transport patients that required urgent treatment to the nearest hospital. A risk assessment and plan was in place detailing the equipment, ambulance vehicles and staffing requirements for these events. The plan also included instructions for staff on what actions to take if a patient's health deteriorated, including assessment and emergency transfer to the nearest hospital.
- Staff used adult and paediatric national early warning scoring systems (NEWS2) to determine if escalation and transfer to hospital was required. Records showed 69% of staff had completed training in NEWS2. Records showed 69% of staff had received training in sepsis awareness and staff had a good understanding of how to identify and manage patients with sepsis.
- Records showed there were 19 instances where a patient required emergency transfer to hospital from an event between June 2018 and May 2019. In each case, the patient required treatment for non-life threatening treatment or injuries (such as intoxication) and they had been appropriately transferred to hospital.
- The registered manager told us driving licenses and driver history was checked as part of the recruitment process and drivers that had poor driving history or did not conform to safe driving standards would be prevented from driving vehicles for the service. This included checking driving staff had a category C1 driving licence (required to drive ambulance vehicles). Staff were also required to make an annual declaration to confirm if any changes to their licence.
- The service carried out formal driver assessments at least every three years through an external training provider to determine if staff were competent to drive vehicles, including driving under emergency blue light conditions. We looked at three staff files and these contained evidence that approved driver training had been undertaken and routine driver eligibility checks had been carried during the past 12 months.
- Staff were issued with mobile phones prior to commencing patient transport journeys. The ambulance vehicles were also equipped with standard satellite navigation systems. These had the functionality to identify the location of a vehicle if it broke down or to monitor if a member of staff exceeded the expected speed limit.
- In the event of a breakdown during patient transport, staff contacted the control desk for additional support

(such as dispatching an alternative vehicle or arranging emergency breakdown service support). There had been no instances of vehicle breakdowns reported by the service between June 2018 and May 2019.

- The service had taken part in two major incident simulation exercises during the past 12 months and routinely attended multi-agency planning meetings to plan and coordinate services in relation to large events. The registered manager told us that if crews came across a major incident they would escalate to the local NHS ambulance service and support them with their resources if required.
- The service had a formal business continuity plan in place. This outlined the steps required by staff to manage key risks that could affect the provision of care and treatment, such as a power outage or shortage of staff.
- There were suitable arrangements in place for fire safety, including a fire risk assessment and clear instructions for staff to follow in the event of a fire.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- The service was managed by three managing directors, consisting of the registered manager and two other managing directors. The managing directors were supported by a compliance manager, a clinical manager, an event manager and an ambulance operations manager. There was also a part-time administrator in place.
- The service had 49 active staff that were contracted to provide ambulance and patient transport services. They included a mixture of first aiders, paramedics and emergency medical technicians. There was also a registered nurse (providing cover at events). There were eight additional staff undergoing recruitment at the time of the inspection.
- The managing directors were directly employed by the service. All other staff were had other substantive employment and mainly worked for the service on a contractual basis.
- The registered manager told us the staff and skill mix was sufficient to meet the needs of the business and

Patient transport services

they were able to allocate staff to activities when needed. Staff used the provider's electronic platform to inform the service of their availability in advance of any work being allocated to them.

- There were no vacancies at the time of our inspection. The registered manager confirmed they were able to allocate from a large pool of available staff so any short notice sickness and absence could be managed without disrupting services.
- Staff we spoke with told us they were able to take regular breaks and they were aware of the need to have a period of a minimum of 11 hours rest in between shifts.

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.**
- Staff used paper-based patient report forms. These were securely stored in 'vehicle pack' pouches in each vehicle's driver compartment. Completed paper records were returned to the ambulance station at the end of each shift. Completed records were stored securely in locked cabinets in an office.
- We looked at 12 patient records during the inspection. This included eight patient records for routine transport patient transfers and four records for patients that were transferred to hospital from events. All the records we looked at were legible, complete and up to date.
- Patient records consisted of a journey booking (referral) form and a journey sheet for each patient transfer. These included basic patient details, their mobility status and information about their medical condition (including infection status) and any specific patient needs, such as medicines required (such as oxygen).
- Staff also recorded pick up and drop off location and times and a summary of any staff interactions or observations made during the transfer.
- The records for patients transferred to hospital from events included details such as initial treatment or medicines given, patient assessments use of an early warning score system, pain assessments and details of which NHS hospital they were transported to.
- Information about special notes such as do not attempt cardiopulmonary resuscitation orders were included as part of the patient records.

- The office administrator and compliance manager was responsible for filing completed patient records. All patient records were stored on site and could be retrieved when required. The registered manager told us all completed patient records were checked for completeness prior to storage.
- The compliance manager carried out a monthly patient records audit consisting of a review five patient records each month to monitor staff compliance in completing records. The audit results for September 2018 to February 2019 showed high levels of compliance ranging between 97% and 100% were achieved each month.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines. However, the service did not have any controlled drugs or a controlled drugs license to allow usage of emergency medicines such as morphine.**
- The medicines management policy provided staff with guidance on the safe storage, administration, disposal and recording of medicines. The policy referenced best practice guidance and relevant legislation for the safe use of medicines such as The Medicines Act 1968, Human Medicines Regulations 2012 and The Misuse of Drugs Regulations 2001.
- Staff we spoke with understood their responsibilities in relation to the administration of medicines. Only staff with the appropriate responsibilities or level of training could administer medicines. Patient transport services staff told us they did not administer patient's own medicines but prompted patients to take their medicines if required.
- Registered paramedics could administer prescription only medicines in line with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines and Schedule 17 to the Human Medicines Regulations 2012.
- Schedule 17 of the Human Medicines Regulations 2012 includes an exemption that allows registered paramedics to carry and administer a limited list of prescription only medicines for the immediate, necessary treatment of sick or injured persons.
- The registered manager told us that in order to maintain quality standards they did not allow paramedics contracted by the service to carry their own emergency medicines. The service maintained their own stock of medicines required for emergency treatment.

Patient transport services

- There was an arrangement with a medical professional with prescribing responsibilities so that prescription only medicines could be purchased by the service from a wholesale medicines supplier using a signed stock order.
- There were appropriate systems in place for ordering, storage, handling and disposal of medicines. We saw that emergency medicines were available for both adults and children.
- The service did not have any controlled drugs (such as morphine) on site because a controlled drugs license had not been obtained. This had been identified as a moderate risk on the provider's risk register. Patients that required analgesia were given intravenous (IV) paracetamol as an alternative to morphine. The registered manager told us they had plans in place to obtain a controlled drugs license.
- Medicines were securely stored in locked medicines cabinets. Medicine log sheets were completed for all medicines removed. We saw these were complete and up to date. We saw that medicines were kept within their original packaging and were within their expiry dates.
- The service also had drug packs in place which contained emergency medicines in line with Joint Royal Colleges Ambulance Liaison Committee guidelines. We saw these were checked regularly by staff to make sure they contained the correct medicines and were within their expiry dates.
- Staff that had completed first responder training had also received training in the administration of oxygen. Patient referral records identified patients that required medicines or treatment (such as oxygen) during their journey and the quantities to be administered.
- We saw that medical gases were stored safely and securely in line with current guidelines in each ambulance vehicle as well as at the station.
- There was a monthly safe medicines audit that included checks for storage of medicines, stock and expiry checks and room temperature log checks. The audit records for the period between October 2018 and March 2019 showed 100% compliance had been achieved each month.

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

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.**
- Services were carried out in accordance with national guidelines such as from the Joint Royal Colleges Ambulance Liaison Committee and the National Institute for Health and Care Excellence (NICE), such as for patient experience (QS 15) and for management of specific conditions such as sepsis (NICE guideline 51) and head injuries (clinical guidance 176).
- Staff used specific care pathways and protocols to identify and assess medical conditions such as stroke, airways and breathing, trauma and limb injuries. Staff used the sepsis six care bundle to identify and manage patients with sepsis.
- The registered manager and the compliance manager maintained the service's policies and procedures. The registered manager told us they benchmarked against national guidelines and updated policies and procedures following any changes to best practice guidelines as part of routine management meetings.

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.**
- Patients with specific nutrition and hydration needs were identified as part of the booking process and the management team assessed whether the service could meet their needs.
- The service did not transport patients with complex medical conditions (such as patients with percutaneous endoscopic gastrostomy (PEG) feeds) unless they were accompanied by staff from the referring NHS trust to minimise the risk to patients.
- The service did not routinely provide food and drink for patients. However, we saw that each vehicle had bottled water available for patients.

Patient transport services

- The staff we spoke with told us any journeys longer than one hour and 30 minutes were planned with regular stops for comfort breaks and for snacks or meals if required.

Response times / Patient outcomes

- **The service carried out some monitoring of the effectiveness of care and treatment. However, information such as response times was not routinely collated in order to make improvements and achieve good outcomes for all patients.**
- The service carried out routine audits to monitor performance against patient safety standards (such as infection control, medicines management and vehicle and equipment safety).
- The service did not participate in any local or national clinical audits and did not routinely collate information specifically about patient outcomes.
- Staff recorded information such as the time the patient was collected from hospital and the time that they arrived at their destination.
- The service collated data on journey turnaround times as part of their contractual arrangements with the Welsh Ambulance Service for non-emergency patient transport services.
- The service did not collate any turnaround time data for patients transferred under arrangements with the three local NHS acute trusts although this accounted for a small proportion of the total number of patients conveyed by the service (11%).
- The service had a target to achieve an average turnaround time of no more than one hour and 10 minutes per journey. The registered manager and managing director confirmed the service did not have a specific performance target to monitor the collection of patients within agreed appointment times. However, our discussions with patients and their relatives and our review of incidents, complaints and patient records during the inspection did not identify any instances where patients had negative outcomes or experienced delays in care.

Competent staff

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

- Staff underwent recruitment checks prior to commencing employment. There was a recruitment spreadsheet that showed the status of each member of staff. The office administrator and registered manager maintained the spreadsheet and carried out routine staff file audits to check they were complete and up to date.
- The spreadsheet showed the majority of staff had relevant recruitment checks in place, such as Disclosure and Barring Service (DBS) checks, professional registrations and valid driving license checks.
- We looked at four staff recruitment files and these were up to date and showed the relevant recruitment checks had taken place appropriately.
- Records showed all the paramedics contracted by the service were registered with the Health and Care Professions Council and this was routinely checked by the office administrator and registered manager.
- Newly recruited staff undertook an induction day which involved training and familiarising with the service and policies and procedures.
- The service provided accredited in-house training for staff in areas such as first aid and first response emergency care (FREC) training. Staff training was on-going and the service reported at the time of the inspection that 66% of eligible staff had completed level two community first responder training and 66% of eligible staff had completed level three first response emergency care training.
- Registered professionals (such as paramedics) contracted by the service were responsible for keeping up to date with their skills and knowledge as part of their clinical registration and continuing professional development.
- All staff employed by the service received basic adult and paediatric life support training. Staff also received additional training in areas such as end of life care and the administration of medical gases (such as oxygen).
- Staff told us they received regular 1:1 supervision and annual appraisals. The service reported that 92% of staff had completed their appraisals at the time of our inspection.
- The registered manager told us they assessed staff competencies to check staff were able to carry out their roles effectively.

Patient transport services

- We looked at four staff files and these included training records, appraisal records and competency assessments for key skills such as driving, medical assessment and resuscitation competency assessments.
- Staff were positive about on-the-job learning provided and told us they were supported well by the management team.

Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- The service had arrangements with the Welsh Ambulance Service and three NHS trusts for patients requiring transport. The registered manager told us they had good working relations with these organisations.
- The registered manager and the managing director also told us they had good working relations with other local independent ambulance providers and occasionally carried out joint working.
- There was effective multidisciplinary working between control room staff and ambulance staff. Staff we spoke with informed us that they worked effectively as a team.
- Staff told us they had good working relations with NHS staff and they routinely carried out handover discussions when patients were collected or dropped off after their journey.

Health promotion

- **The service did not routinely give patients practical support and advice to lead healthier lives.**
- The registered manager confirmed that they did not routinely provide information and advice on health promotion due to the nature of the services provided and the limited time staff had to interact with patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

- Staff received training in consent, the Mental Capacity Act (2005) and deprivation of liberties safeguards (DoLS) as part of their mandatory training.
- Staff we spoke with had a good understanding of consent processes and were able to describe how they sought verbal and informed consent before providing treatment or transporting a patient. Patient records we reviewed showed that verbal consent had been sought appropriately.
- Patients that lacked the capacity to make their own decisions were identified as part of the initial booking process and the management team made a decision as to whether they were able to transport the patient. The registered manager told us they expected patients that lacked capacity to be accompanied by a person who could make decisions on their behalf (such as a carer).
- The service conveyed three patients under 18 years of age between June 2018 and May 2019. Staff sought parental consent for young children. Staff understood how to apply the Gillick competency (used to decide whether a child is mature enough to make decisions) to balance children's rights and wishes with the responsibility to keep children safe from harm.
- The service did not convey patients with mental ill health. However, there was a process in place for identifying patients in a mental health crisis through patient and staff reporting. This allowed the senior managers to carry out an assessment and escalate to the clinician in charge of the patient so they could receive appropriate support.
- Staff did not use restraint and did not use any equipment for the restraint of patients during care with the exception of safety harnesses used on the trolleys for transportation purposes only.
- Staff received training in customer service as part of their mandatory training. The staff we spoke with were able to describe how they would look for potential trigger points and were able to describe the steps they would take to de-escalate conflicts with patients with challenging behaviours.

Are patient transport services caring?

Good 

Compassionate care

Patient transport services

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- All the staff we spoke with were caring and compassionate and were committed to providing good patient care. Staff told us they treated patients with respect and were able to explain how they maintained patient's privacy and dignity during patient transport journeys.
- The ambulance vehicles were equipped with privacy screens and clean blankets and pillows were available for patient use. We also saw that each vehicle had a supply of extra linen to support patient dignity when transporting patients.
- We spoke with one patient and the relative of another patient by telephone. They all spoke positively about ways in which staff showed them respect and ensured that patient dignity was maintained. The comments received included "very friendly service", "brilliant service" and "staff were very supportive".
- Staff sought feedback from patients about the quality of the service provided through feedback cards that were given to patients undertaking patient transport journeys.
- There had been 20 responses received between January and May 2019 and the patient feedback received was mostly positive in relation to the care they received and areas such as cleanliness, safety and communication.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress.**
- The staff we spoke with understood the importance of providing patients with emotional support. They described ways in which they provided reassurance to patients, such as speaking in a calm and respectful way and providing reassurance to patients that had concerns or anxieties.
- Patients and their relatives told us were supported with their emotional needs. They told us the staff were calm, reassuring and supportive and helped them to relax during the patient transport journey.

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.**

- Staff understood the need to involve patients, and their relatives or carers, in any decisions that were made about their care. They told us they asked permission and clearly explained to patients what they were doing when transporting patients.
- Patients and their relatives spoke positively about the way information was communicated to them and that staff kept them fully informed. The comments received included "staff kept me involved" and "staff were clear and explained everything".

Are patient transport services responsive to people's needs?

(for example, to feedback?)

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.**
- The registered manager told us patient journeys under arrangement with the Welsh Ambulance Service were routinely managed by the Welsh Ambulance Service and staff escalated any issues or concerns directly with the Welsh Ambulance service control room staff as well as reporting to the service.
- Patient journeys under arrangement with the three NHS trusts were overseen by the office administrator and the management team during routine hours. There was an on-call system in place which meant a member of the management team was contactable 24 hours a day, seven days a week for support if needed.
- The service did not have a formal inclusion / exclusion criteria but the registered manager told us they did not provide transport services for patients with mental health conditions. The service did not convey patients with complex health needs unless accompanied by a health professional from the referring NHS trust. The majority of patients conveyed by the service were patients with low dependency levels.

Patient transport services

- They service did not have a contract to transport renal patients and did not routinely transport end of life care patients. The registered manager told us the majority of patient transport requests were for transfer between hospitals or to patient's own homes.
- The service mainly operated during routine working hours and evenings between Monday and Friday. The service could also operate on weekends if a booking became available. There was a duty manager on site or on call during out of hour's service. The registered manager confirmed that ambulance staff worked in pairs when transporting patients.

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.**
- Information leaflets about the services offered were readily available in the ambulance vehicles we inspected and these were available in multilingual format.
- We saw that all the vehicles had ramps and anchorage points installed to allow wheelchair access. Staff also had access to appropriate equipment for transporting larger (bariatric) patients.
- Patients that were unable to speak English were identified as part of the booking process and staff could access an interpreter service if required. We saw that communication guides were available in each ambulance vehicle that could be used by staff to aid communication with patients who were unable to speak, had cognitive difficulties, or spoke English as a second language.
- Records showed 100% of eligible staff had completed training in dementia / learning disabilities awareness. The level of dementia was assessed as part of the booking process to determine whether transport was suitable. Staff told us patients living with dementia or a learning disability were usually accompanied by a carer.
- The service reported that reasonable adjustments were made when transporting patients living with dementia or a learning disability, such as providing information in easy read format to aid communication or allowing for longer journey time so patients received appropriate care.

Access and flow

- **People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**
- The service had contractual arrangements for non-emergency patient transport services with three external providers at the time of inspection. This included three NHS trusts and the Welsh Ambulance Service. The service also provided events cover. This included transporting patients to hospital emergency department from an event.
- Patient bookings for the Welsh Ambulance Service were made through an independent booking agent and accounted for 89% (874 journeys) of all patient transport services provided between June 2018 and May 2019.
- The registered manager and the managing director told us all patient transport services provided were for NHS patients. Patient transport services were mainly provided across the North Wales, West Cheshire, Merseyside and Wirral areas. The majority of patient journeys were short (less than one hour and 30 minutes).
- The service had a target to achieve an average turnaround time of no more than one hour and 10 minutes per journey. Records showed average turnaround times per month for Welsh patient transfers ranged between 55 minutes and one hour and 28 minutes between May and December 2018. This meant that although patients were transferred in a timely manner, the provider's internal turnaround time target was not always achieved.
- The registered manager and managing director told us journey times for Welsh patient transfers were affected by the rural routes but they regularly reviewed turnaround time data to identify improvements to the service.
- We saw that patient bookings took place throughout the day during the inspection. The management team were able to allocate staff and vehicles for these bookings in a timely manner.
- The registered manager told us they would decline booking requests if there were insufficient resources available and there had not been any instances where patient transport requests had been cancelled between June 2018 and May 2019.

Learning from complaints and concerns

Patient transport services

- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**
- Information describing how to raise complaints about the service were visibly displayed in three of the four ambulance vehicles we inspected.
- Patients told us they were aware of how to raise a complaint. Staff we spoke with understood the process for receiving and handling complaints.
- The complaints policy stated that complaints would be investigated and responded to within 30 days for routine complaints and up to 60 days for complex multi-agency complaints.
- The registered manager confirmed all patient transport service patients were NHS patients that would initially raise a complaint with the Welsh Ambulance Service or NHS trust and this would be passed on to the service to investigate. Complaint investigations were allocated to the relevant manager for investigation and responses were managed by the compliance manager.
- The service received one complaint between June 2018 and May 2019. The complaint was received during February 2019 and related to a patient that was unhappy with the service and the condition of the ambulance vehicle.
- We found the complaint was investigated and responded to in writing within the service's response timelines. We saw evidence that duty of candour principles were applied in relation to the complaint received.
- The registered manager told us that information about complaints was discussed during routine staff meetings to raise staff awareness and aid future learning. We saw evidence of this in the meeting minutes we looked at. Learning from complaints was shared during clinical and management meetings to raise staff awareness and aid future learning. We saw evidence of this in the meeting minutes we looked at.
- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**
- The service was managed by three managing directors, consisting of the registered manager and two other managing directors. The managing directors were supported by a compliance manager, a clinical manager, an event manager and an ambulance operations manager. There was also a part-time administrator in place.
- The managing directors were directly employed by the service. All other staff were had other substantive employment and mainly worked for the service on a contractual basis.
- The management team had clearly defined roles and responsibilities. Staff we spoke with had a clear understanding of the leadership and reporting structure.
- The registered manager and the managing director told us they maintained an open door policy and the staff we spoke with were positive about the management team and described them as supportive and approachable.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.**
- The provider's mission was "to become a UK wide centre of excellence by providing training, event medical services and ambulance services across the UK."
- The vision for the service was "Where every second counts and every patient matters". This was underpinned by a set of 'TEAM' values; teamwork, excellence, accountability and motivation.
- The vision and values were clearly displayed in the ambulance station and staff had a good understanding of these.
- The business plan 2018 outlined the strategy for the service over the next five years. This included key objectives around sustained growth of the business, to provide quality services, to exceed patient expectations and to provide training for staff to allow the delivery of safe and effective care.

Are patient transport services well-led?

Good 

Leadership of service

Culture within the service

Patient transport services

- **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. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- There was a positive culture within the service and staff demonstrated a patient-focussed and caring approach to their work.
- All the staff we spoke with were highly motivated and positive about their work and described the management team as approachable, visible and supportive.
- Staff told us there was a friendly and open culture and that the management team was responsive to their feedback.
- There was a whistle blowing policy which outlined the process for staff to report any concerns in relation the service and staff we spoke with were familiar with this policy.

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- The registered manager and compliance manager oversaw governance arrangements across the service. Governance information was discussed during management meetings and clinical governance meetings that were held at least every two months and attended by the management team.
- Governance information was cascaded to staff through routine discussions, email notifications, staff meetings and staff newsletters (every three months).
- There were a range of policies and procedures in place that provided guidance for staff in their day to day role. These were based on national guidelines and included revision histories and review dates up to every three years. The policies and procedures we saw were all up to date and within their specified review dates.
- Staff underwent recruitment checks prior to commencing employment and periodically on an annual and three-year basis. This included Disclosure

and Barring Service (DBS) checks (updated every three years), at least two references, immunisation records, qualifications, professional registrations and valid driving license checks.

- There was a process in place to conduct recruitment checks for directors of the service, in line with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). We looked at the recruitment files for the three directors of the service and saw evidence that directors underwent enhanced disclosure and barring service checks, reference checks looking at the character of the individual, individual health declarations and financial background checks.

Management of risk, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- There was a risk management policy in place that outlined the process for identifying, assessing and mitigating risks to the service.
- We saw evidence that up to date risk assessments were in place in relation to fire safety, health and safety risks and Control of Substances Hazardous to Health (COSHH) assessments.
- The service had a risk register that listed four open organisational risks relating to medicines management, maintenance of the premises, training processes and staffing risks. Risks were assigned a rating (such as moderate or high) and staff used a RAG rating (red, amber green) system.
- The risk register showed organisational risks were reviewed on a regular basis and the risk register included details such as the owner of the risk and the mitigating factors in place to manage the identified risk. Meeting minutes showed risks had been reviewed and discussed at management meetings that took place every two months.
- Information on risks, complaints, incidents and audit results was shared with staff through routine staff meetings, discussions and correspondence (such as emails and newsletters).

Patient transport services

- We saw that routine audit and monitoring of key processes took place to monitor performance against patient safety standards and organisational objectives. There was a structured programme of audit covering key processes such as infection control, vehicle and equipment safety, patient records and medicines management. Information relating to performance against key quality, safety and performance objectives was monitored and cascaded to staff through routine meetings and discussions.
- There was a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were cascaded to staff and responded to in a timely manner.
- The service had indemnity insurance arrangements in place and current insurance certificates were displayed on a notice board in the ambulance station. There had been no claims or litigations made against the service between June 2018 and May 2019.
- The registered manager was accountable for data security within the service. There had been no data breaches reported by the service to the Information Commissioner's Office (ICO) between June 2018 and May 2019.
- Patient information was made available to staff as part of the booking process. This included any information about individual requirements such as a do not attempt cardiopulmonary resuscitation order.
- Each ambulance vehicle had vehicle packs that contained blank vehicle check and patient record forms and information for staff in relation to incident reporting, safeguarding concerns and patient complaints and feedback.
- Each vehicle had satellite navigation systems and radios for staff to use. Staff could contact the control room for advice and support when transporting patients if needed.

Information Management

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- Staff completed mandatory training in information governance on an annual basis. Staff were also required to sign a declaration around maintaining patient confidentiality.
- Staff had access to all policies and procedures which were available electronically and in paper format at the ambulance station. Staff had access to the provider's electronic platform, which was used for scheduling work and showed staff availability for planned activities. Access to electronic systems was password protected.
- Information such as audit records, incident reports, complaint records and equipment maintenance records were securely stored in paper format and could be accessed by staff when needed. The registered manager told us they could access up to date national best practice guidelines when needed.

Public and staff engagement

- **Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- Staff told us they received good support and regular communication from the management team. Staff engagement took place through daily communication, staff newsletters, routine meetings and through other general information and correspondence that was displayed on notice boards and in the ambulance station.
- A staff survey was carried out during 2018 which consisted of four questions relating to whether staff were proud to work for the service, whether staff were well informed about development opportunities, whether the service was a patient-focussed organisation and whether staff would recommend the service as a place to work.
- The survey results were based on seven responses and showed a positive response from all respondents who either agreed or strongly agreed with the four questions in the survey.
- Staff routinely engaged with patients to gain feedback about the services. This was done formally through routine patient feedback forms and through informal feedback from patients.

Patient transport services

- The service also routinely received feedback from the Welsh Ambulance Service and the NHS providers the service supported. We looked at the feedback from these organisations and it was mostly positive about the service.
- Patient feedback showed patients were very positive about the care and treatment they received. Patient responses were collated and reviewed by the registered manager to look for improvements to the service.

Innovation, improvement and sustainability

- **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**
- We saw evidence that information from incidents, complaints and feedback from patients was used to aid staff learning and look for improvements to services.
- The service was in the process of updating the patient report form to include additional information such as confidentiality statements and updates to patient assessments.
- The registered manager told us the service was viable and sustainable. The service had been registered with the Care Quality Commission since April 2018 and had steadily grown during that period with a sustained increase in staff contracted to work for the service. There was a business plan which outlined the objectives for expanding the business in the future.
- The registered manager told us there was an increased focus on quality based patient care. The service had achieved three national awards during 2017/18; including best first aid and event medical service provider (North West), best event medical provider and the excellence awards in professional pitch recovery. The service had also achieved two awards during 2018/19; including CEO Today Magazine Europe Awards and UK Excellence Awards 2018 for best UK event medical provider.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider obtaining a controlled drugs license to enable usage of emergency medicines such as morphine.
- The provider should collate performance information in order to make improvements to the services and achieve good outcomes for all patients.
- The provider should take appropriate actions so consumable items (such as sterile wound dressings) are kept within expiry dates.