

Trinity Medical Services Ltd

# Trinity Medical Services

## Inspection report

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

- We have not inspected this service before. We rated it as good because:
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and the service generally met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- 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.
- 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:

- Despite the premises appearing to be visibly clean, there were no formal daily or weekly cleaning records in place.
- Although waste accumulated on vehicles during patient transport jobs was appropriately separated and collected, there were no waste bins fitted in the rear for safe storage.
- Key performance indicators were not consistently monitored for work undertaken with all third party services.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

We have not inspected this service before. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and the service generally met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- 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.
- 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.

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# Summary of findings

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# Summary of findings

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# Summary of this inspection

## Background to Trinity Medical Services

Trinity Medical Services Ltd is an independent ambulance provider based in Bradford, West Yorkshire. It provides non-emergency patient transport services to local NHS acute trusts to support patient discharges and intra-hospital transfers.

The provider had transported a total of 1827 patients allocated from the local NHS acute trust since commencing work approximately six months ago, along with a further 104 patients since March 2022 via the local NHS ambulance trust.

The service also provided services in the event medical sector which are currently not regulated by CQC.

The provider is registered to carry out the following regulated activities:

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

The provider has had the same registered manager in post since registration in 2019.

We completed a planned comprehensive inspection over one day. This was the first inspection of the service since registration.

## How we carried out this inspection

At Trinity Medical Services Ltd, we spoke with nine staff members, who included emergency care assistants, an ambulance technician and the registered manager. We inspected the main office and three of the four registered and operational vehicles used for patient transport services. We also reviewed relevant policies, documents and patient records.

We were unable to gather feedback from patients using the service, however, we were able to speak with one of the local NHS acute trusts with whom the provider is currently supporting with patient transport services.

The on-site team who inspected the service comprised of one CQC acute inspector, a specialist advisor with expertise in patient transport and urgent and emergency care and a CQC inspection manager. The inspection was overseen by Sarah Dronsfield, Head of Hospital 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 **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **SHOULD** take to improve:

## Summary of this inspection

- The provider should ensure that it maintains regular and accurate cleaning logs for the entire building.
- The provider should consider fitting vehicles with waste bins to assist with secure storage of waste.
- The provider should ensure that response bags are securely stored during patient transport work. At the time of the inspection, response bags were placed loosely in the rear of the vehicle.
- The provider should ensure a consistent approach for monitoring performance data for work undertaken with all external providers.

# Our findings

## Overview of ratings

Our ratings for this location are:

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



## Patient transport services

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

### Are Patient transport services safe?

Good 

We have not inspected this service before. We rated it as good.

#### Mandatory training

**The service provided mandatory training in key skills to all staff and took steps to ensure everyone completed it.**

All staff members had completed 100% of their mandatory training in the last twelve months. The provider required all staff to undertake refresher training and assessed compliance annually starting from September each year. We saw staff undertaking refresher training on the day of inspection.

The provider had 100% compliance for face-to-face manual handling training, but, only 53% completion of the E-learning module.

The provider also promoted additional learning for staff with QR codes on display on staff notice boards to enable access to training podcasts. At the time of the inspection staff could access a session on manual handling via their mobile or tablet.

We saw evidence that the content of the mandatory training provided was comprehensive and met the needs of patients and staff.

Staff completed awareness training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

#### 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.**

## Patient transport services

Staff received training specific for their role on how to recognise and report abuse. At the time of the inspection safeguarding training compliance was 100% with all staff trained to the required level two qualification. The safeguarding lead had completed level four safeguarding training and the registered manager had obtained level three safeguarding training.

Staff we spoke with could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Although the provider undertook very limited work with children, the safeguarding policy included guidance and the key principles of the Children Act 2004 to ensure staff awareness and understanding.

Staff knew how to make a safeguarding referral and who to inform if they had concerns and were able to explain the safeguarding reporting procedures for the provider. Information and guidance on safeguarding awareness was clearly displayed on the staff notice board within the main office. Feedback provided from one of the local NHS trusts indicated that the provider was responsive in reporting potential safeguarding concerns regarding patients.

The provider had a designated safeguarding lead who was readily accessible throughout the day to provide support and advice to all staff.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean. However, the provider did not have any up to date weekly cleaning records for the premises.**

Areas within the main building were visibly clean and had suitable furnishings which were clean, well-maintained and audited monthly. We saw the correct storage of cleaning materials and mop heads in-line with control of substances hazardous to health (COSHH) guidelines.

We saw the infection prevention and control (IPC) policy which clearly highlighted compliance with key legislation, staff responsibilities and additional guidance on hand cleaning techniques to reduce the risk of cross-contamination.

However, the provider told us that they did not have any formal daily or weekly cleaning records for the premises. We did see the previous cleaning rota which was in use when the provider contracted an external cleaner to maintain the property. The provider told us that cleaning records would be put in place as a matter of urgency to resolve this matter and as the premises were not used to provide care, there was limited risk to people who used the service.

We were told that all staff shared equal responsibility for ensuring maintenance of the building and all cleaning tasks were registered on the daily running log for the provider, which we were able to view on-site.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was a sink and multiple hand sanitising stations within the main building which staff could easily access. Soap and hand gel dispensers were full and handwashing instructions on posters were clearly displayed. We saw that the provider consistently achieved 100% compliance in hand hygiene audits.

Staff continued to complete regular COVID19 lateral flow tests and could easily access test kits which were located at the entrance of the premises.

# Patient transport services

Cleaning records for vehicles were up to date and all operational vehicles were visibly clean. Staff cleaned vehicles and their contents after each patient contact and ensured signage was on display to reflect that the vehicle was suitably sanitised for the next job. Vehicles were then deep cleaned at the end of the shift in preparation for the next day. We saw evidence of deep cleaning records and vehicle cleaning audits which highlighted consistent levels of cleanliness were achieved.

The provider had up to date waste management policies and procedures in place and clinical waste was managed on the premises in a way that kept people safe. Arrangements were in place for the segregation, storage and disposal of waste within the office space.

However, the vehicles we inspected did not contain bins for waste disposal. It was the responsibility of staff to ensure that the correct waste bags were packed prior to commencing patient transport duties. Any waste would be collected and stored away from the patient within the ambulance and would then be removed upon returning to the premises.

## 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 on the premises well.**

Staff carried out regular safety checks of specialist equipment and had easy access to replacement items which were seen to be stored in an organised way. During the inspection we identified that one of the pulse oximeters packed on one of the vehicles was not working correctly. A senior member of staff promptly removed this from the vehicle and provided a replacement ready for use.

All of the equipment used by the provider was logged on a centralised electronic database which would automatically inform staff of any stock shortages or expiring codes on consumable items. We saw that equipment was maintained and calibrated by an authorised third party medical equipment supplier on an annual basis, with the most recent test being completed in November 2021.

Items such as dressings, syringes and cannulas were stored securely within the building. Expiry dates were clearly displayed and all items were stored in colour-coded containers according to function to enable easy access for staff. During the inspection we checked multiple consumable items from the stock room at random, all were in date.

The service had enough suitable vehicles and equipment to help them to safely care for patients. At the time of the inspection there were four vehicles in use, with two currently out of service due to technical faults. All operational vehicles had up to date MOT certificates and insurance documentation.

Prior to commencing a shift, staff completed safety checks of all vehicles using a tablet linked to the centralised system to ensure an audit trail. All safety checks had to be completed and logged in order for vehicles to be declared ready for use. All faults with vehicles and equipment were also logged and monitored using the same database. The provider ensured that all checks had been consistently undertaken for all operational vehicles.

An up to date fire risk assessment for the premises was in place and regular fire alarm tests were conducted on a weekly basis. The most recent fire evacuation drill was completed to a satisfactory standard in January 2022.

## Assessing and responding to patient risk

# Patient transport services

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff received training to enable them to quickly act upon patients at risk of deterioration.**

Staff knew about specific risk issues to enable them to respond promptly to any deterioration in a patient's health. Electronic patient records for all patient transport jobs included key risk information to keep patients safe and staff ensured this was shared when both receiving and handing over their care to others. Documentation highlighted mobility needs, cognitive screening, potential risks associated with mental health conditions and an inventory of personal items and aids accompanying the patient.

We saw training being delivered to staff to improve awareness and understanding of the national early warning score (NEWS) tool and how this would be applied to monitor patients at risk of deterioration during transit. Staff noticeboards also contained information on sepsis awareness and how to recognise potential signs using the NEWS tool. We saw up to date policy and guidance for NEWS and, in the likelihood of staff needing to support children, guidance on applying the paediatric early warning signs (PEWS) tool.

The provider had a policy for patients at risk of clinical deterioration and guidance for pre-alerting the receiving hospital department using ATMIST (Age and details of patient, Time of incident, Mechanism of injury, Injuries, Signs and Treatment given), a nationally recognised tool which is used at the point of patient handover between ambulance and hospital to facilitate a rapid and accurate handover.

The provider evaluated patient risk prior to commencing patient transport work and ensured patient records reflected this. Staff told us that they could always access a senior member of staff to seek advice and guidance on managing patient risk.

The provider did not have a restraint policy in place at the time of inspection due to secure patient transport work not being undertaken.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix. All staff were provided with a full induction as part of their recruitment.**

The provider had enough staff to keep patients safe. At the time of the inspection the provider employed a total of twenty nine ambulance care assistants, 17 emergency care assistants and two advanced emergency medical technicians provided cover for patient transport services. A further three nurses, two paramedics and two doctors provided additional support with event cover and general consultancy.

We randomly checked staff records which evidenced suitable recruitment checks had been completed prior to employment which complied with schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also saw evidence of appropriate enhanced disclosure and barring service (DBS) checks completed for all active staff members.

Managers made sure all staff had a full induction and understood the service prior to undertaking patient transport duties.

# Patient transport services

Managers accurately calculated and reviewed the number and grade of staff needed for each shift and could adjust staffing levels daily according to demand. Staff we spoke with advised that they would complete additional shifts as and when required to ensure appropriate cover arrangements were in place if needed.

We saw daily staffing rotas which highlighted that the number of staff on-shift consistently matched the planned numbers.

The provider continued to actively recruit staff due to the increase in work being undertaken.

The provider had low turnover rates and at the time of the inspection the service had no current staff absence due to sickness.

## 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.**

Patient notes were comprehensive and stored securely using an electronic database which all staff could access easily using a designated log-in.

Patient records were concise and contained all relevant information to enable staff to provide the required level of assistance to keep patients safe during transportation.

During the inspection we were provided with a copy of the data protection policy and patient clinical record policy. Both were legible and in date.

## Medicines

**The service followed best practice when administering, recording and storing medicines.**

The provider did not administer medicines as part of the patient transport services.

We reviewed the provider policy for ensuring the safe storage and transfer of patient's own medicines during transfer which included checklists prior to the journey starting and one to completed once the patient had been transferred home. We saw no omissions in the completion of these checklists.

## 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 and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

## Patient transport services

Staff knew what incidents to report and how to report them using the provider's internal reporting policy and processes. Staff we spoke with advised that they received feedback from investigation of incidents, both internal and external to the service. One of the local NHS trusts also told us that the provider reported and escalated incidents promptly and appropriately, and had recently shared learning points from an incident to improve future practice.

Staff and managers understood the principles of duty of candour and how this should be applied. Feedback obtained from the local NHS trust indicated that staff were open and transparent when discussing concerns at provider-level and with patients.

Managers investigated incidents thoroughly and gave patients and families a full explanation if and when things went wrong.

We saw examples of when managers debriefed and supported staff after any serious incident within team meetings and staff received feedback from investigation of incidents, both internal and external to the service and met to discuss potential improvements to patient care.

At the time of the inspection there were no ongoing formal incidents being investigated.

### Are Patient transport services effective?

Good 

We have not inspected this service before. We rated it as good.

#### Evidence-based care and treatment

**Evidence gathered indicated that the service provided good care and treatment to patients and Managers checked to make sure staff followed best practice guidance. The service did not provide secure patient transport to patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies and procedures put in place by senior management to plan and deliver high quality care according to best practice guidance.

At handover meetings when undertaking patient transport duties, staff routinely referred to the psychological and emotional needs of patients which were clearly documented within electronic patient files.

#### Response Times

**The service monitored and generally met agreed response times. Patient safety was always upheld and they used the findings from quality review meetings to make improvements.**

All patient records were time-stamped and reviewed by managers to ensure internal monitoring and we also saw evidence of regular meetings with external providers to review overall performance.

# Patient transport services

The provider recently commenced patient transport work with the local NHS ambulance trust to assist with patient discharges across the county. We saw evidence of key performance indicators data for the work undertaken in March 2022 and April 2022, as well as minutes from performance meetings held between the provider and trust.

The data showed the provider consistently performed in-line with key performance indicators including numbers of patients with a journey of less than two hours, patients arriving no more than two hours before their scheduled appointment time and patients being collected within 90 minutes of being declared ready by the local ambulance trust following completion of their appointment.

We did not see key performance indicator data for the patient transport service work completed with the local NHS acute trust. However, this continued to be monitored in weekly meetings.

## 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 were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff we spoke with told us that they received a full induction tailored to their role before they started direct work with patients.

The provider had undertaken appropriate driving licence checks with the DVLA as part of staff recruitment and put in place a robust driving and vehicle care policy to provide guidance to staff on their responsibilities.

Managers supported staff to develop through yearly, constructive appraisals of their work, all of which were up to date and due for renewal in July 2022.

Managers encouraged staff to attend team meetings and ensured that they had access to full notes when they could not attend which were clearly on display within the premises.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. During the inspection we observed a training session being delivered to multiple members of staff focusing on key learning and development areas essential to the service being provided, which included Mental Capacity Act awareness and recognising and responding to patients at risk of deterioration.

Managers identified poor staff performance promptly and supported staff to improve with the support of an external HR company and in-line with the provider's disciplinary policy which was appropriate and in date.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. However, this was not always consistently recorded.**

Staff worked across health care disciplines and with other agencies when required to care for patients. The provider liaised with one of the local NHS trusts on a weekly basis to discuss performance and learning points in order to improve the quality of patient care. However, not all meeting minutes were available during our inspection.

## Patient transport services

Staff knew how to access support for patients that showed signs of mental ill health. We saw information and guidance in place on staff noticeboards to promote mental health awareness for both patients and colleagues.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff we spoke with understood the importance of gaining consent from patients for their care and treatment and did this in line with legislation and guidance.

When patients could not give consent, staff understood the principles of making decisions in their best interest and taking into account patients' wishes and needs and could clearly record this in patient records.

Staff received and generally kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. During the inspection we saw MCA training being delivered to address some gaps in staff records due to previous attendance not being logged correctly.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including some of the principles of the Mental Capacity Act 2005 and they knew which senior staff members to contact for additional advice.

### Are Patient transport services caring?

Good 

We have not inspected this service before. We rated it as good.

### Compassionate care

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

Feedback obtained from one of the local NHS acute trusts highlighted that staff were caring and courteous in their approach with patients and respected their personal, cultural, social and religious needs. We also saw examples of patient feedback on display within the premises which said staff had treated them well and with kindness.

Staff received training on data management and followed the provider policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding of the importance of adopting a non-judgmental attitude when caring for or discussing patients with mental health needs.



# Patient transport services

## Emotional support

**Written feedback from patients and their families, as well as third party providers indicated that staff provided emotional support to patients, families and carers to minimise any distress during transportation.**

We saw feedback from patients' families which highlighted that staff understood the emotional and social impact that a person's care, treatment or condition could have on their wellbeing. Further feedback obtained from the local NHS trust indicated that staff provided emotional support to patients when needed to ensure a positive experience when accessing the service.

## Understanding and involvement of patients and those close to them

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

We saw written evidence highlighting that staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Information was on display in both the premises and vehicles informing patients and their families how to register feedback with the service and saw multiple examples of positive patient experiences which had been submitted to the provider. Feedback from patients and their families highlighted that "the care and consideration taken was first class" and staff approach was "very professional and reassuring to patient and carers".

## Are Patient transport services responsive?

Good 

We have not inspected this service before. We rated it as good.

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services so they met the changing needs of the local population by ensuring that both vehicles and premises were appropriate for the services being delivered. The provider had enough staff and operational vehicles to manage current workloads. Vehicles were also suitably adapted with lift and ramp access for patients who experienced mobility difficulties.

The service had systems in place to help care for patients in need of additional support or specialist intervention. We saw evidence of this documented on patient records and through feedback which had been obtained from patients and their families describing their positive experiences.

# Patient transport services

We saw evidence that managers monitored and took action to minimise delays to appointments through regular contact with third parties and through audits of patient transport services data collected through the internal database.

Managers ensured that patients and external providers were contacted in the event of any delays to scheduled journeys.

## Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff had the relevant experience, skills and training to enable them to support patients living with dementia and learning disabilities.

Electronic patient records were tailored to include screening for cognitive impairment and learning disabilities which enabled staff completing transport duties to adapt their approach to meet patients' needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff could give us examples of when they had adapted their communication to support patients. Examples included staff members writing information down on paper and using smart phones to provide visual aids to enhance patient understanding.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way. However, performance was not consistently monitored for all work undertaken with external providers.**

Managers monitored performance times and made sure patients could access services when needed and received treatment within agreed timeframes. At the time of the inspection the provider had transported a total of 1827 patients allocated from the local NHS acute trust since commencing work approximately six months ago, along with a further 104 patients from March 2022 to April 2022 via the local NHS ambulance trust.

The provider told us that they had no key performance indicator data in place for the work undertaken with the local NHS acute trust and that performance was reviewed during weekly meetings. Despite the lack of clear key performance data, feedback obtained from the trust was positive and there was evidence that all journeys were clearly monitored and time-stamped using the provider's electronic database.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service had not yet received any formal complaints which required investigation.**

Patients, relatives and carers knew how to complain or raise concerns and the service clearly displayed information about how to raise a concern in both vehicles and the main premises.

# Patient transport services

Staff understood the policy on complaints and knew the processes in place on how to handle them. Staff were able to explain to us how complaints could be escalated to a senior member of staff in the control room who was always available to provide support.

Provider policy highlighted that in the event of a complaint, patients would receive feedback from managers after the formal investigation within a 28-day timeframe.

Staff told us that managers shared feedback from incidents, either in person or in written form, and learning was used to improve the standards of the service. Feedback obtained from the local NHS trust highlighted that following a recent incident which occurred while transporting a patient, learning points regarding moving and handling practices were quickly identified and acted upon.

## Are Patient transport services well-led?

Good 

We have not inspected this service before. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their knowledge and skills.**

**We saw evidence that the senior members of staff and management had the relevant skills, knowledge, experience and integrity to run the service and provide specialist support and advice to staff.**

The registered manager understood the challenges to quality and sustainability. This was evidenced by the high levels of audit compliance and plans for future investment to develop the service further.

Staff told us that senior staff members were readily available to provide support and advice when needed and promptly responded to any concerns which were raised.

### Vision and Strategy

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

The provider had a clear vision and strategy which placed patient care at the centre of all work undertaken.

The provider showed signs of ongoing progression which was evidenced in its ongoing work with the local NHS acute trust and the recently acquired contract with local NHS ambulance trust.

# Patient transport services

The registered manager told us that the service had received recent financial investment and had ambitions to further expand the business, which could include secure patient transport services for mental health patients.

## Culture

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

Despite the difficult circumstances associated with the COVID19 pandemic, staff were positive about working within the service and praised the teamwork and support of colleagues. Staff felt there was good support available from senior members of staff and any issues or concerns were addressed in a timely manner.

Some staff told us that they felt their cultural needs were respected by colleagues and senior staff members, particularly during important religious and cultural festivals.

An open and honest culture was encouraged by the provider which was evident during our interviews with staff members, some of whom had returned to work for the provider after previously pursuing different careers.

All staff members we spoke with praised the current open and honest ethos which had been instilled in the workplace.

The provider also ensured that all staff were aware of the internal whistleblowing process.

## 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.**

**Despite some gaps in data, we saw evidence of the effective use of governance processes to maintain high standards of performance. We saw good levels of compliance with training, consistently high performance in internal audits and evidence of low staff turnover rates.**

The provider told us that they would ensure any gaps in governance and performance data would be addressed promptly and shared with us when in place.

The provider had appointed a designated medical professional and safeguarding lead to monitor quality assurance and provide feedback to develop service delivery which was done at regular internal meetings.

The provider set out clear and concise job descriptions for job roles at all levels within the service and staff we spoke with clearly understood their role within the wider team and took responsibility for their actions.

## Management of risk, issues and performance

# Patient transport services

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

The provider completed regular audits to a high standard which, along with all of the provider records and data, were stored in a centralised electronic system.

The provider understood potential risks to business continuity and had a clear escalation process in the event of any unforeseen difficulties. Learning points identified in both performance meetings with third party providers and at provider-level were shared with all staff.

Although general performance and concerns were regularly monitored between the provider and other organisations, monitoring of key performance indicators were not consistently carried out for work completed with all external providers.

## Information Management

**The service collected reliable data, but, did not always adopt a consistent approach to analysing 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.**

We saw effective data management both during the inspection and when receiving additional data from the provider post-inspection.

Feedback obtained from the local NHS trust indicated that the provider was proactive in sharing information and acted upon learning points promptly.

Information was stored on-line securely and could only be accessed by staff using a unique log-in.

Gaps in key performance indicator data and cleaning records were discussed with the provider on-site and actions that would be undertaken to ensure improvements in data management were promptly identified and shared with us post-inspection.

## Engagement

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

The provider maintained its links with the local NHS trust and ambulance service to support with timely patient discharges from local hospitals, as well as ensuring patients accessed pre-arranged hospital appointments. All parties met on a regular basis to review performance and service development.

## Learning, continuous improvement and innovation

## Patient transport services

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.**

The provider mission statement clearly highlighted a commitment to continuous professional development, and we saw evidence that the content of training sessions was conducive to staff development and service delivery.

The provider continued to monitor staff education and training via the quality assurance board which comprised of the registered manager, medical director and safeguarding manager.

The provider offered training and development opportunities to ensure all staff had the relevant skills and knowledge to provide the best possible standards of care.