Patient Transport (UK) Limited

# Patient Transport (UK) Ltd - Potters Bar Ambulance Station

**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? | Inspected but not rated |
| Are services responsive to people's needs? | Insufficient evidence to rate |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

We rated it as good because:

• The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. 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 premises visibly clean. Equipment and vehicles were well maintained. Risk assessments were completed before any transfer and action taken in response to risks identified. 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. Incidents were reported and analysed for any themes before sharing with the wider team.

• The service provided care based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983. Staff were trained and assessed for competency for their specific roles including the supporting patient who were experiencing mental ill health.

• 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. Leaders operated effective governance processes and staff at all levels were clear about their roles and accountabilities, having regular opportunities to meet, discuss and learn from the performance of the service. The service collected reliable data and analysed it. The information systems were integrated and secure.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| Patient transport services | Good | |

# Summary of findings

## Contents

# Summary of this inspection

## Background to Patient Transport (UK) Ltd - Potters Bar Ambulance Station

Patient Transport (UK) Ltd - Potters Bar Ambulance Station is operated by Patient Transport (UK) Limited and provides a secure mental health transport service and a non-emergency patient transport service, mainly to patients located within London and the south of England.

This location was first registered with CQC on 15 September 2020 following the relocation of the service from North London. The service has had a registered manager in post since their registration. The provider is registered to undertake the following regulated activity:

• Transport services, triage and medical advice provided remotely.

From August to October 2021, the provider completed 4388 patient journeys.

This was a focused inspection which was completed in response to concerns raised regarding the safe transfer of patients with mental health conditions. We conducted a focused inspection (the service did not know we were coming) looking at the safe and well led key questions. We previously rated the service as good for effective, caring, responsive and well led and requires improvement for safe. The overall rating in May 2021 was good.

At this inspection, we did not rate safe or responsive and did not inspect caring. We rated the service as good for safe and well led. The overall rating was good.

## How we carried out this inspection

We undertook an unannounced inspection of this location on 13 October 2021, following our focused inspection methodology.

During our inspection, we spoke with four members of staff, including the CQC registered manager, managing director, training manager and dispatcher. Due to the ongoing coronavirus pandemic at the time of our inspection, we were not able to directly observe any patient journeys or transfers.

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.

## Outstanding practice

We found the following outstanding practice:

• The service had developed a comprehensive in-house mandatory training programme, which was tailored to the specific duties and requirements of each staff role.

# Summary of this inspection

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

• The service should ensure it records the dates of when each risk was first entered onto the company's risk assessment (Regulation 17).

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Patient transport services | Good | Inspected but not rated | Not inspected | Insufficient evidence to rate | Good | Good |
| Overall | Good | Inspected but not rated | Not inspected | Insufficient evidence to rate | Good | Good |

Good

# Patient transport services

| | |
|---|---|
| Safe | Good |
| Effective | Inspected but not rated |
| Responsive | Insufficient evidence to rate |
| Well-led | Good |

## Are Patient transport services safe?

Good

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. There was a comprehensive training programme which enabled staff to be inducted and maintain skills necessary for their role. Training compliance was noted to be 100% for all topics.
- 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 completed safeguarding adults and children level 2 training. Compliances was 100% for all topics.
- Staff were able to escalate any concerns to a designated person with safeguarding level 4 training internally and could escalate concerns to their control room if in transit. There were processes in place for staff to contact the relevant local authority, hospital or police service using the NHS Safeguarding smartphone application if necessary.
- 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 premises visibly clean. We looked at four vehicles and found them to be clean and ready for use. Cleaning equipment and products were available, and staff had access to personal protective equipment (PPE). Vehicles were cleaned at the start of each day and after each transfer. Managers completed infection control and prevention audits. The most recent audit, dated August 2021, showed that there was good compliance with all infection control and prevention practices.
- If a vehicle became contaminated, for example, following the transfer of a patient with a known communicable infection, crews returned to the ambulance station for the vehicle to undergo a deep clean, with the crew changing onto a spare ambulance in the interim. Deep cleaning was completed on a rotational basis every five to six weeks.
- Hand sanitiser was available throughout the ambulance station and within vehicles, both for staff and patient use.
- 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 site was suitable for needs with a garage, designated cleaning and maintenance areas, offices and training rooms. Vehicles were stored in a secure facility adjacent to the offices and there was CCTV and audio recording across all areas. The office was manned 24 hours per day. Storage was appropriate with separate areas for clinical and general products, and all items were stored securely. Oxygen was stored in suitable cages. All waste products were removed appropriately.
- The provider maintained a modern fleet of 43 vehicles, which included eight stretcher ambulances, 24 secure ambulances, nine patient transfer ambulances and two manager's response cars. During our inspection, we reviewed two stretcher ambulances, two transfer ambulances and one secure ambulance and saw vehicles were maintained to

a high standard. All vehicles were visibly clean, free of any household or clinical waste, roadworthy and in good condition. A detailed daily inspection of each vehicle was completed before use. This included a review of the interior and exterior of the vehicle for any defects, such as a flat tyre or vehicle bodywork damage. The service provided all equipment for staff, which included company-branded uniform, personal protective equipment and restraints.

- Staff completed risk assessments for each patient. Before patients were transferred by the service, a risk assessment was completed, which detailed the patients past medical history, details of mobility and any necessary risks. The booking process, required the completion of risks before the booking was completed, ensuring all information was collected, for example, for a patient under 16, the system would only accept the booking if an escort or chaperone was present. Dispatch staff reviewed all booking requests and assigned these to appropriate crews, based on their skills and vehicle. For example, patients who were known to require restraints were allocated to teams with restraint training. If restraints were required, it would be highlighted as part of the booking process with details specified of what form of restraint was needed and why it was necessary.
- The service reported that if the crew were not happy with the patient's assessment or felt the information was not reflective of the patient's condition on arrival for pick up, they could take appropriate action. Crews were able to either call for a different vehicle, call for additional support or if necessary, defer the transfer until such a time where a full assessment had been completed and actions taken to safeguard the patient and team.
- The service predominantly transferred patients who were under a mental health section. This meant that consideration was needed to ensure safety for all transfers. The team used a handheld device to communicate to the controller and this had an 'SOS' facility which alerted the control team that there was an emergency. The controller could then call the team to identify what the emergency was and advise on the necessary actions to take. We were informed if a patient became unwell during transfer, they could redirect to an accident and emergency department, with the control room providing details to the relevant hospital.
- The controller was able to see live data and track crews ensuring safety. The system used, updated locations and details such as whether a patient was on board every 60 seconds. This process enabled the control team to identify the nearest crew available for requests for jobs or assistance.
- All staff had their driving skills assessed before being permitted to undertake any jobs. Although advanced driving skills were not required, managers made sure staff were competent at manoeuvring larger vehicles. The training manager also accompanied crews to ensure competence.
- 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 had around 30 to 40 staff members who all worked full time. The crews worked across a 24 hour period to ensure availability for any last minute transfer requests. In the event of unexpected leave or additional calls for transfers the control team could arrange for staff to work additional hours. The service did not use any agency staff.
- Staff kept detailed records of patients' transfers. Records were clear, up-to-date, stored securely and easily available to all staff providing care. All information was collected electronically with staff having access through dedicated log ins. Staff used handheld devices to provide information to crews. This included a summary of the patients' abilities, concerns, along with details of pick up and drop off points and any contact details. Crews did not have access to patients past medical histories to maintain confidentiality, just the information necessary for the transfer. Once the journey had been completed, the job was confirmed by the crew and then removed from the handheld device and stored centrally. This meant crews did not have access to historic data.
- The service did not use medicines other than oxygen, which was stored and managed correctly. Staff were trained in the use of medical gases and oxygen was only used in emergency situations. Patients who required oxygen therapy throughout a transfer were not transported by the service.
- We saw oxygen was stored correctly with empty and full cylinders stored separately and clearly marked. It was also secure in vehicles to prevent any accidental movement. Oxygen was only administered in line with training and always reported to the control team. There were no other medicines used by the service.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and

gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored. Staff were required to report any incident or near miss. We were given examples of two incident criteria, clinical and non-clinical. We heard staff were asked to report any vehicle incidents and any clinical incidents. There were also specific reports for the use of restraints. All occasions where restraints such as handcuffs were used, were reported to ensure oversight of risks and actions take.

- Leads monitored incidents to identify any trends or recurrent issues with individual staff. This was used to determine whether any additional training or support was required. Any trends were reviewed against work/planned jobs to determine whether this was in line with expectation. For example, we were told some crews reported more incidents where restraints were used, however, this related to their roles and abilities at transferring higher risk patients and therefore expected as part of their role.
- Leads did not routinely share incidents with the team. There were concerns that details of incidents may identify individual staff due to team size. The decision was therefore made to ensure learning was shared as a general update or change. We were told following an incident, the leadership team reviewed the incident and completed any necessary investigations. Guidance and training were reviewed, and action taken with staff if necessary, either on an individual basis or as a team.
- We reviewed incidents from the last three months. We saw that there were two incidents reported in the three months preceding the inspection, that required an investigation. The investigations included staff interviews and a review of any additional information. A decision was then made as to the steps to be taken, for example additional training, increased communication or change in process.

## Are Patient transport services effective?

Inspected but not rated

We inspected some aspects of this key question, but not all. We did not rate this key question. question.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983. We saw policies were in date and reviewed regularly. Those staff employed to assist with the transfer of patients with mental health conditions, received additional training in the mental health act and what this meant for them in terms of providing care. Staff could access all company policies through a secure section of the provider's website.
- The provider undertook a series of local audits, including both clinical and non-clinical audits. Recent audits at the time of our inspection included staff information, purchasing, vehicle efficiency and store stock levels.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The service had a full-time training manager in post, who oversaw and delivered all staff training. There was a dedicated training centre within the ambulance station, which contained specialist training equipment and facilities. The training offered was comprehensive and tailored to the requirements of each staff role. For example, staff who undertook secure mental health transfers were additionally trained in mechanical and physical restraint, breakaway training, de-escalation techniques and the prevention and management of violence and aggression (PMVA).
- When joining the company, all staff completed an induction programme, which included manual handling, health and safety, first aid at work, safeguarding of vulnerable adults and children, information governance, duty of candour, incident reporting, infection control and fire safety. Staff were also required to review the company's policies and procedures, undertake and pass a driver competency assessment and pass the company's pre-employment checks. Staff who undertook secure mental health transfers were required to additionally complete training on restraint, conflict resolution, de-escalation techniques, and the Mental Health Act 1983.

Good

# Patient transport services

- Managers appraised staff's work performance and held supervision meetings to provide support and development. All staff received an annual appraisal of their work performance by either the CQC registered manager or the managing director. During our inspection, we reviewed staff training and appraisal files and saw all staff had received an appraisal within the last 12 months.
- Staff were vetted before commencing in post. We saw that for each staff member pre-employment checks, including review of the application form, verification of two professional references, enhanced Disclosure and Barring Service (DBS) check, review of qualifications, occupational health review, driving licence record review and drugs and alcohol test. Managers also reviewed staff files every three years, when staff were expected to renew a DBS.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. We saw good working relationships between staff. We were told staff worked well and where possible, staff remained in the same crew to enable staff to get to know each other's work, strengths and abilities. This was considered a benefit with staff managing unexpected incidents or behaviour from patient with mental health conditions.
- Staff were provided with training to ensure that they knew how to support patients who lacked capacity. Most of the journeys undertaken were secure mental health transfers, which were completed using specialist vehicles that contained a secure cell. Staff would use the least resistance possible for all transfers. We were told if patients were calm, they would transfer in the main body of the vehicle alongside any escorts. However, there was risk associated with this due to seatbelts and risk of ligature. Staff therefore made the decision at the time of transfer, where the patent would sit depending on the risk. Those who were at risk of self harm or absconding were held securely in the cell.

## Are Patient transport services responsive?

Insufficient evidence to rate

We inspected some aspects of this key question, but not all. We did not rate this key question. question.

- The service monitored arrival and journey times and used this to complete a performance report used for discussions with commissioners. Information from each journey, including, the time and date of booking, time the crew arrived, how long the patient was on board and time of arrival at destination was collected to inform performance reviews against agreed key metrics.
- 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. Most of the provider's activity was pre-booked secure mental health transport, however the provider also completed a small number of routine patient transport journeys. The service completed 4388 journeys in the three months preceding the inspection. This was total journeys.
- It was easy for people to access the service, and people received the right care in a timely way. The service operated 24 hours a day, seven days a week, 365 days a year. Most transfers were booked in advance directly by the service's clients. Where possible, the service also worked to accommodate any requests for same day or urgent transfers when required. The booking process automatically checked the suitability of each transfer request before it was accepted. For example, requestors could not book a transfer with the provider for a patient aged under 16 without confirming they would provide an appropriate escort.

## Are Patient transport services well-led?

Good

# Patient transport services

Good

Our rating of this service stayed the same. We rated it as good because:

- 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 skills and take on more senior roles.
- The service was led by the CQC registered manager, the managing director who was also the CQC nominated individual, and the training manager. Managers had experience within the ambulance and patient transport sector. For example, the CQC registered manager had worked within the ambulance sector for 15 years, and the training manager had worked in both security and ambulance sectors.
- Managers were accessible and staff were able to speak to any manager any time of the day. We were told managers welcomed timely feedback to enable speedy responses to any concerns or issues. Staff we spoke with during our inspection reported a positive working culture. Managers told us they operated an 'open door' policy where staff could speak with them about any topic.
- Leaders operated effective governance processes. The provider held quarterly management review meetings, which were attended by the registered manager, managing director and training manager. During these meetings, points affecting the service were discussed, including complaints, incidents and risks.
- 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. The service maintained a risk register, which recorded all risks that affected the service, although these were not dated to demonstrate when they were identified. Risks included, vehicle accidents, manual handling accidents for staff and patients, staff provision and lone working. We saw that these had mitigating actions in place and were reviewed a minimum of annually, or if risks were identified or changed. Managers discussed risks as part of their quarterly management review meetings. We saw each risk had been assigned a risk using a red, amber, green rating scale and the register was last reviewed within the previous three months. We saw risks included infection prevention and control, lone working, vehicles and out of hours work.
- 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. Managers demonstrated how they could now use this software to track the progress and status of each vehicle and explained how the software automatically recorded several metrics for each journey and crew, such as journey time information, vehicle mileages, and delay data. Managers could create custom reports using this software, such as to review performance information or to share with their commissioners and contracting organisations.
- 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. Managers sought feedback and suggestions from staff to improve the service. There was a staff forum which met monthly and could be attended by all staff. Meetings offered staff the opportunity to raise queries or discuss any concerns and seek support from colleagues. There were two nominated staff representatives, one for day shifts and one for night shifts, that any member of staff could contact to raise any issues or concerns, if they did not want to contact the managers directly.
- The service was committed to continually learning and improving. The service leads were focused on providing safe and effective transport services for patient with mental health conditions and were dedicated to ensuring that staff represented the core values. There was a focus on ensuring that the fleet was of a high standard and well maintained.