Uniblue Limited

EMS HQ

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

EMS HQ is operated by Uniblue Limited. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 28 March 2018.

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.

The only service provided by this provider was patient transport services.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had a close management team whose goal was to provide the best patient care possible and look after their staff.
- The service had high completion rates of mandatory training, new staff members underwent a comprehensive induction programme.Staff who had been in post for over one year all had an appraisal.
- There were robust procedures to ensure all those tasked to drive ambulances were competent, this included regular electronic driving license checks and driving assessments.
- Ambulances were deep cleaned regularly by an external company and swabbed to ensure they were infection free.

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

- The ambulance station was cluttered with no clear system to ensure equipment which was not in use was cleaned and separated.There was no clearly defined sluice area with running water.
- The storage of oxygen, chemicals and flammable liquids was not in line with best practice guidance.
- The nominated safeguarding lead was not trained appropriately for safeguarding vulnerable adults.
- The service needed to improve their communication with their contracting organisations to ensure they were aware of their role in major incident plans and the outcomes of assurance visits.

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

Ellen Armistead

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		EMS HQ is a small independent ambulance service which provides patient transport services only. NHS ambulance providers subcontracted the service, to undertake patient transport services from NHS hospitals to home. The service was not contracted to transfer dialysis patients. The service had several employed staff, however, due to the seasonal nature of the contracts many of the employees had zero hours contracts.

EMS HQ

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Background to EMS HQ

EMS HQ is operated by Uniblue Limited. The service opened in 2002. It is an independent ambulance service in Skipton, North Yorkshire. The service primarily serves the communities of Yorkshire and the North West.

The service has had a registered manager in post since 2002.

Our inspection team

The team that inspected the service comprised a CQC lead inspector two other CQC inspectors, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Lorraine Bolam, Interim Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

EMS HQ's is an independent ambulance service which provides patient transport services. The service is sub contracted by NHS ambulance providers to undertake this role within the area of Yorkshire and the North West.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited Unit three, Marton Mills. We spoke with six staff including; ambulance care assistants and management. We were unable to speak to patients and relatives due to the impromptu nature of the service. We did ask the provider to supply us with contact details of staff to so we could call them outside of the inspection day, however, this was not provided. We did not receive any 'tell us about your care' comment cards. During our inspection, we were unable to review any sets of patient records as these were held by the contracting organisations. We reviewed five staff files.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has previously been inspected once in September 2013, this inspection found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January 2017 to December 2017)

- There were approximately 8000 patient transport journeys undertaken.

Twenty-eight ambulance care assistants who were also able to act as transport drivers worked at the service.

Between January to December 2017 the service had no never events and no serious injuries and one clinical incident and complaint.

Patient transport services (PTS)

Summary of findings

We found the following areas of good practice:

- The service had a strong and passionate management team who were aware of the concerns with the short term contracting arrangements with NHS ambulance care providers.
- Mandatory training records showed staff had completed the required mandatory training requirements, the exception was those staff who had recently joined the service.
- There were processes in place to review driving licences prior to and during employment. The service also had a system to ensure driving competence.
- There were effective infection prevention and control procedures which included policy, deep cleaning of ambulances and use of single use mop heads.
- Staff had access to guidelines and pathways when undertaking patient transfers.
- Staff underwent an induction course when they joined the service. All staff who had been employed for over 12 months had had an appraisal.
- There was a system in place to review and investigate complaints and learning was identified and shared throughout the service.
- There were safeguarding procedures in place and staff were aware of their responsibilities to report concerns. However, the safeguarding lead was not trained to the recommended level for safeguarding vulnerable adults

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

- We found there was no clearly defined dirty utility area within the station which had running water. The garage was cluttered and there was no definition of equipment which was in use and not in use. And storage of excess equipment could pose a fire risk.
- We were concerned with the storage of chemicals, flammable liquids and oxygen within the garage area.
- The provider did not receive patient feedback, from either commissioning organisations or individuals.
- The service had little communication with commissioning NHS trusts following assurance visits, which meant they were not always aware of the outcomes of these visits.

Patient transport services (PTS)

Are patient transport services safe?

At present, we do not rate independent ambulance services. However, we noted the following for safe.

- The service had an incident reporting policy, staff were aware of this policy, incidents were reported to the contracting NHS organisation and the operational management within the service.
- There was a comprehensive programme of induction and mandatory training for staff. Staff driving competence was monitored along with the checking of driving licences.
- The service had procedures and policies in place to ensure ambulances were deep cleaned regularly by an independent company.Clinical waste was managed appropriately and by an approved contractor.
- There was a safeguarding policy and staff had received training for both vulnerable adults and children. The service had a nominated safeguarding lead who was trained to the required level for safeguarding children. However, the safeguarding lead required further training to meet the required level for safeguarding vulnerable adults.

However

- The ambulance station had no clearly defined dirty utility, and not all staff had completed infection prevention and control training.
- The ambulance station was cluttered and there was no segregation of equipment which was in use, we were concerned about the storage of chemicals, flammable liquids and oxygen.

Incidents

- The service had an incident reporting policy which was updated in October 2017. The policy differentiated between adverse events, serious incidents and near misses. The policy encouraged early reporting and detailed how incidents should be reported, investigated and the learning shared with staff.
- The service had a procedure for the Duty of candour. Duty of candour is a regulatory duty which 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.
- Staff we spoke with told us ambulance crews would contact the control room and submit an incident form to the NHS ambulance provider who was sub-contracting the service and to the operational manager of EMS.
- The operational manager told us staff could ring the management team during the day and out of hours as they worked an on-call rota which allows EMS staff to speak to them and to seek immediate advice about an incident and to ensure any immediate action required would be taken and the reporting procedures would be followed.
- The operational manager told us they were responsible for reviewing and assessing the information on the incident form and deciding if any further action was required. The NHS ambulance provider who was sub-contracting the service would be informed of any findings or further action by the operations manager.
- Staff we spoke with told us there had been one incident reported in the previous 12 months.
- During the inspection the incident reporting form was reviewed. All the relevant information was present. The incident report had also been reported as a complaint and had led to a Duty of candour disclosure.
- Due to the low level of incident reporting the provider was unable to identify any trends or themes relating to incidents.

Mandatory training

- The service had a training and development policy which was updated in April 2017. The policy described the process for identifying learning, education and development needs for staff. It included a list of all the courses staff were required to complete and the time intervals for refresher training.
- All staff were required to complete mandatory training. Examples of training included; basic life support, Mental

Capacity Act 2005, dementia awareness, fire safety, disability awareness, moving and handling, and information governance. We saw records which showed all staff had completed mandatory training.

- The service had an effective system to monitor mandatory training. We saw a spreadsheet which showed the training staff had completed. The spreadsheet highlighted when training was due and management could follow up with staff.
- Data we checked showed 100% of staff had completed training in moving and handling, basic life support, medical gasses and oxygen therapy. Sixty-nine percent of staff had completed training in safeguarding children and vulnerable adults level two and infection control. Management told us the staff who had not completed the training had recently joined the service and we in the process of completing the modules.
- There was an effective process for checking driving licences. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check. The service had an electronic system that recorded these driving licence checks.
- There was a system to check on driving competence. The operations manager told us all ambulance crew had to complete a driving assessment. Records we reviewed showed 100% of ambulance crew completed an assessment.

Safeguarding

- The service had a policy for safeguarding children and protecting vulnerable adults from abuse. The policy gave clear guidance to staff on how to report urgent concerns.
- Sixty-eight percent of staff had completed level two training in safeguarding children and vulnerable adults. Staff completed a training module on the 'PREVENT' strategy for identifying and preventing radicalisation as a part of mandatory training.
- One of the operations managers was the safeguarding lead. We noted the safeguarding lead had completed level three training in safeguarding children. The safeguarding lead had not completed level three training in safeguarding adults. Following our inspection, we were provided with assurance this training had been sourced and a place booked.
- The safeguarding lead had a good understanding of safeguarding and when they would report an incident. The safeguarding lead we spoke with could describe the signs of abuse, knew when to report a safeguarding incident, and knew how to do this.
- The operations manager told us staff would also report safeguarding concerns at the time they occurred directly to the NHS trusts they worked with, and to the service's safeguarding lead. The NHS trusts had a 24-hour safeguarding telephone number.
- There had been no reported safeguarding incidents in the last 12 months.

Cleanliness, infection control and hygiene

- There was an infection prevention and control policy. The policy stated staff should follow guidance on hand hygiene, personal protective equipment, environmental cleaning, waste management and uniforms.
- The service had a uniform and laundry policy which was updated in January 2018. The policy detailed the process of wearing personal protective equipment and laundering uniforms to reduce the risk of infection.
- Staff we spoke with were aware of their responsibilities related to infection prevention and control. Staff could describe the correct procedures for cleaning following the transport of a patient with an infection.
- There was a waste management policy which defined clinical waste and described how it should be segregated and stored for collection. We saw evidence which showed clinical waste was collected by an approved contractor.
- The service started a hand hygiene audit in March 2018. Nine staff had completed the audit to date. The audit included the hand hygiene standards to be undertaken after using equipment and after each patient.
- Data provided by the service showed 68% staff had completed infection prevention and control training. Management told us the staff who had not completed the training had recently joined the service and we in the process of completing the modules.

Patient transport services (PTS)

- Staff we spoke with told us the patient transport vehicles were subject to deep cleaning every eight weeks by an independent company.
- During inspection we saw evidence that the date the vehicle was deep clean was recorded on the vehicle excel spreadsheet.
- During inspection we reviewed two vehicle deep cleaning reports. Each outlined which areas and equipment had been cleaned and which areas and been swabbed to demonstrate no bacteria were present.
- There was no clear segregated sluice area within the ambulance station. In the area put aside as a dirty utility no running water which could be used to clean equipment if it had been contaminated during a patient journey. However, there were single use mop heads and mop buckets were colour coded. The clinical waste bin was locked and separated from domestic waste.

Environment and equipment

- During the inspection we saw evidence the information in the relation to the nine patient transport vehicles was recorded on an excel spreadsheet. The information included date purchased, date of vehicle excise licence expiry, date of ministry of transport test expiry, date of deep clean, date equipment was replenished, date of reporting of defect, date of repair and date of safety check.
- All the information for all the patient transport vehicles was in date.
- There was evidence of an electronic diary system which would inform the management team in advance of the date when a vehicle required to be serviced, need a ministry of transport test or vehicle excise duty is due.
- There were car seats available for the transportation of children, however, the service informed us they rarely transported children.
- The ambulance station was cluttered and there was no clear segregation of equipment which was in use and out of use. Equipment was not cleaned and covered ready for the next use.
- There was an excess of equipment stored in a mezzanine level this posed a fire risk. We raised this with the provider and have been provided with assurance following our inspection this has been removed.
- Chemicals which were subject to control of substances hazardous to health regulations were not stored in a locked cupboard.Following our inspection re received assurance a lockable metal cupboard was on order.
- We found jerry cans which contained small amounts of diesel fuel were stored next to an ambulance which contained oxygen. This was against the Dangerous Substance and Explosive Atmospheres Regulations 2002.The jerry cans were not labelled as containing flammable liquids and were green, the industry recommended colour for the storage of diesel is black.

Medicines

- Medical gases such as oxygen were stored in a lockable facility, however, these were not stored off the floor in line with best practice guidelines. Additionally, there was no separation of empty and full gas cylinders. An alternative provider also stored nitrous oxide and these were not separated from the oxygen used by the provider. The service had a contact with an external provider to replenish gasses when required. However, there was no medical gasses sign on the door of the ambulance station, and the gases were stored at the back of the garage, there was no evidence of a standard operating procedure to prevent an ambulance reversing into them.
- There were no medicines stored at the location.

Records

- There was a data protection and information governance policy which was in date and had a review date.
- The service had a do not attempt cardio pulmonary resuscitation policy which described the procedure for staff to follow. All staff were aware of the need to enquire about the existence of do not attempt cardio pulmonary resuscitation.
- The ambulance crew discussed any action to be taken with the handover staff.
- The service did not keep any patient records, these were managed and maintained by their commissioners.

Patient transport services (PTS)

- All records travelling with patients were appropriately stored and handed over to the receiving provider correctly.

Assessing and responding to patient risk

- Staff we spoke with told us if the EMS patient transport service ambulance crew either observed and did a visual assessment of the patient or if the patient informed them they were feeling unwell they would inform the control room of the NHS ambulance provider who was sub-contracting the service and carry on with the transfer.
- However, if the EMS ambulance crew either observed and did a visual assessment or if the patient became obviously seriously unwell they would stop the ambulance immediately and ring 999 requesting a local NHS emergency ambulance to attend.

Staffing

- The service had three operational management staff, an administrator and 28 ambulance care assistants.
- All staff completed a competency assessment annually which included a review of pre-vehicle and equipment checks and completion on the required documentation. The assessment included a review of the operation of equipment such as stretchers, carry chairs, wheelchairs and the side loading ramp.
- Staff we spoke with told us EMS had a pool of 30 staff who they could contact to work for them. All the staff were on zero hours contracts due to the as required nature of the contractual arrangements with NHS ambulance providers who sub-contracted the service.
- Staff we spoke with told us the requirement for EMS staff to be sub-contracted to work for NHS ambulance providers could be cancelled at very short notice which meant no long-term planning of rotas or shifts was done.

Anticipated resource and capacity risks

- Due to the as required nature of the contractual arrangements with NHS ambulance providers who sub-contracted the patient transport service EMS were unable to manage foreseeable risks in relation to resource capacity.

Response to major incidents

- Staff we spoke with told us a local NHS ambulance provider had informed them EMS had been included as part of their major incident plan. However, staff were unable to explain what their role would be and there was no policy, procedure or guidance to support this.

Are patient transport services effective?

At present, we do not rate independent ambulance services. However, we noted the following for effective.

- Staff had access to policies and guidelines during their daily work.
- There was a comprehensive induction programme for all new staff.There was a system of appraisal, staff were given an opportunity to develop within the service and beyond.
- Contracting NHS ambulance trusts carried out annual assurance visits.

However

- The service did not receive feedback from NHS ambulance trust assurance visits.

Evidence-based care and treatment

- A range of pathways were used, which, complied with the National Institute for Health and Care Excellence guidelines and the Joint Royal Colleges Ambulance Liaison Committee guidelines. These pathways were in line with the NHS trust from which the service sub-contracted.
- Guidelines and pathways were accessible for the staff, through the staff portal. Policy updates were communicated through a staff mobile alert network.
- The service rarely transported patients to and from dialysis appointments. However, staff we spoke with could inform us of the guidance regarding timeliness of the patient's arrival.
- Policies and procedures were regularly reviewed and updated where required.

Assessment and planning of care

- Staff used the available information, together with discussions with staff at the discharging service, the patient and their relatives, to plan each journey and complete the transfer safely and with minimum discomfort to the patient.
- The service did not transport patients with mental health conditions; however, some staff had received training. Staff training included a module on dementia awareness and this included mental health and capacity.

Response times and patient outcomes

- Staff we spoke with told us EMS did not have any key performance indicators from NHS ambulance providers that sub-contracted the patient transport services.
- Due to the nature of the service provided by EMS to sub-contracting NHS ambulance providers patient outcomes were not monitored.
- Due to the as required contractual arrangements with NHS ambulance providers that sub-contracted the service and a lack of performance indicators no corporate or wider benchmarking was undertaken by the provider.

Competent staff

- Staff told us the induction course for new staff was carried out over three days. The first day included information about the company and the operating procedures. The next two days were used for staff to complete a first aid at work course and commence working on 14 on line modules covering a wide range of work related subjects. Staff had eight weeks to complete the courses.
- There was evidence in the electronic staff training record that there was a diary system which informed managers when staff refresher courses were required.
- Staff were given an induction period. The length of time was dependent on experience. The induction included an awareness of policies and procedures.
- There was an induction checklist to ensure all staff had completed relevant training prior to becoming operational on the ambulance. Data we checked showed 100% of staff completed induction.
- All staff that had been employed for longer than 12 months had an appraisal. The service had a system to check when staff appraisals were due and this was recorded on a spreadsheet.
- Continuous professional development was ongoing. We saw a list of available training courses available to ambulance crew. Staff were sent an email reminder when training was due.

Coordination with other providers

- There were systems in place to escalate concerns with NHS ambulance trusts and we heard examples where this had occurred.
- All staff were aware of their role and lines of accountability when undertaking NHS sub-contracted work. If there were concerns or incidents that required reporting the NHS providers all staff we spoke with informed us they also called the management team to inform them.
- The contracting NHS ambulance services carried out annual assurance visits, however, the service did not receive any written report from these visits.

Multi-disciplinary working

- Staff liaised with the wider multidisciplinary team as necessary. For example, they told us if they transferred a patient home from an appointment and the staff were concerned they would contact the patient's carers and family if required.
- Bookings were made via the NHS trust control room and the crew staff received the information on their personal digital assistants. Staff checked they had received the correct information at handover points and raised issues about the completeness of information, if necessary.
- Staff discussed the patient's immediate needs and any changes in their condition or behaviour with hospital staff.

Access to information

- The service used personal digital assistants provided by the local NHS ambulance provider. This meant staff had

access to the control room and could access all information requested during the booking process. This included special notes to alert staff of patients with pre-existing conditions.

- Staff we spoke with could explain that a do not attempt cardiopulmonary resuscitation form was a patient held document which had to be correctly signed and went with the patient to be handed over to the receiving service.
- Staff we spoke with told us when transport crews were allocated a transfer they would be informed if the patient had a do not attempt cardiopulmonary resuscitation form /agreement/decision in place or had an infectious disease. When staff attended to pick up the patient and any of this information had been missed or not reported the crew would contact the control room of the NHS ambulance providers that sub-contracted the service so their records could be up dated.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with told us information about consent, Mental Capacity Act and deprivation of liberty safeguards were included in dementia training and safeguarding level two training which were part the provider`s induction courses.

Are patient transport services caring?

At present, we do not rate independent ambulance services. However, we noted the following for caring.

- Due to the subcontracted nature of the service the provider received very little feedback from the service commissioners in relation to patient feedback.
- At the time of inspection, the provider was developing a patient feedback link through their website.

However:

- Staff could communicate how they could support patients during their journey by maintaining their dignity.

Compassionate care

- Due to the as required contractual arrangements with NHS ambulance providers that sub-contracted patient transport service we were unable to observe any staff and patient interaction. However, staff we spoke with told us the dignity of patients in public places would be maintained by ensuring patients were covered in blankets, were suitably dressed and if moved the vehicle doors would be closed. Any activity inside the ambulance such as moving a patient was done with the doors closed.
- Staff we spoke with described how they would take steps to try and minimise distress in patients and families. This included speaking to patients in a reassuring, polite, and friendly way, and explaining what was happening.

Understanding and involvement of patients and those close to them

- Due to the as required contractual arrangements with NHS ambulance providers that sub-contracted the service any decisions in relation to eligibility for patient transport would be done by them and explained to patients, not EMS.
- We did not observe any patient care during our inspection.
- There were no patient feedback forms to review due to the as required contractual arrangements of the provider`s regulated activity to ascertain if EMS staff had understood and involved patients and those close to them.
- There was no patient feedback on the provider`s website which could be reviewed to ascertain if EMS staff had understood and involved patients and those close to them. However, a facility was being developed through the providers website to gain individual patient feedback.

Emotional support

- Due to the as required contractual arrangements with NHS ambulance providers that sub-contracted the service we were unable to observe any staff and patient interaction. However, staff we spoke with told us they would listen to patients, relatives and carers show understanding, be kind and compassionate.

Supporting people to manage their own health

Patient transport services (PTS)

Due to the infrequent nature of the provider`s regulated activities and the type of work undertaken we were unable to observe or evidence any direct support for people to manage their own health.

Are patient transport services responsive to people's needs?

At present, we do not rate independent ambulance services. However, we noted the following for responsive.

- Staff received training for patients with additional needs.
- Staff had access to emergency phrase books in alternative languages.
- The service had a complaints policy and processes for investigating complaints and sharing lessons learnt.

However

- Due to the nature of the contracts and service provided, there was no evidence of service planning as this was reactive to the differing requirements of the contract.

Service planning and delivery to meet the needs of local people

- EMS did not have any long-term contracts with any NHS ambulance providers. Staff we spoke with told us the service planning for NHS ambulance providers was they shared with independent providers when and where they required additional capacity. The EMS management team assessed if they could fulfil the requirement and submitted a bid for the service. If the bid was successful they allocated staff accordingly.
- Due to the as required contractual arrangements any capacity planning was short term and done by NHS ambulance providers that sub-contracted patient transport services not EMS.

Meeting people's individual needs

- The service had bariatric policy which was updated in February 2018 and provided guidance on the safe transport of bariatric patients. It detailed the list of equipment required and the manual handling procedure.
- Staff we spoke with told us they were given information about patient's needs. The identification of patients with complex needs, such as those living with dementia, learning disabilities; physical or mental disabilities were assessed both at the job booking stage and via crew interaction with the patient.
- Staff received training in caring for patients with dementia, learning disability and patients with complex needs.
- During the inspection we saw evidence of a pack of information held in the vehicles which contained an emergency phrase book in multiple languages.

Access and flow

- Due to the as required contractual arrangements with NHS ambulance providers that sub-contracted the service EMS did not have control over the booking of patients for transport. This service was totally demand driven.
- Staff we spoke with told us monitoring on scene and turnaround times was done by EMS staff contacting the control rooms of the NHS ambulance providers that sub-contracted the service. There was no evidence that this information was fed back to EMS or that EMS monitored this information.

Learning from complaints and concerns

- Staff we spoke with told us there had been four complaints made in the previous 12 months. One complaint was finalised and three were under investigation at the time of the inspection.
- Staff we spoke with explained complaints made in relation to EMS came through the NHS ambulance providers that sub-contracted the service. The process was that the NHS ambulance provider asked EMS management to supply information to them including staff responses and any remedial action recommended by EMS management. The NHS ambulance provider would then contact EMS informing, and if satisfied, informing them the complaint had been closed. Any contact with the complainant would be done by the NHS ambulance provider.
- Due to the low level of complaints received the provider was unable to carry out any benchmarking.

- During the inspection the one completed complaint investigation was reviewed. The complaints under investigation were not reviewed because all the relevant documentation was with the NHS ambulance provider who had informed EMS of the complaint.
- The finalised investigation report contained an investigation analysis report with an action plan, customer complaint log, and NHS ambulance provider incident/outcome/measures form, copy of the initial electronic incident report entry, incident report, photographs and copy of the log requesting the service. There was sufficient information to demonstrate the complaint had been thoroughly investigated and overseen by the NHS ambulance provider.
- There was no evidence the service had information available in vehicles should a patient, relative or carer how to make a complaint. There was no information on the provider`s web page informing patients, relatives or carers how to make a complaint.

Are patient transport services well-led?

At present, we do not rate independent ambulance services. However, we noted the following for well-led.

- There was an effective leadership team with the appropriate knowledge required to deliver the service.
- There were governance processes in place to monitor individual performance, risk and share learning.
- We found an open and honest culture within the service which was supportive of all staff members.

However

- There was no formal strategy and vision for the service, yet the management team could clearly tell us their key priorities.
- There was no formal risk register in place at the time if inspection.

Leadership of service

- The senior leadership team consisted of a group of directors, one of which was the CQC registered manager, the operations managers, office manager and training manager. The managers we spoke with were aware of their roles and responsibilities, and staff we spoke with knew who the different leads were and what they were responsible for.
- The senior leadership team supported service delivery by working clinically on the vehicles when required and undertaking an on-call rota for out of hours work.
- We reviewed evidence which identified the senior leadership had the appropriate skills knowledge to undertake that role.
- We observed members of staff interacting well with the leadership team during the inspection.
- There was an open-door policy, and staff were reported they had open access to the senior leadership team.
- Staff told us when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.
- Staff told us the senior leadership team were supportive and approachable.

Vision and strategy

- The service did not have a formal documented vision and strategy. However, the registered manager could clearly articulate their key priorities for the service.
- Staff we spoke with were able articulate the same proprieties for the service.

Governance, risk management and quality measurement

- The service had systems to monitor the quality and safety of the service at a local level. However, risk assessments and recording of information related to the service performance was monitored and managed by the commissioning NHS ambulance trust.
- The service had undertaken a range of risk assessments for example, injuries from assaults, electric shocks, sharps, bariatric patients and spillages.
- There were management team meetings. The managers meeting took place every month to discuss governance, audit monitoring and risk within the service.
- The service was developing an electronic tool to monitor their own performance at a local level.

Patient transport services (PTS)

- The registered manager told us information and learning was cascaded to staff. All staff members had access to an online portal. Service information was shared with staff through a secure social media group.
- The service has assurance visits with their commissioners, however, the service did not receive any feedback about these visits. The service had some contact with their commissioning organisations, however, these did not include performance data and feedback from clients.
- The service had a recruitment policy which set out the standards it followed when recruiting staff. The operations manager told us, as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and Barring Service, proof of identification, references, check as well as driving license checks. We reviewed the staff files and found these checks had been completed.
- There was no risk register in place at the time of inspection. The service was in the process of developing a risk register. The senior management team could inform us of risks they had identified including the short-term sub-contracted work for NHS ambulance providers during the winter pressures, however, this was not documented and mitigating actions recorded.

Culture within the service

- The leadership team and staff were committed to the service. Staff were encouraged to undertake accredited training courses.
- The service had an open and honest culture. Staff we spoke with told us the culture of the service was friendly and approachable.
- Staff we spoke to were proud of the work they carried out.
- Staff we spoke with told us the management team was supportive and approachable. They told us they usually met individually with the operations manager if needed.

Public and staff engagement

- The service's publicly accessible website contained information for the public in relation to what the service could offer.
- The service monitored staff retention, annual leave and sickness and ensured shift patterns did not adversely impact on staff health.
- Staff we spoke with were positive about their engagement with the managers of the service. They told us said they felt involved in decision making around patient transport services and their roles. In addition, they told us they were kept informed of any planned changes and always felt listened to.
- Staff could access information such as policies and procedures electronically through the online staff portal.
- The registered manager told us the service had plans to continue to develop patient feedback using the website.
- The service did not receive any information from their service commissioners regarding patient feedback.

Innovation, improvement and sustainability

- The service was developing and trialling an app to monitor performance in relation to monitoring performance, usability was fed back by staff and adjustments made.
- The service has begun to work with local collages to begin an apprenticeship programme, unfortunately there have been no suitable candidates by the time of our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure there is an appropriate dirty utility area with running water.
- The provider should ensure the safeguarding lead is trained to the recommended level for safeguarding vulnerable adults.
- The provider should ensure the ambulance garage is free from clutter and equipment is segregated to reduce confusion.
- The provider should store all chemicals, flammable liquids and oxygen in line with best practice guidance.
- The provider should work with commissioning bodies to gain more information about their assurances, their role within major incident plans, improve communication and monitor their performance effectively.
- The provider should investigate ways in which to gain patient feedback.