

Yormed Ambulance Station

Quality Report

Manor Farm
Edelthorpe
Malton
YO17 9QT
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Not sufficient evidence to rate



Are services responsive?

Good



Are services well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

YorMed Ambulance Station is operated by YorMed Limited. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 3 to 5 July 2019.

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

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

The service provided mainly patient transport services at the time of inspection. The service was also engaging with commissioners to obtain emergency and urgent care contracts. Where our findings about patient transport services, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the patient transport core service.

Our rating of this service is **requires improvement**. The service was not previously rated.

We found the following areas that the service provider needed to improve:

Patient deterioration was not always recognised, escalated and managed safely. The service did not investigate patient safety incidents in a way that supported learning. Patient record forms were not consistently completed to an acceptable standard.

Some contracts for the delivery of services were under review as assurance of the safety of services was sought by commissioners.

Governance processes were not fully effective and the service did not use systems effectively to manage risks and performance.

The registered manager was unaware of his responsibility as safeguarding lead to ensure statutory notifications were submitted by the service.

The service did not have a formal process to monitor performance and make improvements. No performance or quality monitoring reports were prepared.

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection.

Few staff had undergone a formal appraisal of their work performance.

Leadership did not provide sufficient assurance high quality services would be delivered. The strategy to turn the vision for the service into action required development with relevant stakeholders.

However:

Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse.

Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Summary of findings

Staffing levels and skill mix were planned flexibly to meet workload requirements. The service provided mandatory training in key skills to all staff.

The service supported staff competence for their roles with induction and training and ambulance staff had undergone emergency driver training.

The service took account of patients' individual needs and preferences and made reasonable adjustments to help patients access services. Staff received training to support patients with dementia needs or other needs caused by reduced capacity.

The service had a mainly open culture although not all staff felt they could raise concerns.



Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with 10 requirement notices that affected patient transport services. Details are at the end of the report.

Ann Ford

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Requires improvement 	<p>The main service was patient transport services. Where arrangements were the same across both urgent and emergency services and patient transport services, we have reported findings in the patient transport services section.</p> <p>We have rated this service as requires improvement overall. The provider did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients and make improvements to the service. Start here...</p>
Patient transport services	Requires improvement 	<p>Patient transport services was the main activity of the service at the time of inspection.</p> <p>We have rated this service as requires improvement overall. The provider did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients and make improvements to the service. Start here...</p>

Summary of findings

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Requires improvement 

YorMed Ambulance Station

Services we looked at

Emergency and urgent care; Patient transport services;

Summary of this inspection

Background to Yormed Ambulance Station

YorMed Ambulance Station is operated by YorMed Limited. The service has been registered with CQC since 2011 but had been under the current ownership since January 2018. It is an independent ambulance service in Malton, North Yorkshire. The service provided mainly patient transport services. The service has had a registered manager in post since August 2018.

The service was last inspected in April 2019 which resulted in the service being served with two warning notices. This report describes how we found the service had taken action when we inspected again in July 2019.

Our inspection team

The team that inspected the service was comprised of a CQC lead inspector, an inspection manager, an

enforcement inspector an assistant inspector and a specialist adviser with expertise in ambulance services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Yormed Ambulance Station

The service is registered to provide the following regulated activities:

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

During the inspection, we visited YorMed Ambulance Station. We spoke with ten staff including ambulance staff and managers of the service.

We inspected four ambulance vehicles and reviewed staff files, training records, rotas, policies and procedures. Because we were unable to observe any patients

receiving services, we did not speak with any patients. This was because we were not able to observe any activity during the inspection. We reviewed 52 patient records.

The service's track record on safety was:

- No Never events
- No clinical incidents resulting in harm, low harm, moderate harm, death or severe harm.
- No serious injuries
- No complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas that the service provider needed to improve:

The service did not manage patient safety incidents well. There was little evidence of appropriate action being taken to investigate incidents or support learning.

Staff completed risk assessments for each patient but patient deterioration was not always recognised, escalated and managed safely.

Staff kept detailed records of patients' care and treatment but we were not assured that patient record forms were consistently completed to an acceptable standard.

Statutory notifications had not been submitted to CQC and the registered manager was unaware of his responsibility as safeguarding lead to ensure statutory notifications were submitted by the service and of his responsibilities in relation to the 'Prevent' strategy.

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection.

However

Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse.

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

The service used systems and processes to safely prescribe, administer, record and store medicines. The service carried only medical gases on ambulance vehicles.

Arrangements were in place to dispose of clinical waste.

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. Staffing levels and skill mix were planned flexibly to meet workload requirements.

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Requires improvement



Summary of this inspection

Are services effective?

We found the following areas that the service provider needed to improve:

No recent performance or quality monitoring reports had been prepared and a performance dashboard was not in use. Some contracts for the delivery of services were under review as assurance of the safety of services was sought by commissioners.

The service recorded timings of a patient's journey but did not have a formal process to monitor the performance and make improvements.

Ambulance service guidance was available to staff but adherence to guidance was not audited. No audits were in progress.

Few staff had undergone a formal appraisal of their work performance. No mentoring arrangements were available to support new staff following their induction.

However

Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff assessed patients' food and drink requirements to meet their needs during a journey.

The service signposted patients to health and wellbeing support services.

The service supported staff competence for their roles with induction and training and ambulance staff had undergone emergency driver training. Staff files contained evidence of continuing professional development and learning.

Requires improvement



Are services caring?

We reviewed six separate patient feedbacks and found these to be positive. However, we were not able to observe any activity involving patients during the inspection or otherwise to review sufficient information to make a judgement about this domain.

Not sufficient evidence to rate



Are services responsive?

The service took account of patients' individual needs and preferences and made reasonable adjustments to help patients access services. The service maintained an ambulance vehicle fitted for the transport of bariatric patients

Ambulance staff received training to support patients with dementia needs or other needs caused by reduced both mental and physical capacity.

Good



Summary of this inspection

Commissioners' assessments included planned visits to the service following the review of contracts. During these commissioning organisations worked with the service to assure the suitability of the provider's staff, vehicles and premises to support the provision of planned and unplanned ambulance services.

Some processes were in place for people to give feedback and raise concerns although the service had received no complaints from patients about the service it provided.

However:

The service did not audit the access and flow timings patients received to provide assurance people received a timely service.

Ambulance vehicles were not provided with communications aids such as picture charts or special equipment to support patients requiring assistance with communication.

Are services well-led?

We found the following areas that the service provider needed to improve:

Governance processes were not fully effective. No governance meetings had been held although a first meeting had been arranged.

The service did not manage risks and performance effectively. No quality monitoring of performance took place. No formal process was in place for quality improvement of the service. No structured programme of audit was followed.

The service had a vision for what it wanted to achieve in the future. However, the strategy to turn it into action required development with relevant stakeholders.

The service accessed and collected information to support the service using electronic systems although analysis of information to support the service was inconsistent.

The service had a mainly open culture although not all staff felt they could raise concerns.

Leadership did not provide sufficient assurance that high quality services would be delivered.

However:

The service engaged with patients, commissioners and staff to manage to gain feedback to improve services.

Requires improvement








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Not rated	Good	Requires improvement	Requires improvement
Patient transport services	Requires improvement	Requires improvement	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Not rated	Good	Requires improvement	Requires improvement

Emergency and urgent care

Safe	Requires improvement 
Effective	Requires improvement 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Requires improvement 

Information about the service

The service carried out transfers for patients whose conditions required an ambulance equipped to provide high dependency or intensive care for patients transported between hospitals or other care settings. This meant the service met the criteria for the emergency and urgent care core service. The service did not carry out any emergency ambulance work for example responding to 999 calls. The service did not provide information about the number of emergency and urgent service patient journeys it undertook.

The main service provided by this ambulance service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport service section.

Summary of findings

We found the following areas that the service provider needed to improve:

Patient deterioration was not always recognised, escalated and managed safely. The service did not investigate patient safety incidents in a way that supported learning. Patient record forms were not consistently completed to an acceptable standard.

Governance processes were not fully effective, and the service did not use systems effectively to manage risks and performance.

Some contracts for the delivery of services were under review as assurance of the safety of services was sought by commissioners.

The registered manager was unaware of his responsibility as safeguarding lead to ensure statutory notifications were submitted by the service and of his responsibilities in relation to the 'Prevent' strategy.

The service did not have a formal process to monitor performance and make improvements. No performance or quality monitoring reports were prepared.

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection.

Few staff had undergone a formal appraisal of their work performance.

Emergency and urgent care

Leadership did not provide sufficient assurance high quality services would be delivered. The strategy to turn the vision for the service into action required development with relevant stakeholders.

However:

Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse.

Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Staffing levels and skill mix were planned flexibly to meet workload requirements. The service provided mandatory training in key skills to all staff.

The service supported staff competence for their roles with induction and training and ambulance staff had undergone emergency driver training.

The service took account of patients' individual needs and preferences and made reasonable adjustments to help patients access services. Staff received training to support patients with dementia needs or other needs caused by reduced capacity.

The service engaged with patients, commissioners and staff to manage and improve services. The service had a mainly open culture although not all staff felt they could raise concerns.

Are emergency and urgent care services safe?

Requires improvement 

We rated the SAFE domain as **requires improvement**. The service was not previously rated.

Incidents

The service did not manage patient safety incidents well.

The management of incidents across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Mandatory training

The service provided mandatory training in key skills for staff and most staff had completed it.

The management and completion of mandatory training across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Safeguarding

Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse.

The management of safeguarding across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Cleanliness, infection control and hygiene

Emergency and urgent care

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.

The management of cleanliness, infection control and hygiene across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Environment and equipment

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection. Arrangements were in place to dispose of clinical waste.

The management of the environment and equipment across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Assessing and responding to patient risk

Staff completed risk assessments for each patient but patient deterioration was not always recognised, escalated and managed safely.

The process of assessing and responding to patient risk across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Staffing

Staffing levels and skill mix were planned flexibly to meet workload requirements.

The management of staffing levels across the service was the same for both the emergency and urgent care service and the patient transport service. All staff worked across

the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Records

Staff kept detailed records of patients' care and treatment but we were not assured that patient record forms were consistently completed to an acceptable standard.

The management of records across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Medicines

The service carried only medical gases on ambulance vehicles.

The management of medicines across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Requires improvement 

We rated the EFFECTIVE domain as **requires improvement**. The service was not previously rated.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Ambulance service guidance was available to staff but adherence to guidance was not audited.

Emergency and urgent care

Evidence-based care and treatment across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

Arrangements to meet the nutrition and hydration needs of patients across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Response times

The service recorded agreed response times and sought patient feedback so that it could facilitate effective outcomes for patients.

Arrangements to monitor response times across the service were the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

At the time of our inspection the service did not undertake planned emergency and urgent care services, so it was not required to monitor performance against the national standards.

Competent staff

The service supported staff competence for their roles with induction and training to support continuing professional development. However, few staff had undergone a formal appraisal of their work performance.

The management and measurement of staff competence across the service was the same for both the emergency and urgent care service and the patient transport service.

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Multidisciplinary working

The service worked with service commissioners and other agencies to provide care for patients using ambulance transport.

Multidisciplinary working across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Health promotion across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The management of consent, mental capacity act and deprivation of liberty safeguards across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Emergency and urgent care

Are emergency and urgent care services caring?

Not sufficient evidence to rate 

We reviewed six separate patient feedbacks and found these to be positive. However, we were not able to observe any activity involving patients during the inspection or otherwise to review sufficient information to make a judgement about this domain.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Good 

We rated the RESPONSIVE domain as **good**. The service was not previously rated.

Service delivery to meet the needs of local people

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

The planning of ambulance transport to meet the needs of local people across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service. However, the service did not respond to emergency (999) calls or provide an emergency ambulance service.

Meeting people's individual needs

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

The service's arrangements for meeting people's individual needs across the service was the same for both the emergency and urgent care service and the patient

transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Access and flow

People mostly accessed the service in a timely way although this was not formally audited to provide assurance people received a timely service.

The service's arrangements to support access and flow across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service. However, the service did not respond to emergency (999) calls or provide an emergency ambulance service so was not required to monitor performance against national standards.

Learning from complaints and concerns

Some processes were in place for people to give feedback and raise concerns although the service had received no complaints from patients about the service it provided.

The management of and learning from complaints and concerns across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services well-led?

Requires improvement 

We rated the WELL-LED domain as **requires improvement**. The service was not previously rated.

Leadership of service

Leadership did not provide assurance high quality services would be delivered.

Emergency and urgent care

The leadership of the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Vision and strategy for this service

The service had a vision for what it wanted to achieve but the strategy to turn it into action required development with relevant stakeholders.

The vision and strategy for the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Culture within the service

Most staff felt respected, supported and valued and were focused on the needs of patients receiving services. The service had a mainly open culture although not all staff felt they could raise concerns.

The culture across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Governance

Governance processes were not fully effective.

Governance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Management of risk, issues and performance

The service did not use systems effectively to manage risks and performance.

The management of risks, issues and performance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Information Management

The service accessed and collected information to support the service using electronic systems.

Information management across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Public and staff engagement

The service engaged with patients, commissioners and staff to manage and improve services.






Public and staff engagement across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Innovation, improvement and sustainability

No formal process was in place for quality improvement of the service.

Innovation, improvement and sustainability across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Patient transport services

Safe	Requires improvement 
Effective	Requires improvement 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Requires improvement 

Information about the service

Yormed are an independent ambulance provider whose main activity currently is providing patient transport services to both NHS and private providers.

Track record on safety:

Zero never events between August 2018 and April 2019.

Zero incidents between August 2018 and April 2019.

Summary of findings

We found the following areas that the service provider needed to improve:

Patient deterioration was not always recognised, escalated and managed safely. The service did not investigate patient safety incidents in a way that supported learning. Patient record forms were not consistently completed to an acceptable standard.

Some contracts for the delivery of services were under review as assurance of the safety of services was sought by commissioners.

Governance processes were not fully effective and the service did not use systems effectively to manage risks and performance.

The registered manager was unaware of his responsibility as safeguarding lead to ensure statutory notifications were submitted by the service and of his responsibilities in relation to the 'Prevent' strategy.

The service did not have a formal process to monitor performance and make improvements. No performance or quality monitoring reports were prepared.

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection.

Few staff had undergone a formal appraisal of their work performance.

Patient transport services

Leadership did not provide sufficient assurance high quality services would be delivered. The strategy to turn the vision for the service into action required development with relevant stakeholders.

However:

Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse.

Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Staffing levels and skill mix were planned flexibly to meet workload requirements. The service provided mandatory training in key skills to all staff.

The service supported staff competence for their roles with induction and training and ambulance staff had undergone emergency driver training.

The service took account of patients' individual needs and preferences and made reasonable adjustments to help patients access services. Staff received training to support patients with dementia needs or other needs caused by reduced capacity.

The service engaged with patients, commissioners and staff to manage and improve services. The service had a mainly open culture although not all staff felt they could raise concerns.

Are patient transport services safe?

Requires improvement 

Incidents

The service did not manage patient safety incidents well.

At our previous inspection we found there was no incident recording system in place; the service did not have a formal recording mechanism to record incidents. We required the service to take action so that incidents were reported and learning from incidents was shared.

At this inspection we found five incidents had been reported between April and June 2019. One of the incident records (for April 2019) we located during a review of staff files. The four incident reports that had been completed were not graded for severity/harm and contained limited detail on investigations, actions taken and learning. This did not comply with the incident reporting policy.

We were informed each vehicle carried a document pack which included incident report forms. Staff we spoke with were aware of the incident reporting policy but were unclear as to the incident reporting process as the policy did not provide clear guidance to staff about how to report incidents and near misses.

Staff we spoke with confirmed that completed incident reporting forms were passed in electronic form or in person to the registered manager to investigate and that they received feedback. However, staff also told us some incidents were reported through secure social media and were not aware that incident records were prepared.

The registered manager's investigation of incidents appeared to be quite minimal and lessons learned were not consistently shared within the service or more widely. There was little evidence of appropriate action being taken to investigate incidents or support learning. To support reporting and learning from incidents, the service informed us it planned to launch a newsletter, to include reported incidents.

The incident reporting forum had not taken place. We found a meeting of the incident reporting forum had been arranged for 8 July 2019 to review incidents and we reviewed the agenda for this meeting.

Patient transport services

At our previous inspection the registered manager knew about duty of candour but was unable to give any recent examples of it being applied. At this inspection we found although the manager and staff had some familiarity with duty of candour the incident reporting policy did not reference duty of candour. We were informed that on-line training in duty of candour was being arranged.

Mandatory training

The service provided mandatory training in key skills for staff and most staff had completed it.

At our previous inspection we were not assured that all mandatory training had been completed by all staff. We were unclear what subjects were included as part of the 'statutory and mandatory training'. Therefore, we were not assured the service could demonstrate or the registered manager had oversight that all staff employed had the required training to ensure they could provide safe care for patients. We required the service to take action so that we could be assured mandatory training was being completed.

At this inspection the service shared a staff training database as part of their provider information request ahead of our visit. The service informed us all staff completed statutory and mandatory training through recognised NHS on line learning. The service required all staff to complete training in subjects essential to safety. The registered manager informed us of the units which staff were required to complete and that staff were required to complete their statutory and mandatory training within four weeks of commencing employment and then annually.

The registered manager confirmed the on-line arrangements in place to support statutory and mandatory training in subjects essential to safety and to support staff competence in key skills. Although the service provided mandatory training, they also accepted evidence of completion of NHS mandatory training about the same subject in the main place of work for staff as evidence of completion of training.

We reviewed the training records in staff files. For eight staff we reviewed, statutory and mandatory training had been completed for seven members of staff. For the eight member of staff the training was in shown as progress.

Staff we spoke with confirmed they had access to mandatory training and were up to date with the mandatory training required by the service. Staff confirmed they completed mandatory training annually which included emergency driver training. Staff received reminders by email when their training courses were due and when they needed to be completed.

Safeguarding

Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse.

At our previous inspection not all staff had completed their safeguarding training. In addition we were not assured that the registered manager had the required training to fulfil the role of safeguarding lead for the service. The registered manager informed us he was the safeguarding lead and he was due to complete level three safeguarding training for adults and children. We required the service to take action so that we could be assured mandatory training was being completed.

Following this inspection the service provided evidence that the registered manager had completed the required training to fulfil the role of safeguarding lead as referenced in the intercollegiate guidelines Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 and the Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018.

Staff we spoke with confirmed they accessed the national safeguarding application on their personal electronic devices for guidance to support making a safeguarding referral. We were assured staff were familiar with safeguarding policies and guidance and safely discharged their responsibility to safeguard patients. Staff we spoke with also provided assurance they had completed safeguarding training before being permitted to crew an ambulance.

We reviewed safeguarding referrals made since April 2019 and statutory notifications related to safeguarding submitted to CQC. The service provided details of 10 safeguarding referrals made between February and April 2019 but was unable to provide evidence that statutory notifications had been submitted to CQC. The commissioning NHS ambulance service had submitted the

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statutory notifications. The registered manager stated he was unaware of his responsibility as safeguarding lead to ensure statutory notifications were submitted by the service. This was also identified at our previous inspection.

The safeguarding referral form for the service had been reviewed by the present safeguarding lead in June 2018. We spoke with the safeguarding lead as to his responsibilities in relation to the 'Prevent' strategy. He was unaware of this. Following the July 2019 inspection the service provided its safeguarding policy, revised in May 2019.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Crews were made aware by the commissioning organisation of existing hygiene or infection control risks associated with a patient. We were assured that the service adhered to policy and maintained the required standards for cleanliness, infection control and hygiene.

We inspected four ambulances and found they were visibly clean. Personal protective equipment (disposable gloves) were available to staff. Cleaning materials and hand washing facilities were also available. We reviewed daily vehicle checklists since April 2019 and found they were completed. The service used an external deep cleaning service. Ambulance vehicles were deep cleaned monthly.

Prior to this inspection we received information as to the arrangements for cleaning of ambulance vehicles. The service provided evidence of its infection prevention and control policy, deep clean reports, vehicle cleanliness spot check audit forms and evidence of daily vehicle inspections. We were assured the service had the appropriate measures in place.

Environment and equipment

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection. Arrangements were in place to dispose of clinical waste.

The service had four ambulance vehicles used for emergency ambulance and patient transport services

duties and six rapid response vehicles which were used for events. We were informed three vehicles were undergoing preparation or servicing. A minimum of one spare ambulance vehicle was kept at the base ready to be used, if there was a defect with one of the other vehicles. For several other vehicles we observed we were informed that they were not in use and were awaiting disposal.

We were told ambulance vehicles were checked prior to each shift for damage or defect and equipment was checked to ensure it was in working order. Staff completed a daily check sheet. During the inspection we checked four ambulance vehicles which were available for use and found these were roadworthy, except for one vehicle which had a headlight that was not working. Two vehicles had several consumable items which were out of date. When we mentioned this to the service immediate action was taken to remedy this. Ambulance crews we spoke with said they felt their vehicle had all the equipment they required and they had no issues with the equipment on board their ambulance.

The service informed us it had arrangements in place to monitor servicing and Ministry of Transport testing of vehicles. Following the inspection, the service provided evidence of the ambulance vehicle ownership, Ministry of Transport testing, certificate of motor insurance and receipts for servicing of vehicles. We also requested vehicle and equipment maintenance logs but they were not provided.

Before the inspection we received information as to the condition and arrangements for repair of vehicles. Staff we spoke with confirmed when a vehicle defect occurred they contacted the registered manager for advice. The service subsequently arranged for the repair or replacement of vehicles and informed staff what to do. Staff we spoke with told us defects of vehicles and equipment were not always attended to promptly.

We checked the store room where equipment and supplies were kept. Although the area was cluttered, equipment and supplies were well organised. We found three items were out of date and we drew this to the attention of the service at the time of inspection and were assured that action was taken to remedy it. Hazardous substances covered by the Control of Substances Hazardous to Health Regulations were well stocked and adequately signed.

Patient transport services

Following the inspection, the service provided evidence that a contract for the disposal of clinical waste was in place and evidence that clinical waste was collected appropriately.

Assessing and responding to patient risk

Staff completed risk assessments for each patient but patient deterioration was not always recognised, escalated and managed safely.

Prior to our inspection we received information as to the recognition, assessment and escalation of deteriorating patients. During the inspection we spoke with four members of ambulance staff about how they recognised and assessed the condition of a deteriorating patient. Ambulance crews used a national early warning score app to assess risks for each patient. We asked staff how they would act upon certain recognised conditions including red flag sepsis. Crew demonstrated an acceptable understanding of these conditions and how they would respond in escalating the patient.

We reviewed 52 patient record forms and found that in four records, the national early warning score had not been calculated correctly. This meant patient deterioration was not always recognised, escalated and managed safely. During the inspection we spoke with the service about our concerns and requested that immediate action was taken to ensure staff on duty were appropriately trained in how to complete the assessment section of the patient record. The service took prompt action to arrange training for ambulance crew who were due to be on duty, which provided assurance that patients were not being put at risk.

We saw evidence that nationally recognised on-line mandatory training was completed by staff including a section about the deteriorating patient. Following the inspection the service provided its deteriorating patient policy which provided further guidance for staff. Clinical support was also available to ambulance crews by telephone.

Staffing

Staffing levels and skill mix were planned flexibly to meet workload requirements.

During our previous inspection we were not assured all staff employed met the requirements as set out in the service's own recruitment policy and staff may have been

employed who were unfit to fulfil their roles or were continuing in roles they were not fit to fulfil. We found the provider was in breach of its own recruitment policy and failed to meet the regulatory requirements of schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule three details the information required in respect of persons employed or appointed for the purposes of a regulated activity.

Prior to our inspection the provider informed us how it had established what staff were required for the contracts and shifts in place. A staff holiday and absence tracker was used to ensure the required staff were available and a weekly staff rota was prepared and shared with staff to ensure they knew what shifts they were working. The rota included contingency for unexpected absence and sickness. Job opportunities were offered on appropriate public platforms and a pool of bank staff pool were available to cover staff shortages.

We reviewed the provider's staff recruitment and training files for 37 staff members and reviewed details for 19 members of staff. We reviewed weekly staff rotas for the period from 8 April 2019 to 7 July 2019. We spoke with managers and ambulance staff about staffing and recruitment arrangements.

We found the provider had taken action in response to the requirements from our previous inspection. We found enhanced disclosure and barring service checks were in place for staff who had worked, although some actions including obtaining of references were still in progress. Driving licence expiry dates were recorded as in date for 31 staff. Occupational health was marked as "seen" for 30 of the 37 staff.

Of the 37 staff, 10 were shown as having left the service or no longer working; nine were not ready for work due to incomplete records and we asked the service to explain why items of information were missing for these staff. We reviewed the staff rotas to check whether these staff had worked during the period and we found no evidence this had taken place. The registered manager informed us exit interviews were not conducted for the members of staff who had left the service.

The recruitment, training and development policy reviewed in May 2019 included details of the provider's interview process and practical questions used when recruiting, including scoring for interviewees to inform the decision

Patient transport services

about employment, although we saw no direct evidence this had been used. The policy referred to enhanced disclosure and barring service checks as a requirement prior to confirmation of the employee's start date.

The service informed us a driving policy was in place which stated that each member of staff must have their driving licence checked to see what categories of vehicle they could drive, and what points they had on their licence. Staff were also required to complete a driving medical form and an occupational health questionnaire. We saw evidence that these arrangements were in place.

Following our inspection service provided this information as requested, which mitigated our concerns as to the competency of staff and the safety of patients.

Records

Staff kept detailed records of patients' care and treatment but we were not assured that patient record forms were consistently completed to an acceptable standard.

We reviewed patient information and patient record forms were kept in a locked filing cabinet at the ambulance base. However, in one instance we found a patient record form containing confidential patient information was stored on the ambulance vehicle.

We reviewed a random selection of 52 patient report forms and identified significant omissions or errors in completion in four of these where the national early warning score had not been calculated appropriately. We also found gaps in the recording of observations, the administration of medical gases, and escalation arrangements. This meant patient deterioration was not always recognised, escalated and managed safely.

The service informed us that audits of patient report forms had previously been undertaken on a sample of records but this had not been done consistently. These audits had identified some missing records. The service had limited processes in place to provide assurance that staff completed patient record forms accurately of the service patients received. An absence of auditing of patient record forms meant we were not assured that the detail and quality of recording was consistent across the service. A lack of overall audit activity meant there was a risk the service would not recognise and act if patients received an unsafe service.

During the inspection we spoke with the service about our concerns and requested that immediate action was taken to ensure staff on duty were appropriately trained in how to complete the assessment section of the patient record. The service took prompt action to arrange training for ambulance crews who were due to be on duty, which provided assurance that patients were not being put at risk.

Medicines

The service carried only medical gases on ambulance vehicles.

We reviewed the provider's medicine management policy, and medicines audit information. We reviewed a patient report form where the medicines section was completed. The registered manager informed us that following our previous inspection staff were directed not to carry any of their own medicines and they confirmed ambulance staff no longer carried their own supplies of medicines on the ambulance vehicle.

The only medicines supplied by the service were medical gases. Medical gases were in date and securely stored on the ambulance vehicles we inspected. Locked caging was used to store medical gases in the ambulance base. Other medicines had been removed from the ambulance vehicles. Ambulance staff we spoke with confirmed they used only medical gases and no other medicines were carried on the ambulance vehicle.

We observed medicines that had been taken out of service and stored. We reviewed the medicines stored in a locked cupboard at the ambulance base against the medicines order form. One medicine was identified as missing at our previous inspection and we confirmed this was still the case. The inventory record showed that stock was correct and stored securely. We were informed the medicines management policy was no longer used. No controlled drugs were used and patient group directions were not used. This mitigated our concerns that patients may be at risk.

Patient transport services

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

Requires improvement 

We rated the EFFECTIVE domain as **requires improvement**. The service was not previously rated.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Ambulance service guidance was available to staff but adherence to guidance was not audited.

The service provided care that followed national guidance and procedures. The service used current guidelines and clinical tools available on their palmtop devices to form the basis of treatment including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines.

Staff had access to up to date guidelines including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. Ambulance service guidance available for the ambulance sector nationally and local policies were available to staff online and through their palmtop devices.

A clinical lead for the service commenced employment during our inspection of the service. We spoke with the clinical lead about the contribution they intended to make; they informed us they planned to develop policies and guidelines in a more accessible format for ambulance vehicles.

The service confirmed that no recent performance or quality monitoring reports had been prepared and a performance dashboard was not in use because performance monitoring was undertaken by commissioners.

The registered manager confirmed that no audits were in progress at the time of our inspection. The clinical lead confirmed that the development of audit was recognised as part of their role. A weekly audit of patient report forms was to commence first.

The service did not convey patients subject to the Mental Health Act 1983.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

Water bottles were supplied on each vehicle. Ambulance staff we spoke with told us they took regular breaks in the journey when they were transporting a patient over a long distance to support the patient's nutrition and hydration needs.

Response times

The service recorded agreed response times and sought patient feedback so that it could facilitate effective outcomes for patients.

The service recorded timings of a patient's journey but did not have a formal process to monitor the performance and make improvements.

The service confirmed collection times with the despatching station or with the patient themselves to ensure everyone was ready for the collection. The ambulance crew recorded time set off, time despatched, time arrived, time on scene and time left scene. However, response times were not formally monitored and the provider informed us commissioners did not require this.

Patient transport services typically handled calls with a response expected within a four-hour timescale. The service informed us it used contact with the patient as an indicator of how well its service levels were performing and to ensure they were effective.

Competent staff

The service supported staff competence for their roles with induction and training to support continuing professional development. However, few staff had undergone a formal appraisal of their work performance.

Prior to our inspection we received information about the provider's arrangements for induction, training, supervision and appraisal of staff. Ahead of the inspection the service provided details of the content of the induction programme for ambulance staff. At our inspection we spoke with managers and ambulance staff about the arrangements for induction, training, supervision and appraisal of staff.

Patient transport services

We were informed by the registered manager that new staff received a one-day induction supported by mandatory training through nationally recognised on-line learning. The recruitment, training and development policy reviewed in May 2019 referred to new ambulance practitioners being paired with experienced staff for their first three shifts. Following the inspection, the service provided the induction policy and evidence of staff induction. However, the registered manager confirmed that no mentoring arrangements were available to support new staff following their induction.

Staff we spoke with told us training was available on-line and from an external provider. Some, although not all, staff had undergone further training to develop their skills. Some staff were still to receive their induction. Basic life support training had been completed by 89% of staff. Specific training was provided for staff to familiarise them with items of new equipment. Ambulance staff we spoke with had undergone emergency driver training.

The staff files we reviewed contained evidence of continuing professional development and learning. The provider's recruitment policy stated an annual review would be completed. The recruitment and training file referred to the ambulance practitioner's annual review including a section to look at what they wanted to improve. However, we found evidence of an appraisal for only 16.6% of full-time members of staff.

We spoke with the registered manager and staff about the procedures used to ensure that staff did not work excessive hours in line with Working Time Directive (2003). We found staff did not sign an opt-out for the European working time directive. This was also identified at our previous inspection where we required the provider to take action.

Multidisciplinary working

Those responsible for delivering care worked together for the benefit of patients. Staff worked with service commissioners and other agencies to provide effective care for patients using ambulance transport.

The service worked proactively with NHS commissioners and acute hospitals in monitoring and delivering contracts for ambulance services.

Staff we spoke with said they had effective working relationships with commissioning organisations, NHS and other healthcare services to support the needs of patients using ambulance services.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service signposted patients to health and wellbeing support services, for example for drug and alcohol awareness.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

We reviewed the service's capacity to consent policy which was reviewed by the service in February 2019. The policy included procedures for obtaining consent to care and treatment which reflected current legislation and guidance. The policy included the assessment of capacity and making best interest decisions.

We reviewed the service's Mental Capacity Act and Deprivation of Liberty Safeguards policy prepared in February 2019. We also reviewed the service's Do Not Attempt Cardiopulmonary Resuscitation policy, which was undated. These policy documents followed national guidance.

Staff training in consent, Mental Capacity Act and Deprivation of Liberty Safeguards was via online learning. The staff training files provided by the service showed staff had completed training in the Mental Capacity Act 2005. Staff we spoke with confirmed they had received training about consent, capacity and the Mental Capacity Act 2005.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 code of practice, consent and Do Not Attempt Cardiopulmonary Resuscitation processes. Staff confirmed they had received their training before being permitted to drive an ambulance vehicle for the service.

Patient transport services

Are patient transport services caring?

Not sufficient evidence to rate 

We reviewed six separate patient feedbacks and found these to be positive. However, we were not able to observe any activity involving patients during the inspection or otherwise to review sufficient information to make a judgement about this domain.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Good 

Service delivery to meet the needs of local people

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

During our inspection we found commissioning organisations worked in detail with the service in assessing the suitability of the provider's staff, vehicles and premises to support the provision of planned and unplanned ambulance services. We saw evidence that commissioners' assessments included planned visits to the service.

Requests for transport services were typically arranged for a defined contract period and included consideration of the eligibility of patients to receive transport. NHS commissioners also made requests for occasional ambulance transport through framework agreements and healthcare providers made ad-hoc requests for transport. Commissioners requested ambulance transport by contacting the service directly by telephone or email.

Meeting people's individual needs

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

The service considered the patient's eligibility for transport and the patients' needs for equipment to support their mobility, medical gases and capacity to consent in planning and arranging services.

The service told us, and our inspection of ambulance vehicles confirmed, that equipment was available to assist patients with physical disabilities, including carry chairs and stretchers.

The service maintained an ambulance vehicle fitted for the transport of bariatric patients which included a bariatric stretcher and carry chair.

The service informed us translation services were available to support patients whose first language was not English.

Ambulance staff received training to support patients with dementia needs or other needs caused by reduced mental and physical capacity.

We did not find evidence that ambulance vehicles were provided with communications aids such as picture charts or special equipment to support patients requiring assistance with communication.

Access and flow

People mostly accessed the service in a timely way although this was not formally audited to provide assurance people received a timely service.

Patient transport services typically handled patient journeys where a response was expected within a four-hour timescale. The service recorded timings of a patient's journey including time set off, time despatched, time arrived, time on scene and time left scene. The 52 patient record forms we reviewed contained no evidence patients had been transported to hospital in response to an emergency.

The service confirmed collection times with the despatching nurse station or with the patient themselves to ensure patients and those supporting them were ready for the ambulance arrival. The service informed us it used contact with the patient as an indicator of how well its service levels were performing and to ensure they were effective.

Ambulance staff we spoke with stated that they met patients' response requirements most of the time. Response times were not formally monitored and the

Patient transport services

provider informed us commissioners did not require this. The service did not undertake audits or other formal checks to provide assurance people received a timely service.

Learning from complaints and concerns

Some processes were in place for people to give feedback and raise concerns although the service had received no complaints from patients about the service it provided.

The provider's complaints policy was reviewed in June 2018 although the document stated no changes were made following this review. The complaints policy explained how to make a complaint and stated that complaints were acknowledged as soon as they were received. The service undertook to investigate and respond to the complaint within seven days.

The complaints policy stated information about the complaints procedure was available in the ambulance vehicles. However, we did not find evidence of patient information leaflets or other details to inform patients how to make a complaint on the ambulance vehicles we checked.

We observed the complaint form template updated in June 2018. The service maintained a complaints log. No complaints had been recorded; we were told that no complaints had been received in the period.

Following our inspection, we requested copies of all compliments and complaints the service received since April 2019. The service responded with a number of compliments it had received in the period. We saw no other evidence that the service had received complaints from patients about the service it provided.

Are patient transport services well-led?

Requires improvement 

Leadership of service

Leadership did not provide assurance high quality services would be delivered.

The service provided an organisation chart as evidence of its current and planned leadership structure although we found this did not fully reflect the leadership arrangements described to us.

We spoke with the newly appointed part time clinical lead about the clinical leadership function and how the role was intended to complement the leadership of the service. We also spoke with the registered manager about the role of medical director and were informed the position was being interviewed for immediately following the inspection.

Following our inspection, the service provided evidence of the job description for the clinical lead. We also requested the job description for the training and development lead. The service informed us the training and development lead role was on hold and the job description has been removed from circulation.

Prior to our inspection we received information about the leadership of the service. The service had in place a director's check policy which covered the procedures for checking that the directors appointed to the service were fit and proper persons as required by the Health and Social Care Act (2014). During the inspection we spoke with four members of management staff including the registered manager.

Following our inspection, the service provided evidence of information required in respect of persons employed or appointed for the purposes of a regulated activity (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3). We were not sufficiently assured from the information provided that existing leadership arrangements had an understanding of their responsibilities in carrying on or managing and regulated activity and that services provided meet the standards required in the regulations.

Vision and strategy for this service

The service had a vision for what it wanted to achieve but the strategy to turn it into action required development with relevant stakeholders.

Prior to our inspection the service shared a mission, vision and values document which set out its vision, strategy and values for the service. The stated vision referred to the quality of care for patients and the values described six characteristics which the service aimed to reflect in

Patient transport services

delivering the service. The service also shared its quality strategy which outlined a three-year plan (2019-2021) to achieve quality priorities for the service. These documents were undated.

We spoke with the registered manager about the vision and strategy to develop the service. We concluded future plans required development, particularly with stakeholders. We did not observe the vision, values or strategy was displayed in the service or otherwise shared with staff.

Culture within the service

The service had a mainly open culture although not all staff felt they could raise concerns.

We found managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff that we spoke with were aware of the service's values and standards and told us the service had a positive working environment.

Prior to our inspection we received information as to the culture within the service. Ahead of the inspection the service shared its whistleblowing policy which had been reviewed in January 2018. During our inspection ambulance staff we spoke with told us they could approach the registered manager with any issues or concerns, although this was not a view shared unanimously by staff. Some staff said the manager treated them like a friend but again this was not shared by every member of staff.

Governance

Governance processes were not fully effective.

We found there was a lack a knowledge regarding what constituted a statutory notification or when the service would be required to make a statutory notification to CQC.

We were not assured that policies were being followed or that there was effective clinical governance in place.

We spoke with the registered manager and other managers and staff. We requested to review the records of governance meetings held since our previous inspection. We found no meetings had been held but the service showed us the agenda for an initial governance meeting planned for the week following our inspection.

We requested to review the social media communications which evidenced the provider's record of clinical

governance communications with ambulance staff the service provided evidence of social media communications for the period from 8 February 2019 to 27 July 2019 which informed its governance arrangements.

We discussed the provider's arrangements for audit. We found that although some audits were undertaken on an as required basis, no structured programme of audit was followed. No audits had taken place although the risk register included plans to introduce an auditor to monitor compliance with regulations or national guidance. There was no evidence that this had taken place and the date for review was 2020. Audits were not undertaken and in consequence learning did not take place from review of procedures and practice.

Management of risk, issues and performance

The service did not manage risks and performance effectively.

We discussed the management of risk with the registered manager and other managers and reviewed the risk register. The risk register for the service included risk entries referring to vehicle and equipment maintenance, however there was limited detail of what control measures were in place, no staff name for who was responsible for monitoring the risk, no measurable outcomes of how the service was reviewing the risk and the date for review was in 2020.

Following our inspection the service provided evidence of its risk register dated July 2019 and its business continuity policy and procedure. The service also submitted evidence of other information or action plans relating to mitigation of risks on the risk register. The updated risk register included 18 current risks to the service. For each risk the potential impact on the service was assessed and controls in place to reduce and mitigate the identified risk were stated, although the limitations identified at the inspection were largely unchanged.

The registered manager stated that no quality monitoring of performance took place as this was undertaken by the commissioning organisations themselves. Risk register review and performance reporting were included in the agenda for the initial governance meeting planned for the week following our inspection.

Information Management

Patient transport services

The service accessed and collected information to support the service using electronic systems.

We reviewed information within the on-line electronic manager system. We found that some, but not all, policies had been reviewed and updated following our previous inspection. Contracting communications, policies, procedures and secure document storage for the service were maintained within the electronic manager system.

Public and staff engagement

The service engaged with patients, commissioners and staff to manage and improve services.

Public engagement

The service informed us ahead of the inspection that it used patient contact as an indicator of how well service levels were performing and to ensure it was effective.

The service had in place a dedicated email address for public feedback. A poster was used inside ambulance vehicles.

Feedback we reviewed from patients was consistently positive about the service. The service gave examples of feedback received from patients where it had taken action as a result to improve the service.

Commissioner engagement

The service gave examples of positive feedback obtained from commissioners.

The service had in place a dedicated email address for commissioner feedback.

Staff engagement

The service informed us ahead of the inspection it supported staff to document alternative approaches used by NHS trusts and other organisations to support learning.

The service used a secure social media messaging service group to engage with staff. More formal processes for engaging with staff were limited. The service informed us it planned to introduce a staff newsletter.

Innovation, improvement and sustainability

No formal process was in place for quality improvement of the service.

The service informed us ahead of the inspection it had not implemented any innovations or received any awards in the 12 months prior to our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The provider must investigate incidents in a way that informs and support learning. Regulation 17(2)(a): Good governance

The provider must ensure risk assessments are completed for each patient and identify and act in response to patients at risk of deterioration. Regulation 17 (2) (a) Good governance

The provider must ensure detailed and consistent records of patients' care and treatment are completed. Regulation 17(2)(c): Good governance

The provider must ensure Statutory Notifications are submitted to CQC in response to safeguarding concerns. Regulation 18: Notification of other incidents.

The provider must ensure defects of vehicles and equipment are attended to promptly and vehicle and equipment maintenance logs are available for inspection. Regulation 15 (1) (e): premises and equipment

The provider must ensure all staff regularly receive a formal appraisal of their work performance. Regulation 18 (2) (a): Staffing

The provider must ensure its governance and risk management processes are fully effective supported by regular governance meetings and including clinical governance. Regulation 17, (1) (2), Good governance.

The provider must ensure risks to the service and performance of the service are managed effectively. Regulation 17(2)(b): Good governance

The provider must ensure audit and governance systems support delivery of high quality services. Regulation 17(2)(f): Good governance

Action the provider **SHOULD** take to improve

The provider should monitor that ambulance service guidance is being followed by staff by undertaking audit and preparing quality monitoring reports

The provider should analyse recorded timings of a patient's journey to monitor the performance and make improvements.

The provider should ensure ambulance vehicles are provided with communications aids to support patients requiring assistance.

The provider should ensure mentoring arrangements are in place to support new members of staff.

The provider should develop a plan to turn their vision and strategy for the service into action.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Defects of vehicles and equipment were not always attended to promptly and vehicle and equipment maintenance logs were not available for inspection.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Governance processes were not fully effective and the service did not use systems effectively to manage risks and performance.

Staff did not consistently identify and act in response to patients at risk of deterioration.

The service did not investigate patient safety incidents in a way that supported learning.

Patient record forms were not consistently completed to an acceptable standard.

The service did not have a formal process to monitor performance and make improvements. No performance or quality monitoring reports were prepared.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Few staff had undergone a formal appraisal of their work performance.