

APMS Ambulance Service Limited

# APMS Ambulance Service Limited

## Inspection report

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

### Ratings

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

# Summary of findings

## Overall summary

We carried out an urgent inspection of this service on the 18 and 23 November 2020 due to anonymous concerns received in relation to the staff culture, incident reporting and safety. We did not inspect the caring domain as we were unable to observe staff supporting patients when carrying out their patient transport journeys.

This was the first time we inspected the service using our ratings methodology. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff understood their responsibilities to safeguard patients from abuse and neglect and had appropriate training and support. Staff recognised incidents, near misses and reported them appropriately.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use equipment and the service maintained accurate, up to date records for the servicing and cleaning of all equipment and vehicles.
- The service had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Service managers matched staffing levels to patient need and could increase staffing when care demands rose.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and were easily available to all staff providing care. The service used systems and processes to safely administer, record and store medicines.
- Staff assessed patients' food and drink requirements to meet their needs during a journey.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. Staff were encouraged to complete additional training and staff records showed a range of additional competencies completed by staff to meet the needs of patients.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care in a timely way. The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.
- Managers were visible and approachable in the service for patients and staff. Staff and managers described an open culture where patients, their families and staff could raise concerns. Staff told us there was an open-door to managers who were responsive to their needs and listened to their concerns.

However:

- Managers did not ensure that staff followed up to date guidance. We found several of the service's policies and procedures out of date for review, including the safeguarding adults and children policies, which did not refer to the most up to date guidance for staff.
- Data supplied by the service showed that appraisal rates were low.
- Managers did not effectively operate the service's governance processes and the service's governance policy and risk register were out of date for review.

# Summary of findings

- The leadership team did not maintain accurate or up to date records of meetings to demonstrate they discussed risks, performance or the day-to-day activities of leaders within the service.
- The service had a vision for what it wanted to achieve but no strategy to turn it into action. The service was working with an external governance provider to develop an action plan, service strategy and overarching governance processes.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

This was the first time we inspected the service using our ratings methodology. As this was a focused inspection we did not inspect all the domains. We inspected and rated safe, effective and responsive as good. Although we found the service largely performed well, it did not meet legal requirements relating to governance and policy management. This meant we could not give well-led a rating higher than requires improvement.

# Summary of findings

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# Summary of this inspection

## Background to APMS Ambulance Service Limited

APMS Ambulance Service Ltd provides patient transport services (PTS). The service opened in 1997 and registered with CQC in December 2015. It is an independent ambulance service in Peterborough, Cambridgeshire. The service primarily serves the communities of the Peterborough, Cambridgeshire region but also offers PTS services out of county on request.

The service has had the same registered manager in post since February 2017 and is registered to provide the following regulated activities:

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

The service has been inspected once, the most recent inspection took place in February 2018 which found that the service was meeting all standards of quality and safety it was inspected against.

## How we carried out this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the provider **MUST** take to improve:

We told the provider that it must take action to bring services into line with legal requirements. This action related to patient transport services.

- The provider must ensure all policies are clear, robust and of good quality (Regulation 17(1)).
- The provider must ensure there is a systematic process to continually review, revise and update policies, as appropriate. The provider must ensure any amendments are clearly detailed and communicated to staff (Regulation 17(1)).

Action the provider **SHOULD** take to improve:

- The provider should ensure all staff receive a regular appraisal (Regulation 18(2)).


# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Not inspected	Good	Requires Improvement	Good
Overall	Good	Good	Not inspected	Good	Requires Improvement	Good

# Patient transport services

Safe	Good 
Effective	Good 
Responsive	Good 
Well-led	Requires Improvement 

## Are Patient transport services safe?

Good 

This was the first time we inspected the service using our ratings methodology. We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The registered manager maintained personnel files for all staff and stored training records and certification which were reviewed annually. Staff told us they had access to a range of training opportunities relevant to their roles. The personnel files we reviewed demonstrated a range of training, appropriate to their roles, had been completed. The service had a qualified trainer within its staff team who was able to provide training advice and guidance to staff whenever necessary.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Training data supplied by the service at the time of our inspection showed one staff was in the process of completing level 1 and level 2 safeguarding refresher training for adults and children, all other staff had completed the training. The registered manager had completed level 3 safeguarding for adults and children and could access advice from the local NHS trust level 4 trained staff or the Multi-agency Safeguarding Hub.
- Staff gave examples of making safeguarding referrals and getting feedback on the referral from the registered manager. Records showed that all staff had up to date Disclosure and Barring Service (DBS) checks in relation to adults and children and the provider had sought references for all staff.
- 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. Staff told us the service provided a wide range of personal protective equipment and all of the vehicles we inspected had a plentiful supply. The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use equipment, the service maintained accurate and up to date records for the servicing and cleaning of all equipment and vehicles.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to identify and respond to patients at risk of deterioration. The service had a deteriorating patient process which all staff understood and received training on. Transport managers within the NHS told us that staff always completed patient assessments with hospital ward staff to identify any patients likely to be at risk of deterioration during a journey, for example patients who may be nearing end of life.
- The service had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Service managers matched staffing levels to patient need and could increase staffing when care demands rose. At the time of our inspection 37



## Patient transport services

staff were employed by APMS on zero hour contracts supported by the registered manager, team leader and nominated individual. The service had no issues with recruitment, did not use agency staff and had low vacancy and sickness rates. The service employed a part time staff member specifically to carry out deep cleaning of vehicles and an administrator to manage the company admin and finances.

- Staff kept detailed records of patients' care and treatment. We reviewed 30 patient journey sheets and found they were clear, up-to-date, stored securely and easily available to all staff providing care. The staff used a blend of NHS documents and the provider's own transport records to ensure that the patient was eligible for any journey and safe to transport. Staff gave examples of transporting patients with a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and how they met patients' needs and what action to take should the patient deteriorate on a journey.
- The service used systems and processes to safely administer, record and store medicines. Medical gases were stored safely and systems were used to ensure that empty and full cylinders were stored appropriately. Ambulance staff were trained in the use of medical gasses and the provider had a policy to support this. Oversight of the governance of medicines was by a qualified paramedic. The service ensured that only qualified paramedics carried medicine in line with their professional registration. Records showed that medicine reconciliation was completed, that all medicine was in date and records in relation to medicines were accurate and legible.
- Prior to the inspection we received anonymous concerns that the service was not reporting or investigating incidents. We provided the service with the contact details for the inspection team and offered staff the opportunity to feedback to the inspectors away from their day-to-day activities within the workplace. We received three calls and two emails from staff providing feedback. We also spoke with 11 staff as part of the inspection process. We found the service managed patient safety incidents well. We reviewed incidents and found these had been reported and investigated appropriately. External agencies that procured patient transport services told us that the service reported incidents appropriately, engaged with the investigation process and took action to ensure that incidents were not repeated and risks minimized.
- Staff recognised incidents and near misses and reported them appropriately. All staff knew the service's incident reporting process and told us they received feedback from incidents they reported, including any learning. The service provided patient transport services under service level agreements and contracts with other NHS trusts. Staff knew they had different reporting processes and who to report incidents to. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The provider's safeguarding policy did not refer to the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) guidance and was out of date for review. Following our inspection, the service provided an updated policy which was due to be implemented in December 2020, this met current safeguarding guidance for adults and children.

### Are Patient transport services effective?

This was the first time we inspected the service using our ratings methodology. We rated effective as good because:

- Staff told us they had an appraisal in the past and staff records showed all new staff completed a dedicated induction process which included mandatory training, driver assessment and shadowing patient journeys with experienced staff. Staff were encouraged to complete additional training relevant to their role. Staff records showed a range of additional competencies completed by staff to meet the needs of patients.

## Patient transport services

- Staff assessed patients' food and drink requirements to meet their needs during a journey. All of the service vehicles held supplies of fresh bottled water for patients to use on a journey. Staff explained how they worked with hospital and care home staff to ensure that patients had food and drink for any long journeys. The hospital or care home would provide a packed lunch and ensure it was appropriate for the patients' religious, cultural and other needs.
- Staff told us that the patient assessment process and handover with hospital or care home staff would identify any patient who was too unwell to move or that may require additional support. Paramedics on the high dependency vehicle assessed patients pain and give pain relief where necessary. All vehicles had pictorial guides to help staff supporting patients who may struggle with verbal communication including simple signs patients could point to in order to express they were in pain or discomfort.
- The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. The service had audits in place to review patient journeys including reviewing any delays or issues which may affect response times or the patient experience. All vehicles were fitted with tracking devices and dash-cams to record the quality of the journey. The registered manager reviewed this data and fed back to staff on any issues, for example speeding, or late journeys. The service used the findings to make improvements which included providing route and hospital maps on all vehicles to help staff meet response times.
- The registered manager carried out annual driving license checks and drivers had annual driving assessments from a qualified external driving examiner. Blue light training was delivered by a qualified external instructor and staff had blue light driving assessments every five years.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other care providers. Staff gave positive experiences of working with hospital and care home staff to ensure patient journeys were assessed and planned appropriately.
- Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. Staff had completed training in meeting the needs of people living with dementia and those who lacked capacity. We noted staff had completed additional training in using and promoting least restrictive restraint techniques.

However:

- Managers did not ensure that staff followed up to date guidance and we found several of the service's policies and procedures out of date for review.
- The registered manager told us they appraised staff's work performance and held appraisal meetings with them to provide support and development. However, data supplied by the service showed that appraisal rates were low. The registered manager explained that the appraisal process had been affected due to the COVID-19 pandemic and reducing staff face to-face contact. At the time of inspection, managers had sent all staff reminders for appraisals and requested staff to complete their pre-appraisal documents with a view to completing all staff appraisals by the end of December 2020.

### Are Patient transport services responsive?

This was the first time we inspected the service using our ratings methodology. We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. The registered manager held regular meetings with local NHS transport service managers to ensure the service was planned to meet the needs of the local community. The service had recently invested in additional vehicles to improve its vehicle fleet in response to demand within the service.

## Patient transport services

- The local NHS trust's provided feedback to the service based on information they gathered from the patient experience. Details included how staff managed response times, for example if they were running late, or if staff had provided additional support such as calling family to say the relative was home or waiting with the patient until family arrived. The service stored feedback in a central file accessible to staff and used this for staff feedback and to make improvements.
- The service was inclusive and took account of patients' individual needs and preferences. Staff had completed training in meeting the needs of people living with dementia and those who lacked capacity. The service made reasonable adjustments to help patients access services and had a range of serviced equipment for use by different patient groups, for example bariatric stretchers, communication aids, translation booklets and guidance for staff on supporting patients living with dementia and Parkinson Disease.
- People could access the service when they needed it and received appropriate care in a timely way. The service maintained a central record of all journeys and monitored this to ensure any delays were managed and to make improvements. Vehicle tracking systems monitored staff response and journey times. Staff told us that they would contact the manager on call and the hospital or care home if there were any delays due to traffic or other circumstances and apologise to the patient or family members for the delay.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. All vehicles had clear signage and leaflets for patients or relatives to leave complaints or positive feedback. Leaflets were in easy read formats and used a simple smiley face system to leave a happy or sad face based on their experience. Staff knew the service complaints process, we reviewed feedback which stated staff had been caring, kind and often provided additional support to ensure patients were safe and happy with their experience.

### Are Patient transport services well-led?

Requires Improvement 

This was the first time we inspected the service using our ratings methodology. We rated well-led as requires improvement because:

- Although we found the service largely performed well, it did not meet legal requirements relating to governance and policy management, meaning we could not give it a rating higher than requires improvement.
- The service risk register was out of date for review. We found several of the service's policies and procedures out of date for review including the safeguarding adults and children policies which did not refer to the most up to date guidance for staff.
- Managers did not effectively operate the service's governance processes and the service's governance policy was out of date for review. The registered manager explained that governance and the oversight of policies and procedures had been affected by the COVID-19 pandemic and change to a new external governance provider. However, the policies had been due for review in January 2020 and the service's governance processes were not followed to ensure these were up to date and reflected the latest guidance.
- The leadership team met daily; however, they did not make records of meetings to demonstrate they discussed risks, performance or the day-to-day activities of staff and leaders within the service.
- The service had no strategy to turn the service vision into action.

However:

- Leaders had the skills and abilities to run the service, we reviewed the managers training records and found these to contain a range of up to date training and professional updates relative to their role.

## Patient transport services

- Managers were visible and approachable in the service for patients and staff. Staff told us there was always a manager at the ambulance station or on call and that they were responsive to requests for support. Managers would often carry out patient journeys based on demands within the service and had regular contact with patients.
- The service vision was focused on providing quality care for patients. Leaders had plans to cope with unexpected events and a business continuity plan was in place.
- The service was working with an external governance provider to develop an action plan, service strategy and overarching governance process.
- Leaders supported staff to develop their skills. Staff told us they had appraisals in the past and options for additional one-to-one support from the managers, could request additional training for their role and take on additional responsibilities.
- The service collected reliable data and reviewed it. The information systems were integrated and secure. The service used portable IT tablets for staff to record vehicle checks and stock checks which were then saved to a central location on the service's IT system. This reduced the use of paper, meant that the managers could instantly access vehicle checks and review the condition of a vehicle and its equipment or order new stock.
- Managers carried out audits and shared the details with staff, for example vehicle cleanliness, equipment servicing, patient feedback and journey times. External agencies who procured patient transport services told us that the service engaged with quality audits and met with them to discuss any improvements or areas of concern.
- Data or notifications were consistently submitted to external organisations as required. Incidents we reviewed showed that the service shared incidents with external care providers when they happened and participated in reviews. Data on journey times was routinely submitted to external care providers and scrutinised to ensure contract compliance.
- Prior to inspection we had received several anonymous whistleblowing concerns alleging inappropriate sexual language and behaviour by staff towards colleagues and patients. During inspection we found no evidence to substantiate or support these concerns. We found that staff felt respected, supported and valued and were focused on the needs of patients receiving care. Staff and managers described an open culture where patients, their families and staff could raise concerns. Staff told us there was an open-door to managers who were responsive to their needs and listened to their concerns. Staff gave examples of additional support provided by the managers for example, additional time off to care for loved ones, flexible working and rearranging shift patterns to meet their needs.
- Leaders and staff actively and openly engaged with patients, staff, and local care providers to plan and manage services. The service actively encouraged feedback and kept a central record to share feedback with the staff team. The service recently implemented staff representatives to support staff to have their say within the service. Staff described the introduction of new staff representatives as positive and enabled them a chance to have their say. We noted the service had displayed feedback from the staff representatives. Feedback included providing additional equipment and paying staff additional income for carrying out additional vehicle checks at the end of their normal working shift.

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	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service did not meet legal requirements relating to governance and policy management.</p> <p>The service risk register was out of date for review. We found several of the service's policies and procedures out of date for review including the safeguarding adults and children polices which did not refer to the most up to date national guidance.</p> <p>Managers did not effectively operate the service's governance processes and the service's governance policy was out of date for review. The leadership team met daily; however, they did not make records of meetings to demonstrate they discussed risks, performance or the day-to-day activities of staff and leaders within the service.</p>