

# EMS HQ

## Quality Report

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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?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

EMS HQ is operated by Uniblu Ltd. The service provides emergency and urgent care and patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the short-notice announced part of the inspection on 13-14 August 2019.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

This service was last inspected on 10 April 2019 using our responsive focused inspection methodology which related to information of concern. This service was last inspected on 10 April 2019 using our responsive focused inspection methodology which related to information of concern. Following that inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements. We issued the provider with two warning notices relating to emergency and urgent care, Regulation 17 Good governance and Regulation 19 Fit and Proper Persons, for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our last comprehensive inspection was in July 2018, at this inspection we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

During this inspection, we visited the service headquarters in Skipton and an ambulance garage/storage facility in Morecambe. We inspected five patient transport ambulances and we reviewed 19 staff files, training records, rotas, and company policies and procedures. We spoke with two company directors, one of whom is the registered manager, and four other staff members.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

At this inspection, we inspected all five domains (safe, effective, caring, responsive and well led). We rated the service 'requires improvement' overall, with safe, effective, responsive and well-led, each rated as 'requires improvement'. We could not rate caring as we did not observe any patient, relative or carer interaction.

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

- The service did not have robust arrangements in place to ensure staff employed were fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service had not fully embedded processes to complete all necessary pre-employment recruitment checks as required.
- We had concerns about health and safety signage in the garage area.
- We had concerns about the arrangements for monitoring the cleaning of vehicles.

However, we also found:

- The ambulance vehicles we inspected were clean and well maintained.

# Summary of findings

- Monitoring of mandatory training compliance had improved since the last planned inspection.
- The staff we spoke with said the culture within the service was positive and they felt listened to by managers.
- An electronic system had been introduced to record staff HR information.

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 issued the provider with regulations notices in relation to Regulation 12: Safe Care and Treatment, Regulation 17 Good Governance and Regulation 19 Fit and Proper Persons, for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details are at the end of the report

We inspected the service's headquarters, including the garage, storage areas and five ambulances. The service also has a garage and storage facility at Morecambe which was inspected by another team on the same day. We reviewed 19 staff files, staff training records, rotas, and company policies and procedures. We spoke with two of the company directors and seven other members of staff.

Track record on safety:

- No recorded never events
- No clinical incidents reported
- No serious injuries

The service had received no complaints from July 2018 to August 2019.

This was our first rating of this service. We rated it as Requires improvement overall.

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 three requirement notice(s). Details are at the end of the report.

**Ann Ford**

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

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Requires improvement



### Summary of each main service

Patient transport services formed the main proportion of activity. We looked at the safe, effective, caring and well-led domains and we found areas where the provider needed to improve in. The service was rated however we could not rate caring as we did not observe any patient, relative or carer interaction

# Summary of findings

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# EMS HQ

Requires improvement 

## Services we looked at

Patient transport services

# Summary of this inspection

## Background to EMS HQ

EMS HQ is operated by Uniblu Limited (also known as EMS Ambulance). The service began operating in 2010 and has had a registered manager in post since 2011. It is an independent ambulance service in Skipton, North Yorkshire, with a second vehicular garage and storage facility in Morecambe.

The service bids for contract work with the North West Ambulance Service (NWAS) each month through an external contract management company. It has a rolling

contract with Yorkshire Ambulance Service (YAS) providing services at various locations. The service currently has 11 vehicles based between the Morecambe and Skipton sites.

The service is registered to provide the following regulated activities:

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

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, and a specialist

advisor with expertise in ambulance services. There was a separate team inspecting the Morecambe site comprising of two CQC inspectors. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

# Detailed findings from this inspection






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement



# Patient transport services

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

## Are patient transport services safe?

Requires improvement 

This was the first rating of safe. We rated it as **requires improvement**.

### Mandatory training

**The service provided mandatory training in key skills to staff, however we found that staff training records were incomplete.**

- Staff completed a one-week induction course on commencement of employment, during which initial mandatory training was completed.
- Staff could access training both face to face and online, through the Skills for Health system.
- All staff we spoke with told us the training they received had been of a high standard and had equipped them for their role.
- Mandatory training included manual handling, first aid and automated external defibrillator (AED) training, which were provided by an external company. All other training was provided 'in-house' by managers.
- The service used a training tracker to monitor compliance with mandatory training, during the previous inspection we were unable to ascertain training compliance levels as not all staff were included in the tracker. During this inspection we found all staff were included on the tracker.
- Overall 70% of staff were 100% compliant with mandatory training.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

- The overall training compliance for levels one and two safeguarding training, for adults and children, was 85.6% according to the providers records.
- At our last planned inspection, we identified the safeguarding lead had not received level three safeguarding training in line with recommendations. At this inspection we found the service had a safeguarding lead trained at level 3. Staff we spoke with knew who the safeguarding lead was.
- Staff could give us examples of how and when they would report concerns. Staff told us they would refer safeguarding concerns through the control centre of the ambulance service they were contracted to work for, or directly to the local authority. They said they would also report all concerns and referrals to their managers and would document information on the patient report form.
- During our previous inspection, we were not assured there were appropriate systems and processes in place to report, record and monitor safeguarding concerns. However, during this inspection, staff gave examples of safeguarding concerns they had reported however managers were not able to show us any safeguarding referrals made by the service during inspection as records were stored with the NHS ambulance service.
- The manager confirmed the safeguarding policy was due for review in September 2019. We noted the safeguarding policy referred to a number of roles and

# Patient transport services

committees which were not apparent. The policy did not reflect safeguarding issues such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.

## Cleanliness, infection control and hygiene

**The service controlled infection risk and had an infection prevention and control policy in place. Staff kept themselves and equipment clean. However, we had concerns about arrangements for monitoring cleaning of vehicles.**

- Staff received mandatory training in infection control, the compliance was 87%.
- During the inspection managers and staff told us staff are responsible for cleaning and maintaining vehicles in between patients however there was no checklist or evidence this had been completed at both sites.
- There were online checks for daily cleans however it was not clear which vehicles had been used. Therefore, we were not assured the appropriate vehicles were being cleaned.
- Two staff members stated they clean vehicles as required but don't complete any cleaning records.
- The ambulance vehicles we inspected were clean and well maintained however in the front cab at one vehicle we checked at the Morecambe site we found it to be unclean.
- Personal protective equipment (PPE), hand sanitising gel and cleaning materials were readily available on each of the vehicles we checked.
- We found that sharps disposal bins on vehicles were temporarily closed and had not been overfilled, in line with recommendations, they had been labelled with vehicle details, dates and staff signatures.
- We were told that any patients with a potential infection risk would be identified to staff prior to transfer. If a vehicle became contaminated, cleaning facilities at local hospitals and ambulance stations would be utilised.
- The garage did not have a designated vehicle cleaning area, but cleaning materials were stored separately at the side of the garage. Hazardous substances were stored in a locked cupboard.

- Both sites had hot water and hand washing facilities. The Morecambe garage had a tap with a sink for hand washing. The Skipton site had hot water taps and hand washing facilities in both toilets, although there were no sink or hand washing facilities in the garage area itself.
- We saw that waste was separated appropriately at both sites. Linen from both sites was managed by an external company. Disposable, colour-coded mops and buckets were being utilised.
- During the inspection we had concerns there was health and safety signage missing in some areas; four vehicles were observed to have no compressed gas warning sign. We observed no signage for vehicle fluids stored in garage, no signage to indicate what equipment was in use / not in use. We observed equipment stored in various places around the garage. We observed new cupboards including a metal storage cabinet had been delivered, intended for consumables for crew to access. We observed no signage to clearly indicate the system for safe storage of full and empty oxygen gas cylinders. Empty and full cylinders were grouped on either side of the storage cage.

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

- Managers used a maintenance spreadsheet and an electronic diary system to track key vehicle information; date purchased, date of vehicle expiry, licence expiry, date of ministry of transport test (MoT) expiry, date of deep clean, date equipment was replenished, date of reporting of defect, date of repair and date of safety check. We checked 13 vehicle maintenance records, without issues however from the maintenance spreadsheet it appeared the deep cleans were not regular and did not have any details.
- The service used an online weekly vehicle check however it did not state which vehicles had been used, therefore we could not be assured the checks were completed on the correct vehicles.
- During the inspection we checked five vehicles all in good working order, however, we found three vehicles had mattresses with tears.

# Patient transport services

- Seatbelts, stretcher restraints and child car seats were available on vehicles for use as required. The service informed us they rarely transported children. No other restraint equipment was used at the service.
- At this inspection, managers confirmed a fire risk assessment had been completed in relation to potential fire hazard in January 2019 and actions implemented. A health and safety inspection had been completed in June 2019 and an action plan was underway. This included repairs to flooring, improving storage of chemicals and looking into options to clearly demarcate the section of the garage which operational staff would need to access.
- We saw equipment was stored in various places around the office, stock room and garage area and some areas were cluttered. However, we saw that a significant amount of equipment had been collated and identified as waste and was awaiting removal.
- We saw evidence of stock rotation of consumable items which were in date and organised. We saw that further metal storage cabinets had been delivered, intended for consumables for staff to access. Managers explained this was to improve organisation of the stock area which staff would access and told us this work was due to be completed by September 2019.
- We saw that some hazardous vehicle fluids were stored in the garage area, although there was no safety signage indicating this.
- We saw that medical gases were stored securely in both vehicles and in storage areas and had been reviewed and approved by the service's medical gas provider.
- The service did not have pathways for the transportation of patients with common conditions for example chest pain. However, the management team demonstrated, knowledge of trust specialities and where to take critically ill patients.
- If the ambulance crew either observed and did a visual assessment or if the patient became obviously seriously unwell staff told us they would stop the ambulance immediately and ring 999 requesting a local NHS emergency ambulance to attend, however we did not see this in any of the services policies.
- The service did not currently use a National Early Warning Score or Modified Early Warning Score (NEWS/MEWS). A NEWS is a guide used by medical services to quickly identify deteriorating patients based on the vital signs or a modified early warning score. The primary purpose is to prevent delays in intervention or transfer of critically ill patients.
- Staff recorded patient observations using patient report forms. Information included full written description, clinical impression, primary survey and clinical notes. The registered manager showed us a new and more detailed PRF which the service had developed; this included a NEWS section, although it was not yet in use at the time of inspection.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

- The service employed ambulance care assistants (ACAs) and emergency care assistants (ECAs) to undertake patient transfers. All staff were employed on zero-hours contracts due to the unpredictable nature of the service's workload.
- We reviewed rotas from the previous two months and saw that appropriate types and numbers of staff were allocated.
- Managers described turnover as above average at 20%. Sickness rates were described as low at 1.5% although this was not formally monitored.

## Records

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

- Staff we spoke with told us if the patient transport service ambulance crew either observed and did a visual assessment of the patient or if the patient informed them they were feeling unwell they would inform the control room of the NHS ambulance provider who was sub-contracting the service and carry on with the transfer.
- Every transportation booking had a risk assessment completed.

# Patient transport services

## **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

- Staff used paper patient report forms (PRFs) to record information about patient needs, care and treatment. Completed PRFs were stored securely at the service base.
- We reviewed a sample of 32 patient report forms. We saw that all were appropriately completed with patient information e.g. allergies, medicines given. Records were signed and dated by staff as required.
- We found there was no formal system for managers to review and audit PRFs to ensure documentation, care and treatment was appropriate. This meant the service did not monitor documentation or quality of care and identify processes to improve it.
- Information provided by the service indicated staff were required to have completed training in information governance.
- Staff were required to complete annual information governance training. We checked training records and found the service was 87% compliant.

## **Medicines**

- During the last inspection we found at the Morecambe sites several medicines stored in a first aid bag on one of the vehicles. However, on this inspection we found no medicine stored on vehicles.
- The registered manager confirmed the service did not carry medicines with the exception of medical gases.
- We found that medical gas cylinders on all vehicles checked were stored securely.
- We checked medical gases at both sites and found that cylinders were in date, stored securely and had adequate volumes remaining. However, there was no system to identify full and empty cylinders.
- The service had a medicines policy which was in date, however the policy did not pertain to the transportation of patients medicines.

## **Incidents**

**The service had a policy and process in place and staff were briefed on how to respond to incidents. However, we were not assured that incidents were always recorded for learning or that themes and learning were reviewed.**

- The service had an incident reporting policy which was updated in April 2019. The policy differentiated between adverse events, serious incidents and near misses. The policy encouraged early reporting and detailed how incidents should be reported, investigated and the learning shared with staff.
- The service had a policy on being open and duty of candour, which was updated in April 2019. Duty of candour is a regulatory duty which relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The duty of candour policy was available to managers and supervisors via the electronic staff portal, although no specific training was provided.
- Staff we spoke with showed a good understanding of the duty of candour and how it applied to their practice.
- The service had reported no never events or serious incidents or injuries between July 2018 and August 2019. Information provided by the service indicated there had been no incidents to report during the same period.
- The registered manager told us they were responsible for reviewing and assessing the information on the incident form and deciding if any further action was required or if there were any themes or trends. However, there was no formal system for managers to log or review incidents reported by staff or to share any actions or learning. This meant the service did not monitor the effectiveness of the incident reporting policy.
- Staff told us there was no shared learning from incidents, however there were no incidents reported therefore we were unable to evidence how learning was shared.
- Incidents were recorded on an online incident form, however staff told us that incidents were not always reported.

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

Requires improvement 

This was the first rating of effective. We rated it as **requires improvement**.

# Patient transport services

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. However, there were no formal systems in place to make sure staff followed guidance.**

- Service information was shared with staff through a secure electronic messaging service. However, it was unclear how the service checked that staff had read and understood policies and procedures and adhered to them.
- Policies and procedures were developed with reference to guidance from national bodies. For example, the medicines policy referred to guidance from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) which reflected current practice.
- Policies we reviewed had identified review dates, managers advised work was in progress to update some HR policies due to a change in HR advisor. Managers had secured external support for this.
- The service did not carry out any formal performance monitoring or audits of care, quality of service, patient records or other aspects of service delivery or regulated activities. Audit of patient report forms was identified as an action in the previous 2018 inspection, to ensure information is accurate, learning identified, and improvements made. The registered manager told us they reviewed all patient records and would address any issues identified, but this was not recorded.

## Nutrition and hydration

- Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.
- Staff stated they would bring water bottle on longer journeys for patients and stop if patients needed food.

## Pain relief

- The service used a section of the patient report form to assess and record how a patient's pain was managed. We saw that this was completed for PRFs that we reviewed.

## Response times / Patient outcomes

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

- The service recorded the number of transfers but did not record response times or patient outcomes. The registered manager told us they reviewed all patient records and would address any issues identified, but this was not recorded or formally monitored.
- Managers told us the service was developing an electronic tool to monitor their own performance at a local level.

## Competent staff

**The service had a system in place to make sure staff were competent for their roles, however this was not yet fully operational or embedded. This meant managers did not have assurance that all staff were competent to carry out their roles.**

- At our last inspection, the service did not have robust processes in place to check they employed staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. At this inspection, there was an ongoing action plan to address this. We saw that a new electronic staff files system was being implemented to monitor and track pre-employment checks, including employment history, requests for references and new health questionnaires.
- We were able to review a sample of staff files for five members of staff who had recently joined the company. We saw evidence of proof of identity, employment history, health questionnaire, driving license checks professional registration or first aid qualification was recorded on the new electronic system for all five staff. However, out of the five staff only three had evidence of DBS checks, the other two files showed evidence of DBS checks requested
- No staff files had evidence of two references, all had evidence of references having been requested.
- We checked the rotas which showed the 2 staff who did not have DBS checks or 2 references on file had both worked in July and August 2019. This meant two staff had started working before all pre-employment checks were completed.



# Patient transport services

- We reviewed the company training tracker and saw staff were 100% up to date in first aid and 98% up to date in basic life support training.
- Information from the provider indicated that all staff undergo an annual operational performance assessment. We checked a sample of records for three staff and found they were 100% compliant. Staff we spoke to confirmed this.
- We saw evidence of a driving licence check for relevant staff included in all staff files we reviewed. New staff were required to undertake a driving assessment with one of the managers.

## Multi-disciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

- Staff liaised with the wider multidisciplinary team as necessary. For example, they told us that if they transferred a patient home from an appointment and the staff were concerned they would contact the patient's carers and family if required.
- The service worked closely with Yorkshire Ambulance Service to deliver care.
- Staff discussed the patient's immediate needs and any changes in their condition or behaviour with hospital staff.

## Health promotion

- During the inspection, we saw vehicles had information leaflets available for patient about smoking, drug use and domestic abuse. Staff reported they gave leaflets to patients when appropriate.

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

**Staff supported patients to make informed decisions about their care and treatment. However, they did not know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

- During our inspection, we checked a sample of training records for three staff and found one staff member had completed specific training in consent. Training in consent was not indicated as mandatory by the service.

- During the inspection we asked four staff members questions about assessing capacity and two showed a lack of understanding.
- Leadership stated staff were not trained to assess capacity but have capacity awareness training.
- Staff stated if they had a patient with a capacity issue they would contact the NHS ambulance service by telephone for support.

## Are patient transport services caring?

Not sufficient evidence to rate 

We could not rate caring as we did not observe any patient, relative or carer interaction.

## Compassionate care

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

- We did not observe any patient, relative or carer interactions.
- We checked two completed patient feedback forms which all stated staff were respectful and considerate.
- We checked two completed patient feedback forms which all stated staff made sure their privacy and dignity was always maintained.
- We checked two completed patient feedback forms which all stated care was delivered in a compassionate, timely and appropriate way.
- Staff we spoke with were able to explain how they would treat patients with compassionate care.
- Managers recognised that patients' relatives or carers would want to travel with the patient at times. Wherever possible, the team would endeavour to accommodate this request.
- Staff could provide patients with blankets or covers if required to keep them warm and protect their dignity.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

- Please see compassionate care, above. We did not observe any patient, relative or carer interactions.

# Patient transport services

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

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

- Please see compassionate care, above. We did not observe any patient, relative or carer interactions.

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

Requires improvement 

This was the first rating of responsive. We rated it as requires improvement.

## 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.

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

## Meeting people's individual needs

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

- Information provided ahead of inspection indicated the service used the Red Cross 'Emergency multi-lingual

phrasebook' to communicate with patients and relatives who did not speak English. Staff informed us they could access interpretation services through the hospital.

- Information provided by the service indicated that bariatric equipment would be used as required, during the inspection we saw a bariatric stretcher, ramp, wheelchair and carry sheet. Staff were required to complete annual training in moving and handling. We checked a sample of training records for three staff and found they were 100% compliant.
- Managers told us some staff had completed additional training in their substantive NHS roles. For example; caring for people living with dementia, people with learning disability or complex needs or training in mental health awareness. Of the three staff training records we checked, one staff member had completed learning disability, dementia and mental health awareness training. All three had completed equality and diversity training.
- Information was not suitably displayed for visually impaired patients.
- Staff could not give us any examples of how they have provided additional support to meet patients' cultural needs.

## Access and flow

### People could not always access the service when they needed it. The service did not always deliver care in line with national standards.

- Staff used personal electronic devices provided by the Yorkshire Ambulance Service (YAS) to receive jobs. Response times and turnaround times are monitored on the personal electronic devices so delays can be captured.
- We were informed by staff, YAS managed the daily patient flow. Staff told us they liaised with the Yorkshire Ambulance Service when there was any access and flow issues.
- Staff was requested to inform YAS if they are delayed more than 10 minutes so access and flow can be monitored and managed.
- The service monitored key performance indicators (KPIs). The service was achieving the KPI for picking up NHS patients within two hours, this had improved from April 2019 to 96.3% in July 2019.

# Patient transport services

- The service was not achieving the KPI for dropping off NHS Patients within two hours in July 2019 however, between from April 2019 to June 2019 the service was consistently achieving the KPI target.
- The service did not achieve its KPI target in July 2019 for ensuring NHS pre planned Patients are picked up within 90minutes target was not achieved in July 2019.
- The service did not achieve its KPI target for July 2019 for picking up NHS short notice patients within two hours.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.**

- At our previous inspection we found it was difficult for service users to provide feedback. At this inspection we found this had improved as service users could provide feedback to the service using a feedback form on the provider's website, by email, phone or post.
- We did see information available on some vehicles informing patient and relatives how to make a complaint or give feedback about the service. It was not clear how feedback from the online form would be monitored.
- The service had a complaint policy which was had been developed in February 2019. The policy set out the rationale for handling and responding to complaints, including anonymous complaints. It included forms for staff to log and report complaints and informal concerns.
- Managers told us the policy was available to all staff via the electronic portal, however it was unclear whether staff who only worked at events could access this and how any lessons learned would be shared.
- The policy noted that complainants be advised of assistance from the Independent Complaints Advocacy Service, although this would not apply to complaints where the service was providing events and not NHS services.
- The service had not received any complaints between July 2018 and August 2019.

## Are patient transport services well-led?

Requires improvement 

This was the first rating of well-led. We rated it as **requires improvement**.

### Leadership of service

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

- We reviewed evidence which identified the senior leadership had the appropriate skills knowledge to undertake that role.
- The senior leadership team consisted of a group of directors, one of which was the CQC registered manager, the operations managers, office manager and training manager. The managers we spoke with were aware of their roles and responsibilities.
- Staff we spoke with knew who the different leads were and what they were responsible for.
- During our inspection, we observed staff interacting well with the leadership team.
- We were told there was an open-door policy, and staff told us the registered manager was visible and available when needed. Staff reported leadership was supportive.
- However, some staff said leadership did not always communicate with staff at the Morecambe site.

### Vision and strategy for this service

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.**

- The service had a formal documented vision and strategy which focused on customer satisfaction.
- The service had a mission statement which was patient-centred and relied on strong leadership and improvement focus to achieve; Our mission, foremost is to help people when they need us most. We aim to do this by responding to the individual needs of those we



# Patient transport services

work with. We, in turn support our people through strong leadership and provide a safe and caring service through best practice, continuous improvement, strategy and being responsive to change.

- Staff we spoke with were aware of the vision for the service.

## Culture within the service

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

- Managers across the service told us they promoted a positive culture that supported and valued staff.
- The staff we spoke with told us that managers were approachable and helpful.
- Managers told us they encouraged staff to talk to them following incidents or if they had concerns. They felt relationships between themselves and staff were very good.
- The staff we spoke with said the culture within the service was positive and they felt listened to by managers.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.
- However, staff did not always follow policies.

## Governance

**We were not assured governance processes were fully effective to improve service quality and safeguard high standards of care. Some processes were still to be fully embedded and there was no effective system of audit. Work was ongoing to improve staff files and to complete the action plan following the previous inspection.**

- Policies and procedures were available at the service's headquarters and staff could also view them on an electronic portal which could be accessed from their smartphones.
- During our last inspection, we were not assured that managers had proper oversight or training to ensure safeguarding concerns and referrals were made to the

Local Authority and statutory notifications made to CQC. During this inspection, there was a safeguarding lead, a safeguarding policy and staff showed good awareness however there was no examples of safeguarding raised since the last inspection.

- The service held monthly management team meetings. The meetings discussed governance, audit monitoring and risk within the service. During our inspection, we saw evidence these meetings were recorded.
- Two staff members we spoke to reported there was no staff meetings.
- The registered manager told us information and learning was cascaded to staff. Service information was shared with staff through a secure social media group.
- Managers had begun to take action to address issues identified at the previous inspection. We saw evidence of a CQC action plan with issues raised from the previous inspection, allocated to a responsible person, actions taken or actions to be taken and signed off when complete.
- We found that a selection of HR policies, including the employee handbook, were in the process of being reviewed and updated. Managers had identified external support to undertake this. We found staff records had been reviewed although not all pre-employment checks had been completed for new staff. We found a new system had been implemented to monitor staff files and request missing information, although this had not yet been populated and did not show information about mandatory training compliance.
- At our 2018 inspection, we found that neither the quality of patient report forms or compliance with the medicines management policy were audited. This was highlighted as an area for improvement. During this inspection, we found limited evidence of effective audit systems.
- We noted further work was needed; new systems and processes introduced to address concerns identified at the previous responsive inspection were not yet fully operational. Some aspects of governance and record-keeping were still to be fully embedded. Some actions were not yet complete, following the previous CQC responsive inspection.

## Management of risk, issues and performance

# Patient transport services

**Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected issues. However, systems to manage performance effectively e.g. audit work, were not yet fully embedded.**

- At our previous responsive inspection, we were not assured that risks to the service, patients and staff, were properly identified, monitored and mitigated.
- During this inspection we saw that the service had formal process for documenting and managing risks and mitigating actions taken, however it was not clear when the risk would be reviewed. Managers told us they discussed risks and opportunities to mitigate them, as part of daily conversations within the small senior management team.
- There were monthly management team meetings to discuss progress on governance, monitoring and risk within the service. Key points and actions were now logged and minuted. We saw a number of issues were included in the agenda for management team meetings as required, for example; health and safety, fleet, HR/staffing, contracts and tenders, governance and training.
- During this inspection, we saw that progress had been made against action plan to respond to potential health and safety risks concerns in the garage identified at the last inspection. Further work was due to be completed in September 2019.
- We saw the service had developed a business continuity plan since the previous inspection, which identified action to mitigate risks to the business arising from shortages of staff, vehicles, fuel shortage, or problems with IT, or adverse weather.
- The service did not carry out any formal performance monitoring or audits of care, quality of service, patient records or other aspects of service delivery or regulated activities. Audit of the medicines policy and of patient report forms were identified as actions from the 2018 inspection, to ensure information is accurate, learning identified and improvements made. Managers told us checks were made but were unable to evidence this.
- At our last planned inspection, we were concerned about potential health and safety risks, for example fire or trip hazards. During this inspection, the Skipton site was tidy, and there was plans in place to paint a walk way for staff. However, the storeroom at the Morecambe site was untidy and disorganised, with stock piled on the

floor. We were not assured that fire risk and trip hazards at Morecambe sites, had been properly mitigated, although there was plans in place to put shelving up following the inspection.

- We found examples where policies had not been followed which gave rise to potential risks which had not been logged. For example, where staff pre-employment checks were not completed in line with the service's recruitment and selection policy.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

- The service did not collect its own performance monitoring or audit data.
- The service used an online resource system.
- Staff use palm top devices to access information when out in the community.

## Public and staff engagement

**Leaders and staff engaged with patients, staff, the public and local organisations to plan and manage services.**

- At our inspection in 2018, the registered manager told us the service had plans to develop patient feedback using the website. At this inspection, we saw there was an easy to use, accessible online patient feedback form on the company website.
- Patient feedback forms were also available on some vehicles. During the inspection we saw leaflets on some vehicles and at both sites which asks for feedback and tells patients how they can get in touch.
- There were no examples where patient feedback informed service improvement.
- Staff told us they felt involved in the service but could not provide examples.

## Innovation, improvement and sustainability

- An electronic system had been introduced to record staff HR information and a review of gaps in information had begun.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure there is a robust system to monitor cleaning of vehicles (Regulation 15).
- The provider must ensure staff are trained in the mental capacity act and how it applies to their practice (Regulation 11).
- The provider must ensure all staff follow the services policies (Regulation 17).
- The provider must ensure there are effective audit systems in place (Regulation 17).

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

- The provider should consider whether management arrangements provide sufficient communication, support and oversight for staff working at the Morecambe site.
- The provider must ensure all identified risks have review dates.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**The provider did not have robust systems in place for ensuring vehicles were cleaned in between patient use.**

Regulation 15 (1)

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**Staff were not aware of the mental capacity act and how it applies to their practice. We were informed the service did not assess capacity.**

Regulation 11 (2)(3)(4)

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Staff were aware of all policies and there was no system in place to ensure staff read all policies.**

**There was a lack of effective audits in place.**

Regulation 17 (1)(2)