

Beverley Ambulance Service Limited

Beverley Ambulance Service Limited

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Beverley Ambulance Service Limited is operated by Beverley Ambulance Service Limited. The service provides non-emergency patient transport service for adults, and occasionally children, who are unable to use another means of transport due to their medical conditions. This includes transportation between hospitals and planned discharges from hospital wards. The service holds no contracts with NHS hospitals or commissioning groups. The service also provides occasional emergency ambulance services, private emergency first aid and medical cover to sporting events.

We carried out an announced routine comprehensive inspection on 1 March 2017.

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.

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

We found areas of practice that the service provider needs to improve:

- We found that effective governance systems were not in place to protect patients when areas of concern had been highlighted, for example lone working. We also found that effective systems were not in place to record disclosure and barring service checks prior to commencing employment. These were also not checked regularly during employment. There was no evidence that staff had read company policies and were able to implement these.
- From observations, records and staff we spoke with we found that outcomes of patients' care and treatment were not routinely collected and monitored. The service did not record information on the patient's journey; therefore, staff did not record any variances during the journey. Not collecting this performance information does not allow the service to benchmark and compare against other providers and to identify and take action to improve performance and ensure they were delivering an effective patient transport service.
- There was a lack of assurance that the safeguarding training delivered to staff meets the guidance specified in Safeguarding children and young people: roles and competences for health care staff intercollegiate document third edition: March 2014.
- We found a lack of evidence that all drivers of ambulance vehicles had the correct category of licence for driving heavier vehicles or that they had received the correct level of training for driving heavier vehicles or driving on blue lights.
- The service did not have a central log of all risk assessments recorded.
- From training files we reviewed, we found that not all staff working in the company were trained to the correct level required by the company to carry out the role. There was not an effective process of competency assessment and from records we reviewed it was not evident that staff always had the appropriate skills and knowledge to be delivering the care required. Not all staff employed had received an up to date appraisal.
- The service did not have a clear business continuity plan, which detailed the plans for example on adverse weather and loss of telephone systems.
- The service did not participate in surveys or audits of patient experience.

However, we also found the following areas of good practice:

Summary of findings

- During the inspection, we had a limited opportunity to observe care and speak with patients. We observed care on one transfer and found the staff engaged positively with the patient and explained expectations during the journey. The service provided us with a number of compliment letters and cards sent to them from people who accessed their services. These showed that the service respected and valued patients that used the service; staff were praised in these compliments for their patience, respect and caring nature that was shown. It was clear from reading the compliments that the care people received from the service was above their expectations.
- From the observations and discussions, we had with staff it was clear that staff regarded patients as partners in their care and were committed and passionate about the services they provided.
- The service consistently supported patients with access to food and drink during long journeys.
- The service planned journeys to encompass a route of the patients choice for example: around the sea front or via a special place.
- Staff had access to pictorial communication guides, which gave a range of symbols and signs used to communicate with people who may be cognitively impaired, lack speech or may have English as a second language.
- Staff were aware of interpretation services used to support patients whose first language was not English.
- The majority of the patient journeys were booked and delivered on the day of request.
- The service reported a good working relationship with the local NHS hospitals that they provided a service.
- Vehicles we inspected were visibly clean, tidy and well maintained.
- Staff we spoke with were confident to report incidents and variances in the patient's journey to the senior management team.

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 two requirement notices that affected the service. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Beverley Ambulance Service Limited

Detailed findings

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Detailed findings

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Background to Beverley Ambulance Service Limited

Beverley Ambulance Service Limited is operated by Beverley Ambulance Service Limited. The service opened in 2014. It is an independent ambulance service in Beverley, East Yorkshire.

Beverley Ambulance service provides a patient transport service primarily it serves the communities of the East Riding of Yorkshire. This service is delivered privately with some interactions with local NHS and independent hospitals. The service also provides private emergency first aid and medical cover to sporting venues and events.

The service has not previously been inspected by the Care Quality Commission.

The service employed ten staff members, which include the registered manager (also director) and the second director. The service had an associated medical director.

The service occasionally transports children and young adults.

All management functions for this service were managed from the providers registered location in Beverley, East Yorkshire.

Beverley Ambulance service is registered for one regulated activity. This is in respect of transport services, triage and medical advice provided remotely.

The registered manager had been in post since December 2014.

Our inspection team

The inspection team was led by a CQC lead inspector. The inspection team also included a second CQC inspector, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Amanda Stanford, Head of Hospital Inspection.

How we carried out this inspection

Before visiting Beverley Ambulance service, we reviewed information we held about the location. This inspection was a scheduled inspection carried out as part of our routine schedule of comprehensive inspections. We carried out an announced inspection visit on 1 March 2017. We spoke with four members of staff, including the registered manager, director and ambulance care

assistants. We reviewed policies and procedures the service had in place. We checked to see if complaints were acted on and responded to. We looked at documentation including relevant monitoring tools for training, staffing, recruitment and resilience planning. We also analysed data provided by the service both before and after the inspection.

Detailed findings

We had the opportunity to speak with one patient and one relative during this inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Beverley Ambulance service has four vehicles; these vehicles are stored at different locations and are used for patient transport services. We visited all locations and inspected three out of the four vehicles.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The most recent inspection took place in January 2013 under the previous registered name of North England Medical Hyperbaric Ambulance Service; our inspection found that the service was meeting all standards of quality and safety it was inspected against. The service changed its name in 2014 to Beverley Ambulance service, but the staff and the registered manager remained the same.

Activity (December 2015 to December 2016)

- There were 360 patient transport journeys undertaken.
- One registered paramedic, one paramedic technician and eight patient transport staff worked at the service.

Track record on safety (December 2015 to December 2016)

- The service reported no never events in the reporting period.
- The service reported no clinical or non-clinical incidents in the reporting period.
- The service reported no serious injuries in the reporting period.
- The service reported no complaints in the reporting period.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services.

Are services safe?

We found the following issues that the service provider needs to improve:

- At the time of the inspection, the service did not record information on the patient's journey; therefore, staff did not record any variances during the journey. Not recording does not allow the service to benchmark and compare against other providers and to identify and take action to improve performance.
- From discussions with the management team we found that the safeguarding training delivered to staff did not meet the guidance specified in Safeguarding children and young people: roles and competences for health care staff intercollegiate document Third edition: March 2014.
- We found a lack of evidence that all drivers of ambulance vehicles had the correct category of licence for driving heavier vehicles or that they had received the correct level of training for driving heavier vehicles or driving on blue lights.
- From training files we reviewed, we did not see that all staff working in the company were trained to the correct level required by the company to carry out the role.

However, we also found the following areas of good practice:

Patient transport services (PTS)

- Staff we spoke with were confident in been able to report incidents and variances in the patient's journey to the senior management team.
- Vehicles we inspected were clean, tidy and well maintained.

Are services at this trust effective?

We found the following issues that the service provider needs to improve:

- We did not see evidence that policies had been developed in conjunction with staff or had been shared with staff to read. Staff working away from the base station did not have access to policies.
- At the time of the inspection, the service did not have a formal system to audit patient outcomes, key performance indicators or response times to ensure they were delivering an effective patient transport service. The service did not collect any performance or quality data on the service they provided.
- We did not see an effective process of competency assessment and from records we reviewed it was not evident that staff always had the appropriate skills and knowledge to be delivering the care required.
- We found there was no effective system for recording driver licence checks or driver training. We were also unable to say whether this course was accredited to the expected levels e.g. level three certificate in emergency response driving.
- Not all staff employed had received an up to date appraisal. However, we also found the following areas of good practice:
- The service consistently supported patients with access to food and drink during long journeys.
- The service reported a good working relationship with the local NHS hospitals that they provided a service.

Are services at this trust caring?

We found the following areas of good practice:

- During the inspection we only had a limited opportunity to observe care and speak with patients, we observed care on one transfer and found the staff engaged positively with the patient and explained expectations during the journey.
- The service provided us with a number of compliment letters and cards sent to them from people who accessed their services. These showed that the service respected and valued patients that used the service; staff were praised in these compliments for their patience, respect and caring nature that was shown. It was clear from reading the compliments that the care people received from the service was above their expectations.
- From the observations and discussions, we had with staff it was clear that staff empowered patients and were committed and passionate about the services they provided.

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

- The service did not participate in surveys or audits of patient experience.

Are services at this trust responsive?

We found the following areas of good practice:

- Staff had access to pictorial communication guides, which would have given a range of symbols and signs used to communicate with people who may be cognitively impaired, lack speech or may have English as a second language.
- Staff were aware of any interpretation service used to support patients whose first language was not English.
- The majority of the patient journeys were booked and delivered on the day of request.

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

- The service did not have a written eligibility for transport policy, which detailed which patients were suitable for transport.

Are services at this trust well-led?

We found the following areas of good practice:

Patient transport services (PTS)

- The staff we spoke with spoke very positively about the registered manager and their open approach to management and said that they felt able to speak with the manager and raise any concerns that they may have about the service. Staff we spoke with also said they when they raised concerns that they felt listened too.
- The registered manager was knowledgeable about the service, knew all the staff by name, and was clearly passionate and dedicated to the business. Staff we spoke with said the registered manager and station manager were visible and accessible and that they could speak with them at all times.
- The registered manager had a vision and mission statement for the service, this clearly documented the aims and values of the service. Staff we spoke with were able to describe the values, vision and aims for the service.
- The company had a medical director who was available to provide training, advice and guidance for issues relating to patient care.

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

- Personnel records we reviewed showed that the company did not have an effective process for ensuring training and competences were recorded, references, disclosure and barring service DBS checks were carried out prior to commencing employment. In two of the personnel files we reviewed, we did not see evidence of references being sought.
- The service did not carry out any audits to measure the quality and effectiveness of the service delivered. The service did not have a system to routinely monitor the key performance indicators (KPIs). Information was not collect on patient journeys.
- The service did not have a central log of all risk assessments recorded.
- The service did not have a clear business continuity plan, which detailed the plans for adverse weather, loss of telephone systems etc.

Are patient transport services safe?

Incidents

- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. No never events had been declared within the service in the reporting period December 2015 to December 2016.
- Serious incidents (SI) are incidents that require further investigation and reporting. The service reported no serious incidents within the service during the reporting period December 2015 to December 2016.
- The service had an incident reporting policy; incident forms were available in the ambulances. However, we did not see any incident forms completed. The registered manager said their had not been any incidents reported during the reporting period December 2015 to December 2016.
- Staff we spoke with were aware of a reporting system and which incidents required reporting. They said they felt confident in reporting any incidents and that, if an incident did occur, they would report this to the management team.
- The registered manager said that they did not receive any information relating to incidents involving the service from the NHS and independent hospitals.
- The registered manager said that information from any incidents was shared informally with staff to improve outcomes and to prevent incidents from occurring again. However, this was not documented, so we were not able to corroborate this. Staff we spoke with were unable to describe a change that occurred as a result of an incident.
- The duty of candour is a regulatory duty that 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 registered manager was aware of this duty. The registered manager said that staff had received training on their statutory responsibilities on an annual basis. Staff we spoke with were aware of duty of candour requirements and described it as being open and honest; they were

Patient transport services (PTS)

unable to provide examples of its use. The service did not have a separate DoC policy, but the majority of the policies made reference and had a specific section to DoC requirements in line with the requirements. The staff handbook also contained information for staff on DoC requirements.

Cleanliness, infection control and hygiene

- The registered manager was the lead for infection prevention and control and had overall responsibility for providing infection prevention and control advice. The service had an up to date infection prevention and control policy. However, there was no evidence that they had been shared with staff.
- We inspected three vehicles used by the service; one emergency ambulance, one PTS and one off road support vehicle. We found that all vehicles were visibly clean, tidy and well maintained.
- The registered manager said that the vehicles were cleaned daily and deep cleaned monthly. The documentary evidence we saw did not support that this was an effective system. Cleaning records were available, but the records we reviewed had gaps in the recording of cleaning on both a daily and a monthly basis. The provider said this was due to the vehicles not being in use on those days.
- The registered manager said that if the vehicle was seriously contaminated they took the vehicle off the road for cleaning.
- We reviewed seven pieces of equipment, including patient monitoring equipment and immobilisation equipment, and noted these to be visibly clean.
- Alcohol hand sanitiser was available on the ambulances. Staff had access to hand wipes in the ambulance to decontaminate their hands. Staff had access to personal protective clothing including gloves. During the inspection, staff were not required to use personal protective clothing.
- During the inspection, we observed that staff were complying with 'bare below the elbow' guidance.
- The registered manager said that information about the infection status of the patients was shared with crew members prior to transfer.
- Staff had access to waste containers for disposing of sharp equipment.

- Staff we spoke with said they disposed of clinical waste at the point of discharge, for example, hospital. Bed linen, additional clinical waste bags, cleaning equipment and bowls were all stored in the base station.

- Staff uniforms appeared visibly clean and well maintained.

- The service did not carry out any audits of hand hygiene or infection prevention and control practice within the company. This meant a system was not in place to monitor the service's infection prevention practices against their policy.

Environment and equipment

- We inspected two of the three ambulances used by the service and one of the four-wheeled support vehicles used to convey patients in bad weather. We found equipment to be in good working order and found sterile equipment in date and stored in clean, well- organised cupboards.

- One of the senior management team had responsibility for storing all information relating to the vehicles in a central file. During the inspection, we reviewed vehicle information logs and saw that all vehicles were up to date with Ministry of transport tests (MOTs), had appropriate insurance, maintenance records were up to date, and vehicles were regularly serviced and maintained.

- The provider used a standardised vehicle check sheet, and logbook in each vehicle to record checks carried out and any additional information about the vehicle required.

- The registered manager said that staff checked vehicles were ready for service prior to leaving base station using a daily shift record and pre-deployment checks. During the inspection, we observed that on the majority of occasions the records we reviewed were complete.

- Staff we spoke with said there were adequate stocks of equipment and we saw evidence of stock rotation. Patient stretchers used by staff were new and were maintained in good working order.

- Resuscitation equipment was carried on all vehicles. In the majority of occasions, for the resuscitation equipment we checked, staff had recorded that checks were completed.

- Equipment for bariatric (obese) patients was available and staff we spoke with were aware of how to access this. Staff were appropriately trained in using the equipment.

Patient transport services (PTS)

- If the service was transporting children, they used the child's own safety equipment, for example, car seat.
- Vehicle keys were securely stored and access was only available for allocated staff.
- The company operate from a residential house with dedicated storage for cleaning and equipment.
- Staff we spoke with said they were able to raise concerns about faulty equipment to the registered manager. The registered manager said that they would make a decision about whether the vehicle was able to be used.

Medicines

- The only medicines stored on the ambulances were oxygen and nitrous oxide. In each vehicle, these were securely transported.
- Staff administered oxygen under the direction of a medical practitioner, for example, patients discharged from hospital requiring oxygen, or for emergency use when medical staff. Nitrous oxide was used during transfer for one specific patient.
- As the company did not record information about the patient journey, we are unable to corroborate whether staff administered and managed medicines appropriately.
- Spare medical gasses such as oxygen and nitrous oxide were kept in a secure storage area which was locked and secure, and these were in date.
- The service had an in date medicines management policy.
- The registered manager said that medicines training was provided on induction. During this inspection, we were unable to review the training on medications provided to staff or competence records used with staff following training. We did see evidence of six out of ten members of staff certificates indicating they had received training.
- The service did not hold any controlled drugs or emergency medicines.
- On the response vehicle, no medical gas labelling was outside of the vehicle highlighting that medical gasses were present in the vehicle. We highlighted this to the registered manager at the time of the inspection who said they would rectify.

Records

- The patients were booked for transport via a telephone conversation with one of the management team who then dispatched crews. If the crews were away from the base station, this information was passed via a telephone call.
- During the inspection, we observed patient transport bookings and in all cases, relevant information on the patient's journey details and patient information was obtained and passed on to the crew. Staff asked relevant questions, for example about the patient's mobility, up-to-date Do Not Attempt Cardiopulmonary Resuscitation DNACPR orders and infection status.
- The service recorded basic booking information about patients and so did not use any patient alerts.
- At the time of the inspection, paper or electronic records were not available for each patient journey. Therefore, staff did not record general observations, handover information or variances in care during the patient journey. Following the inspection, the registered manager provided us with information which indicated that they now record this information.
- Patient report forms were available for patients treated at sporting events and five records we reviewed contained relevant patient details, a history of the incident, observations, medications and treatment provided. All reports forms were legible and the majority of forms were completed with times and dates available.
- The company did not carry out any audits in relation to the quality of call taking or recording information.
- Within each vehicle a form was available for if "blue lights" had to be used during the journey, we did not see any completed forms.
- In the base station, all records relating to the business were stored in a locked room.

Safeguarding

- A company director was the designated safeguarding lead for the company. The manager did not have an enhanced level training as detailed in the safeguarding children and young people: roles and competences for health care staff intercollegiate document, March 2014.
- The registered manager said that staff received training in the safeguarding of vulnerable adults and children during induction and as a yearly refresher. During this inspection, we were unable to review the training on safeguarding

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training provided to staff or competence records used with staff following training. As we were unable to review training packages we did not receive assurance that staff received training aligned or equivalent to level 2 children and adults safeguarding training or included training on female genital mutilation or PREVENT (anti-terrorism) training programmes, which includes the recognition and protection of vulnerable individuals from risk of grooming and involvement in terrorist activities or supporting terrorism. Records we reviewed showed that eight out of ten staff currently working at the company had received safeguarding training.

- Staff we spoke with were able to describe when to report a safeguarding concern and were aware of whom to report safeguarding concerns to. They said they had forms available to complete in the ambulance if required. No staff we spoke with had ever raised a safeguarding concern.
- The service had an in date safeguarding policy and staff we spoke with knew where it was stored, however they had no access to policies whilst away from the base. There was no formal evidence that staff had read the policy.
- The service had not received any feedback in relation to safeguarding concerns from the hospitals the service worked with.

Mandatory training

- Mandatory training for staff was delivered by an external agency through a combination of online learning and classroom study.
- The registered manager said that all mandatory training was undertaken at induction and then at refresher sessions yearly as required. The service used an external company to provide training and the registered manager said that this was delivered as part of an ambulance skills and essential education course. This was a two day course and certification we reviewed showed it included training modules on basic life support and automated defibrillator, ambulance carry chair and stretchers, ambulance and the law, manual handling, mental capacity assessment and declaration of liberty, medical gasses, airway management, infection prevention and control, safeguarding adults and children, information governance and patient confidentiality. During this inspection, we were unable to review the training packages or competence records used

with staff following training as these were held within the external training company. As we were unable to review training packages, we did not receive assurance that staff received training aligned or equivalent to levels required.

- We reviewed training files for the ten members of staff. We saw evidence that six members of staff had completed this course in the last year.
- First aid training was provided by an external agency on a three yearly basis.
- Driver training was provided by approved driver training programmes on an annually basis.
- An external training provider provided emergency response driver training.
- Prior to the inspection, we reviewed evidence of compliance with staff training programmes provided by the registered manager which showed that 100% of staff had received first aid training and general training and 70% of staff had received annual driver skills training. However, this information was only provided for six out of the 10 members of staff the service employed. This was highlighted to the senior management team at the time of the inspection.

Assessing and responding to patient risk

- There was no documented protocol or guidance, however staff we spoke with were able to verbalise recognition and actions required for the escalation of deteriorating patients during transfer. Staff were clear that if a patient deteriorated during transfer they would call for paramedic support from the NHS ambulance service.
- The senior management team provided information that showed that 100% staff employed to work on the patient services had received basic life support (BLS) training. However, this was provided for six staff and not ten staff the company employed.
- The service did not transport patients that were detained under the Mental Health Act. However, patients with deteriorating mental health conditions were transported.
- Staff we spoke with said they felt able to deal with aggressive or disturbed behaviour. We were unable to review training programmes.

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- The registered manager said that patients were prioritised on clinical need or priority of appointment times. However, documentation was not available to support this.
- The registered manager said they would not transport patients that they did not feel able to transport safely or they felt their staff were not trained to transport.
- The service had an up to date Do Not Attempt Cardiopulmonary Resuscitation Policy; within this policy, there were clear routes of escalation.
- Risk assessments we reviewed were not completed for all risks in the organisation e.g., we did not see risk assessments for lone working or for chemicals used for cleaning.

Staffing

- The service currently employed one paramedic, one ambulance technician (registered manager) and two ambulance care assistants (ACAs) who were responsible for carrying out patient transfers within their scope of practice and any other duties required. They also employed six further ACAs on the ambulance bank. These staff worked as required for the company.
- The service was able to provide an up to date list of staff currently employed. Two members of staff were employed full-time and three members of staff as part-time workers; all other staff were employed on an ad-hoc basis.
- Staffing rotas were planned in line with the requirements of the booked work. The service reviewed staffing levels on a daily basis to ensure they were able to meet the needs of the patients. The skill mix of the crew was determined by the needs of the patient and the staff available to carry out the work.
- The service did not use agency staff, but did employ staff on the bank.
- Staff were supported if working out of hours by the registered manager and station manager.
- Staff we spoke with and timesheets we reviewed, showed that staff received appropriate breaks between shifts and driving.

- New staff to the organisation had a period of shadowing a crew during their induction period. The registered manager said that bank staff had the period of induction as permanent members of staff.

- The registered manager confirmed that the company currently had no vacancies for staff within the company.

Anticipated resource and capacity risks

- The service carried out a significant amount of 'ad hoc' work, so assessed resource requirements and capacity on an individual basis, when requested.
- Demand fluctuated and the registered manager said the service only took on work they could fulfil within their existing capacity. The senior management team assessed resource requirements and capacity on an individual basis, as required.
- The service operated on a seven-day week basis, mainly on a 06.00am until 20.00pm basis, but the service was able to provide a 24 hours service if required.
- The service occasionally transported children; when the service transported children, they were accompanied by a registered children's nurse or doctor. The service only transported the child using the child's own safety equipment, for example, car seat.
- The service did not carry out audits of aborted journeys, cancellations or escalations of patients transported. The service did not collect any performance or quality data on the service they provided.
- The service did not have a central log of all risk assessments recorded.
- The registered manager was able to verbalise how they managed foreseeable risks, for example, bad weather and loss of facilities. However, this was not written down in a guidance or policy document.
- The registered manager was the owner of the service, so developed the service or implemented new equipment following assessment of the impact on finances and safety.

Response to major incidents

- There was not a major incident policy for the service. The registered manager said that there was no formal requirement/expectation that the service would be involved in major incident work. However, he said that if required staff would be available to support as required.

Patient transport services (PTS)

Are patient transport services effective?

Evidence-based care and treatment

- Patients had their care needs assessed and their care planned and delivered in line with evidence based clinical guidance, standards and best practice.
- The registered manager said that eligibility for patient transport reflected Department of Health guidelines and the service had refused work due to the patient not meeting set criteria. However, we were unable to confirm that this was monitored, as the service did not record this information.
- Policies and guidelines in use within clinical areas were all in date and had review dates available. There was limited evidence that these policies had been developed in conjunction with staff or had been shared with staff to read. Staff working away from the base station did not have access to policies.
- Staff had access to professional guidance in relation to oxygen administration.
- We did not see evidence of standardised or documented patient pathways or protocols.
- The registered manager said that all patient transportation was evaluated on a daily basis and any learning shared with other members of staff to improve patient outcomes. This evaluation was not documented, so we were unable to corroborate this.

Assessment and planning of care

- On long journeys, the crews would stop and allow patients to eat and drink if appropriate. We saw positive feedback from patients in regards to food purchased by the service on long journeys.
- The service provided water bottles within the vehicles, in case the journey was delayed so this patient remained hydrated.
- The service provided information on assessment of a patient's needs travelling during a long journey. The patient had a mental health condition and required close observation and, although not documented, staff described the actions they took to keep the patient safe and to provide reassurance.

Response times and patient outcomes

- The service did not have a formal system to audit patient outcomes, key performance indicators or response times to ensure they were delivering an effective patient transport service. Following the inspection, the service updated patient journey logs to enable collection of this information in the future.
- The service did not benchmark and compare itself to other providers.
- The service did not hold any contracts with any commissioning organisations.

Competent staff

- There was an induction process in place for all employed and bank staff. The training delivered was a combination of classroom and e-learning via an external company. The medical director provided ad-hoc training as required.
- The registered manager said the training covered clinical competences with written and practical assessments following completion of the training. The company used an external training provider, we were unable to review any competences or practical assessments used with staff. The registered manager and staff we spoke with said they did not have any competence booklets.
- The company used an external training company to provide training, as such we were unable to say whether staff providing training held appropriate qualifications.
- Not all staff driving ambulances had the required category of driving licence to allow them to drive heavier vehicles. Four out of ten licences we reviewed showed that staff did not have the category of C1 on their driving licences. This is the category required to allow staff to drive vehicles when loaded, potentially weighing more than 3.5 tonnes.
- Non-emergency response driver training certifications stored in personal files we reviewed, showed that five out of the ten members of staff had certificates recording completion of ambulance driver training including response driving. The provider said that the other five members of staff did not drive emergency vehicles which was why they did not undertake driving licence checks.
- The registered manager said that blue light driving was only undertaken by the staff trained to do so. It was used in the event of the deterioration of a patient as an aid to

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quickly transfer them to the nearest hospital and when they were doing an emergency transfer of a ventilated patient of whom they had two in the last 12 months. The service had regular work to transfer babies from the local airport to a children's hospital for treatment. Staff we spoke with said this occasionally required blue light driving. We were unable to determine whether this course was accredited to the expected levels, for example level three certificate in emergency response driving.

- Staff occasionally had to transfer patients receiving organ support on journeys. However, this was only carried out if the service had appropriately trained staff available and if qualified medical/nursing escorts were provided from the transferring hospital.
- The staff occasionally transported children requiring admission to hospital from out of the area. This was only provided if qualified medical/nursing escorts accompanied the child during transfer.
- Information we received prior to the inspection showed that 100% of staff received an annual appraisal. Staff we spoke with and records we reviewed did not confirm this. Staff we spoke with was not aware of when their next appraisal was due and confirmed that learning and training needs were not discussed or reviewed.

Coordination with other providers and multi-disciplinary working

- The majority of work was provided on an ad-hoc basis to the local NHS hospital.
- The service reported a good working relationship with the local NHS hospitals.
- The service liaised with a dedicated point of contact at the local hospitals that was responsible for transport services.
- The service said that all information required to transfer the patient safely was provided at the time of the booking.

Access to information

- Staff accessed the information needed for specific patient journeys via the senior management team who took the bookings. Staff said that all the relevant information about patients' and their journeys required to transfer the patient safely was provided at the time of the booking. This included, for example, DNACPR and infection status.

- Staff we spoke with said that if something had not been communicated via the booking system, and they did not feel they were competent to carry out a journey because of something that became apparent on arrival, they would report this to the senior management team for further advice. The senior management team said they would contact the transport manager to share this information to improve booking procedures and ensure that alternative transport arrangements had been made for the patient. .

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were covered as part of staff mandatory training. This was supported by the staff we spoke with and the training records we reviewed.
- As the company used external training providers to provide training we were unable to review the content of training provided. The registered manager said that staff received a basic overview on the Mental Capacity Act 2005 and consent for children and young people including Gillick competencies on induction and a yearly refresher. Training records we reviewed showed that six out of ten employees had received training.
- Staff we spoke with showed an awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. Staff also described to us how they would support with patients if they initially refused care or transport.
- Staff obtained consent via both verbal and written routes. The staff we spoke with were aware of how to gain both written and verbal consent from patients and their representatives. Staff shared with us consent to travel form which staff completed if patients refused to travel to hospital from a sporting event.
- The service had an up to date Mental Capacity Act 2005 and Deprivation of Liberty Safeguards policy.

Are patient transport services caring?

Compassionate care

- During the inspection, there was limited opportunity to observe care and speak with patients. We observed care on one transfer and found the staff engaged positively with the

Patient transport services (PTS)

patient and explained expectations during the journey. Several times during the journey, the crew member checked that the patient was warm and comfortable and maintained the patients dignity by keeping the patient covered. We observed staff ensuring that patients were covered prior to going outside and staff greeted the patient in a friendly manner.

- We were able to speak with one patient during the inspection and the patient provided positive feedback on the care received.
- We also spoke with a relative of a patient that the service regularly transports. The relative had accompanied the patient on journeys and provided positive feedback on the care their relative received.
- The service did not participate in surveys or audits of patient experience.
- Staff we spoke with provided examples of the care and support they provided when they transported patients with specific mental health needs to maintain dignity and promote individuality whilst maintaining safety.
- The service provided us with a number of compliment letters and cards sent to them from people who accessed their services. These showed that the service respected and valued patients that used the service; staff were praised in these compliments for their patience, respect and caring nature that was shown. It was clear from reading the compliments that the care people received from the service was above their expectations. The service provided examples of the ambulances taking patients on their preferred route of transfer e.g. driving along the seafront during discharge, paying for meals during long journeys and transporting pets during patient journeys.
- From the observations and discussions, we had with staff it was clear that staff saw patients as partners in their care and were committed and passionate about the services they provided.

Understanding and involvement of patients and those close to them

- The service did not provide any direct links to patient booking and so did not consult with patients directly during their booking process.

- Staff we spoke with said that they kept the hospital informed if the patient did not meet the eligibility criteria and alternative arrangements were then considered by the hospital.

Emotional support

- In the event that the service transported a patient who was nearing or at the end of their life, staff we spoke with said that, the person taking the booking would inform the team that the patient was receiving end of life care.
- In event of a patient death during the journey, staff we spoke with said they would drive the patient to the nearest emergency department to be seen by a doctor. The crew would also notify the registered manager.
- The staff we spoke with said they offered support, reassurance and comfort to other patients or relatives accompanying the patient on the journey.

Supporting people to manage their own health

- We did not observe this however, staff we spoke with said that if patients needed additional advice for example how to manage diabetes then they would give advice and sign post them to local support services.

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

Service planning and delivery to meet the needs of local people

- The service provided patient transport services across the region. The service worked with a local NHS hospital for the majority of their work.
- Around 70% of the work carried out was patient transport services from the local NHS trust, and 20% of work carried out was at sporting events usually with the summer months. The remaining 10% was private work obtained from advertising the business and personal recommendations.
- Business growth and the diversity of the service was managed by the business manager and registered manager they worked together attracting new private contracts and by maintaining existing links with the NHS hospitals.

Patient transport services (PTS)

- The service did not have a written eligibility for transport policy which detailed which patients were suitable for transport. However, the registered manager said that they would refuse to transfer patients not meeting their criteria and not able to be transported by the service to the transportation manager and the local hospital or the person who made the booking to make alternative arrangements.

Meeting people's individual needs

- Patients' needs were discussed at the time of transportation being booked by a hospital or other provider, and the senior management team managed this.
- Staff we spoke with said that at the time of booking a journey, staff asked relevant questions to obtain information on the patient's mobility, the type of vehicle required, what equipment was needed, additional needs such as hearing or sight impairment and if the patient needed an escort. For example, if they were living with dementia or had a learning disability.
- Staff we spoke with said that the booking system provided with them sufficient information to appropriately plan for their patients, for example if a patient had a mental health concern. This information was provided to staff on booking and on handover. If the crews required further information, they received this from ward staff during discharge or transfer. This information was not documented, so we were unable to corroborate this.
- Staff we spoke with said they maintained individual preferences of patients by listening to them and adapting services they provided as a result of the information gained. Staff we spoke with gave examples of times that they adapted the vehicle they were transporting the patient in to enable those with complex needs to be transported. For example, travelling in a smaller vehicle, making the patient comfortable with pillows, and using touch for reassurance.
- The company did not use any patient alerts for patients living with dementia, a learning or physical disability. Any information gained at the time of booking was shared with the ambulance crewmembers in advance of the transfer.
- Staff had access to pictorial communication guide, which gave a range of symbols and signs used to communicate with people who may be cognitively impaired, lack speech or may have English as a second language.

- Staff told us they could access a telephone interpretation service via the internet to support patients whose first language was not English.
- Staff we spoke with said that when transporting a patient with a learning disability, they communicated with them as appropriate using verbal communication, sign language or picture cards. However, some members of staff we spoke with said they had not received any specific training in relation to patients living with dementia or a learning disability.
- Staff we spoke with were appropriately experienced for supporting patients with specific mental health conditions and had received training in handling violence and aggression. At the time of inspection, all ambulance care assistants were trained to support patients with these specific techniques, which we were assured met the needs of the service.
- The service had adapted vehicles for wheelchair users and these vehicles were equipped with straps.
- The service occasionally transported children, however, they only used the child's own safety equipment, for example, car seat.

Access and flow

- The majority of the patient journeys were booked and transported on the day of the request. Journeys were only accepted if the service has the resources to carry them out.
- Patients' suitability for transport by the service was assessed at the point of booking by the senior management team. The service provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or requiring treatment.
- The patient journeys were planned and booked by the management team and the information was then shared with the ambulance crewmembers.
- Staff we spoke with said the management team provided them with accurate journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- From records we reviewed, we saw that approximately 30 patient transport journeys were made each month.

Patient transport services (PTS)

- The service did not monitor response or turnaround times as the registered manager did not feel that this would improve the quality of the care the service provided to patients. Following the inspection the service provided us with improved journey logs to enable this information to be collated.

Learning from complaints and concerns

- The service had an up to date complaints policy, which had been shared with staff. This policy contained a clear procedure for actions to be taken when a complaint was received.
- Staff we spoke with said that if a patient wished to raise a complaint in regards to the service received from the service, they would provide them with the contact details of the registered manager. The registered manager confirmed they would then contact the complainant and deal with the complaint either informally or formally. The registered manager said that they would inform the relevant hospital about the complaint if it involved a patient that had been booked by the service.
- The service said that they had never received a formal complaint. If a complaint was made to the registered manager, about the service they would lead the investigation and reporting of the complaint. The registered manager said that, in such circumstances, they would contact staff members and be given an opportunity to respond to the complaint.
- Staff we spoke with could describe the system used to report complaints.
- Staff told us that feedback forms used to record a complaint or to gain positive feedback, were available in the ambulance station and on vehicles during our visit, we confirmed vehicles carried patient feedback cards.
- As the service had not received any complaints they were unable to benchmark the numbers of complaints received with complaints received from other providers.
- The registered manager (also an ambulance technician) ran the service. The registered manager was knowledgeable about the service, knew all the staff by name, and was clearly passionate and dedicated to the business.
- Staff we spoke with said the registered manager and station manager were visible and accessible and that they could speak with them at all times. The registered manager was available and on call, when required, over the seven day period.
- All staff we spoke with spoke very positively about the registered manager and their open approach to management. All staff we spoke with said that they could speak with the manager and raise any concerns that they may have about the service and said that they would feel listened too.
- Staff we spoke with described the culture as happy and described the company as a good place to work. Staff said they were able to receive their breaks regularly. Staff spoke about their colleagues in a positive way.
- There was no separate policy for duty of candour, however reference to the duty of candour requirements were made in all policies we reviewed. We were unable to review training packages to see if staff had been trained on duty of candour. Staff we spoke with said that they had not been trained in duty of candour at the time of the inspection. The registered manager was clear on the requirements of duty of candour, but staff we spoke with were unclear about their obligations under duty of candour and were unable to respond to scenario-based questions.
- The registered manager said that as they had not had any incidents in the service, they had not triggered a formal duty of candour (DoC) response.
- Personnel records we reviewed showed that the company did not have an effective process for ensuring references and disclosure and barring service (DBS) checks were carried out prior to commencing employment. In two out of ten of the personnel files we reviewed, there was no evidence of references being sought.
- In the last year, the Care Quality Commission had received one whistleblowing enquiry about the service. We

Are patient transport services well-led?

Leadership / culture of service related to this core service

Patient transport services (PTS)

had reviewed the information and gained assurance by the information shared with the provider. The service had a whistleblowing policy in place to provide assurance for staff providing feedback.

- The senior management team had developed a handbook for staff, which detailed various pieces of information about the company and staff employment within the company.

Vision and strategy for this this core service`

- The registered manager had a vision and mission statement for the service which clearly documented the aims and values of the service. Staff we spoke with were able to describe the values, vision and aims for the service.
- The registered manager's business plan and aim was to keep the business small to enable them to deliver a quality service.

Governance, risk management and quality measurement

- The service did not have an effective mechanism in place to identify and manage risk and measure the quality of the service delivered to patient. Although the registered manager felt they had oversight of all risks within the business, these were not all documented. The service did not hold a risk register or have other similar systems to identify and monitor the highest risks to the organisation, both clinical and non-clinical.
- Staff spoke with us about actions taken to mitigate risks in the organisation. However, documentary evidence was not always available to support the actions staff said they delivered, for example, regarding lone working.
- The service did not carry out audits to measure the quality and effectiveness of the service delivered. The service did not have a system to routinely monitor the key performance indicators (KPIs). Information was not collect on patient journeys.

- We did not receive assurance over the standard of training provided or the competence of staff, due to the records of training and competences being held by an external company. Following the inspection the registered manager confirmed that they had identified a different external company to provide first aid training to staff and would undertake specific ambulance skills training and competences from the company medical director and a qualified member of staff.

Public and staff engagement (local and service level if this is the main core service)

- The service sought feedback from patients by completing comment cards; these were available on the ambulances. Patients were asked questions on the caring nature of staff, the cleanliness of the vehicles and the responsiveness of the company.
- The service had not received any information from the local NHS or independent hospitals on the type of feedback the service was receiving, positive or negative. Therefore, no learning was being shared with the service to enable them to improve or to sustain current performance.
- The registered manager said that the service did not hold regular, specific staff meetings due to numbers of staff employed. They utilised regular communication via face to face discussions and mobile communication for staff to access information. However, these discussions were not regularly recorded so we are unable to corroborate information shared. The service did use time at sporting events during the summer months to hold team meetings and minutes from two meetings we reviewed showed that business information was shared with staff and staff used this time for reflection on recent incidents.

Outstanding practice and areas for improvement

Outstanding practice

- From the observations and discussions, we had with staff it was clear that staff regarded patients as partners in their care and were committed and passionate about the services they provided.
- The service provided us with a number of compliment letters and cards sent to them from people who accessed their services. These showed that the service respected

and valued patients that used the service; staff were praised in these compliments for their patience, respect and caring nature that was shown. It was clear from reading the compliments that the care people received from the service was above their expectations.

- The service consistently supported patients with access to food and drink during long journeys.

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must ensure that learning from audits and complaints is centrally recorded and shared with staff to improve patient outcomes.
- The provider must ensure that staff providing care or treatment to patients have the correct competence, skills, training and experience to do so safely. This includes safeguarding and ensuring that all staff receive an annual appraisal. This also must be centrally recorded.
- The provider must ensure effective governance systems are in place. Including recording of key performance indicators.
- The provider must ensure that staff are recruited in accordance with national guidance and regulations.

- The provider must ensure that they assess, monitor and mitigate the risks relating to the health and safety of service users and others who may be at risk which arise from the carrying out of regulated activity.

Action the hospital **SHOULD** take to improve

- The provider should ensure that staff have reviewed operational policies and procedures and that they have signed to say they have reviewed.
- The provider should ensure that all staff working away from the base station have access to current policies and procedures.
- The provider should ensure that they participate in audits or surveys of patient experience.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: Systems and processes were not always operated effectively to assess, monitor, improve services and mitigate any risks relating to the health, safety and welfare of people using the services and others:</p> <ul style="list-style-type: none">• No evidence of vehicle cleanliness audits• No hand hygiene audits.• The service did not carry out audits of patient journeys, aborted journeys, cancellations or escalations of patients transported.• No central log of complaints and audit results.• No evidence of risk assessments for lone working or chemicals used for cleaning.• No hand hygiene audits.• No central log of risk assessments completed.• Records we reviewed showed that the company did not have an effective process for ensuring references and disclosure and barring services checks were received prior to employment.• In two of the ten files we reviewed we did not see evidence of references being obtained.• One member of staff had worked for the service for two months prior to DBS checks been obtained.• Not all staff driving ambulances had the correct category of driving licence to allow them to drive heavier vehicles.

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Not all staff were receiving the support, training, professional development, supervision and appraisals that were necessary for them to carry out their role and responsibilities:

- We reviewed training files for ten members of staff and saw evidence that six members of staff had completed the training course in the last year.
- There was no evidence of competencies assessments undertaken for staff.
- There was no evidence that appraisals were undertaken and staff we spoke with said that their learning and training needs were not discussed or reviewed. Staff were not aware of when their next appraisal was due and confirmed