CareQuality Commission

A.K.R. Limited

Percys Travel

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We have not rated this service before. We rated it as requires improvement because:

- Staff were not trained in line with current safeguarding guidance for their roles and responsibilities.
- Vehicles were not cleaned using suitable Infection, Prevention and Control (IPC) processes.
- Control of Substances Hazardous to Health (COSHH) documents were not available for staff so that products could be used safely.
- The service recorded information on patient journeys for individual patients that including observations but did not detail staff actions during their journey.
- Staff did not report all potential incidents that aligned to categories of the incident reporting policy.
- Managers did not show learning from incidents or share learning with their team.
- Managers did not utilise an audit programme to improve the service.
- Meeting records did not have a consistent structure to ensure staff had consistent messaging that covered the needed governance processes to run the service safely and effectively.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients and acted on them.
- Staff provided good care and treatment. The service met agreed performance targets. Managers checked the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Patient transport services	Requires Improvement	🟠	

Summary of findings

Contents

Summary of this inspection

Background to Percys Travel

Percy's Travel provides a Special Educational Needs (SEN) Transport service which is the focus of this report. The location also runs other transport services which are not covered as part of this report due to being outside of the Care Quality Commission's (CQC) regulatory scope

The location was registered on the 26 February 2021. The service is registered for the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Services for Everyone.

How we carried out this inspection

We carried out an announced inspection on 26 June 2022 using our comprehensive inspection methodology and followed this up with a further visit to the location on the 13 October 2022.

Our inspection team consisted of a lead CQC Inspector and a Patient Transport Services (PTS) Specialist advisor for both visits to the location.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service should ensure that Control of Substances Hazardous to Health (COSHH) documents are available and accessible to staff so that products can be used safely and in line with service policy. Regulation 17 (2) (b)
- The service should ensure that vehicles are cleaned using suitable Infection, Prevention and Control (IPC) processes. Regulation 12 (2) (h)

Action the service SHOULD take to improve:

- The service should ensure that staff are trained at a suitable level in line with the Intercollegiate guidance for Safeguarding for their roles and responsibilities. Regulation 13 (2)
- The service should ensure incidents are reported and shared effectively by staff and managers in line with the full scope of their policy. Regulation 17 (2) (b)

Summary of this inspection

- The service should ensure that records of all patient journeys are kept for each individual patient including observations from their journey. Regulation 17(2)(c)
- The service should consider standardised headings for recording meetings which outline consistent areas of governance.
- The service should consider modules for staff that specifically cover autism and learning disabilities.
- The service should consider implementing their own audits to utilise data generated as part of their sub-contract agreement to improve the service.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Patient transport services

Safe	**Requires Improvement**	●
Effective	**Good**	●
Caring	**Good**	●
Responsive	**Good**	●
Well-led	**Requires Improvement**	●

Are Patient transport services safe?

Requires Improvement ●

We have not rated this service before. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Managers had a training matrix which showed the dates of staff training completion. Staff had completed 100% of their allocated training, and managers could see when training was due for renewal.

The mandatory training was comprehensive and met the needs of patients and staff. Staff had access to training which was suitable for the roles they performed. However, training for safeguarding did not meet the requirements associated with the intercollegiate safeguarding guidance. Managers acknowledged our feedback but did express that staff had followed safeguarding training outlined by the council as part of their sub-contracted agreement.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia. But this did not extend to Learning Disabilities and Autism. Staff had training in modules which looked at Challenging Behaviour, Dementia and Mental Capacity. However, there were not individual modules for learning disabilities and autism which formed the primary patient population that was transported by the service.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers checked mandatory training once a month and demonstrated awareness of which staff were due a renewal of their training when asked.

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. However, the training was not at a suitable level for the scope of staff roles.

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Staff did receive training specific for their role for recognising and reporting abuse, but it was not at the correct level. Staff received two different courses associated with recognising safeguarding concerns which had been resourced by an external company and the local council, respectively. The courses were aimed at level 1 competencies on the intercollegiate guidance for Safeguarding in Healthcare. As staff interacted with patients during journeys and helped with basic needs, this indicated that staff required training that was recognised at level 2 of the intercollegiate safeguarding guidance for healthcare.

Managers and staff were also unsure about the role and remit of a chaperone. Managers acknowledged their misunderstanding of the role and it was suggested that training and a review of their policy would be needed. Managers verified their policy and agreement with their system partners following our visit and managers confirmed that chaperone duties fell outside of their remit of care.

Staff knew how to protect patients from harassment and discrimination but had not made a referral for safeguarding. Staff showed good awareness of the safeguarding risks associated with their patient population. Staff could give theoretical examples of what they would consider a safeguarding concern but had not made a safeguarding referral in the last 12 months. The registered manager acted as the safeguarding lead for the service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could explain what actions they needed to take if they wanted to start a safeguarding referral. Managers would handle the reporting of the concern to the local authority, but staff and managers had a standardised process that they followed.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. However, they kept equipment, vehicles and the premises visibly clean.

Vehicles were clean and had suitable furnishings which were clean and well-maintained. Managers and staff showed three of their four vehicles that were used as part of the SEN transport service. All vehicles reviewed were visibly clean with suitable furnishings.

Cleaning records were up-to-date and showed that all areas were cleaned regularly. Staff cleaned vehicles once a week. Managers provided records associated with each vehicle and staff completed these records. However, there were no records associated with the deep cleaning of vehicles. Managers did not provide evidence of deep cleaning processes and showed a lack of understanding. Managers were receptive to the feedback and showed motivation to make arrangements for this.

Staff did not always follow infection control principles but did use personal protective equipment (PPE) correctly. Staff cleaned vehicles once per week in a designated zone which was marked in the garage area. Staff used mops for all vehicles and various cleaning solutions. However, staff did not change mop heads after each cleaning of a vehicle and cleaning solutions did not have COSHH sheets that staff could access to complete their cleaning safely. Managers did not provide standardised cleaning products and in combination with the lack of COSHH sheets for staff to access, there was a risk that certain IPC risks would not be effectively decontaminated. Staff did wear PPE correctly and could access PPE at a designated position. Managers acknowledged our feedback and took initial steps to preserve patient and staff safety by immediately acting upon our concerns.

Patient transport services

Staff cleaned equipment after patient contact. Managers and staff had cleaning checklists for vehicles, but staff did not use labels that showed equipment had been cleaned if patients had used it. However, equipment used on the vehicles were limited and the risks for this were low.

Environment and equipment

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

The design of the environment was suitable for the services being provided. Managers had arranged the renovation of their offices which were taking place during our visits to the location. Staff parked vehicles outside the offices and were locked when not in use. Managers held keys to vehicles upstairs in secure offices which were locked when not in use.

Managers showed evidence of recent health and safety and fire assessments which managers expressed would be renewed upon completion of the renovation work.

Staff carried out daily safety checks of vehicles. Staff conducted daily checks of vehicles and managers had oversight of the checks so that they could action anything of concern. Managers had oversight of mandatory vehicles checks such as tax and ministry of transport (MOT) tests. Mangers showed evidence of fleet insurance for all vehicles.

The service had enough suitable equipment to help them to safely care for patients. Staff used limited equipment on board the vehicles. Equipment in the vehicles was in good condition and managers had ensured servicing of equipment had been completed in the last 12 months. Managers ensured specialist equipment such as wheelchairs had met the LOLER testing requirements in the last 12 months and staff showed awareness of safe working processes associated with specialist equipment use. Straps for securing wheelchairs were in good condition with no evidence seen of fraying.

Staff disposed of clinical waste safely. Managers had a designed area in the garage for clinical waste. Staff stored clinical waste correctly and labelled the bins that held this.

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 responded promptly to any sudden deterioration in a patient's health. Staff could explain what they would do in an emergency that was within their remit as non-medical staff. Staff explained to us actions they would take in choking and seizure scenarios.

Staff had access to risk assessments for each patient. Managers had access to patient documents stored by the council which outlined the medical conditions they had and therapeutic information that would reduce the risk of patients becoming adjugated.

Staff knew about and dealt with any specific risk issues. Managers and staff felt that the patients they transported were low risk patients but managers held information regarding all patients and would highlight specific risks to staff if there were concerns about the safety of the journey as a result. Managers and staff also welcomed family members and carers to travel with patients if it was suitable or therapeutic. Managers expressed that this was common practice during their first journeys and reduced risk.

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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 had enough staff to keep patients safe, but staff numbers were limited. Managers outlined that each journey had a driver and patient transport assistant. Staff would switch between the two roles on a rotation basis. Managers acknowledged that there were enough staff to run the service but they needed to recruit further staff due to the potential for staff sickness and unexpected absence. Managers expressed that they would be able to step in to ensure the service ran if this occurred but acknowledged the risk. The service did not use bank or agency drivers and there were no arrangements for this.

The staff matched the planned number. Managers confirmed that the sickness rates for the service were low. Staff numbers matched the staff rotas reviewed.

The service had low vacancy rates for staff. Managers have been trying to recruit drivers but acknowledged this has been difficult in the current market. The service still has two vacancies for drivers in the SEN transport service.

The service had low turnover rates for staff. Managers had a turnover rate of 16.67% in the last 12 months.

Sickness rates for staff were low. Managers confirmed that they had an absence rate of 0.5%.

Records

Staff and managers did not keep detailed records of patients' care and treatment. Records were stored securely and easily available to all staff providing care.

Patient notes were not comprehensive, but staff did record information on journeys. Managers did keep individual records of the journeys completed by the service. Managers showed a sample of journey records that showed staff wrote notes from journeys but were limited in the details of care provided.

Records were stored securely. Managers held information on patients using the service securely and adhered to guidelines outlined by the local council who held and shared the information as part of their contacted agreement with the service.

Incidents

The service managed patient safety incidents. Staff recognised incidents but did not declare all potential incident categories outlined in their policy when reported them. Managers did not investigate incidents or share lessons with the whole team.

Staff and managers appeared unclear about what incidents to report and how to report them. Managers provided examples of 3 accidents that were recorded. The incidents were associated with vehicle incidents. Incidents had a

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standard form which staff filled out following an incident. Staff had reported only 3 incidents in the last 12 months and could not think of other examples where they could have reported further. The policy also outlined a large number of potential incident categories that the manager and staff did not collect data for. However, managers did show action to incidents when they occurred to ensure the safety of patients.

Staff raised concerns and reported incidents but there wasn't evidence of near miss reporting. Staff and managers, we spoke with were unclear regarding the scope of incidents their policy allowed them to report when we reviewed their policy for incidents with them. The policy outlined what types of incidents should be reported and that staff should look to report any potential incident to managers for learning and discussion.

Managers did not always share learning with their staff. Managers held monthly meetings which they recorded but did not follow a standardised format. Managers could not provide evidence of learning from the 3 recent incidents that had occurred and meeting minutes did not have a designated sub-heading for incidents and their review. Managers responded to these observations and provided evidence after our inspection of new meeting minutes which had a new format to highlight incidents.

Staff did not report all potential serious incidents clearly in line with the service policy. Staff and managers expressed that there were no other incidents they could recall that would be reportable from the past 12 months. However, the service policy was specific to the types of incidents that needed to be reported and managers felt that there was potential for more incidents to be recorded and investigated. Managers expressed that they would be reviewing the policy due to our observations and encourage a wider scope of reporting.

Staff understood the duty of candour. Staff understood duty of candour and what it meant. The service policy outlined a process that involved contact and transparency of the service errors with affected individuals. Managers and staff showed awareness of this process. Managers adopted a similar process for complaints which formed part of the incident reporting policy.

Staff did not receive feedback from investigation of incidents. Meetings were recorded in a handwritten book. However, we did not see evidence of shared learning from any incident reported in the last 12 months. Managers acknowledged this observation and that it was not in line with their policy. They expressed that they will look to improve this and took actions following our visit to start this.

Are Patient transport services effective?

Good ●

We have not rated this service before. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

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Staff followed up-to-date policies most of the time to plan and deliver high quality care during their journeys. Staff and managers followed most policies that ensured the running of the service. However, there were some policies that managers and staff had not implemented fully which prevented the service from running in an optimal manner. Managers and staff reviewed policies and managers had agreed dates for when this would be completed.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff completed training associated with the Mental Capacity Act. The policy for Mental Health expressed that this course also covered areas of the Mental Health Act that were suitable for the staff roles at the location. Staff could give examples of how they ensured patients had an enjoyable journey that nurtured their mental health with them by promoting their wellbeing and engaging in their interests using information from their patient passports.

Nutrition and hydration

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

Staff did not have direct responsibility for patient's nutritional needs. The service did not supply hydration for patients during their journey. However, staff did ensure that patients had adequate drinks available to them during their journey before they started their trip.

Patient outcomes

Managers checked the effectiveness of their service. However, they did not use the findings to make improvements.

Managers were accountable to the local council to supply data that showed key performance indicators (KPI'S) that managers agreed as part of their contract. This included information such as arrival and pick up times, the number of journeys completed, the planned routes and fuel consumption. Using these KPI's the council would average out the figures to reward a score for the effectiveness of the service. However, managers did not show any evidence that this data was used to improve the service through audits or other mechanisms.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held informal supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers had a spreadsheet which allowed them to track and act when staff needed to update their mandatory training. The mandatory training met the needs of patients, however it did not have modules that covered the specific needs of the SEN patients the service transported. Managers expressed that the training covered the patient's needs through existing modules in the mandatory training curriculum.

Managers gave all new staff a full induction tailored to their role before they started work. Managers ensured that staff completed their full mandatory training programme before they began work.

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Managers supported staff to develop through yearly, constructive appraisals of their work. Managers had standardised paperwork for their appraisal process, and we saw two examples of completed appraisal forms. Staff expressed that they had recent appraisals and felt positive about their development in the organisation. For example, one staff member was offered the chance to develop experience in the day to day running of the service by supporting the registered manager.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff confirmed that they attended monthly meetings and they also confirmed that they meet daily to discuss the actions for the day. Managers did not record these daily meetings. Managers produced handwritten meeting minutes for monthly formal meetings that were kept in a diary which all staff had access to and could review when needed. The diary was at a designated position in the office and staff knew where this was located.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers used the yearly appraisal process as a mechanism to encourage development of staff knowledge and skills. Staff gave positive feedback about their manager and felt their manager supported them and encouraged them to seek responsibility and gain new skills.

Multidisciplinary 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 did not hold regular multidisciplinary meetings but did have a good relationship with their main working partners in delivering the SEN service. Managers worked closely with the council to deliver an effective service. Managers outlined the framework and agreement that they worked towards. This included the sharing of patient information that informed staff to the specific risks that could occur during their journeys. Managers had a target number of journeys they were expected to achieve and there was an effective recording process for monitoring timings associated with departure and arrival times which managers shared with the council. Managers could not provide meeting minutes from conversations with the local council but could show dialogue with the council that demonstrated an effective working relationship that was therapeutic and effective.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had the oversight of consent processes for patients and helped them to make informed decisions about their care and treatment. They ensured their local partners followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions but did not have direct examples of this.

Staff had oversight for consent from patients for their care and treatment in line with legislation and guidance and reinforced this verbally when completing journeys. Managers explained that all consent processes were completed by the local council and that the service had oversight of the records that confirmed this process.

Staff made sure patients consented to travel based on all the information available. Staff and managers reinforced the consent processes run by the council and would always ask patients for their consent when boarding the vehicle.

Requires Improvement ●

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Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Managers confirmed that they did not currently have patients that suffered from mental health difficulties but did report any concerns to patient's carers or parents when they were concerned. However, there was not a process for recording patient journey activity which prevented staff from recording this if they needed to.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could explain where they would access policies associated with the Mental Capacity Act. However, the policy associated with the Mental Capacity Act was very limited and did not provide comprehensive guidance. There was not a policy for the Deprivation of Liberty safeguarding process. Managers expressed that the remit of the SEN Transport meant that patients using the service would be at a low risk of advanced Mental Capacity difficulties. Managers confirmed that the service would be very unlikely to encountered patients that required a deprivation of liberty order and that if an application was made, it would likely be rejected due to the service's responsibility to the safety of the other children.

Are Patient transport services caring?

Good ●

We have not rated this service before. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff used information from patient passports provided by the council to encourage and promote patient's health during their journeys. Staff expressed that they looked at patient passports as they provided interests and activities that patients enjoyed. Staff expressed that they would make a conscious effort to build rapport with their patients using this information.

Patients said staff treated them well and with kindness. Managers provided 3 pieces of feedback from patient's family or carers. Each vehicle had feedback forms that patients and their families could use to provide feedback and staff promoted this during the journey. However, there was a small sample of patients which did affect the level of feedback that the service could receive in relation to the SEN transport service.

Staff understood and respected the personal needs of patients and how they may relate to their care needs. Staff were non-medical in their remit of care and it was expected that care needs would be provided by a nominated individual if care needs were required. Staff would contribute where they could to the care needs of the patient and act in an emergency.

Emotional support

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

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Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff used information from patient passports which allowed them to gain rapport and trust with patients to enhance their emotional support to them.

Staff supported patients who became distressed in an open environment and helped them keep their privacy and dignity. Staff expressed that it was unusual for the patients to become distressed during their journey. Managers expressed that if a patient did become distressed, the vehicle would stop in a suitable position and if required staff would give the patient time and space to ensure they had privacy. There was no policy associated with this process but there were mentions of the process in the disability awareness policy.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff showed good awareness of the social impact of their role in patient's care. Staff wanted to give a personal service to patients and had an awareness of the emotional aspects of patients' SEN. Staff wanted to ensure their interventions reassured and promoted wellbeing during their journey.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Managers had outlined that the local council handled the consent processes associated with the service. However, staff were keen to answer any questions that were within their remit to support those close to patients. Staff wanted carers to feel comfortable and empower them with their caring responsibilities.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Managers and staff were big advocates of British sign language (BSL) and we saw examples of communication aids that staff used to enhance communication with patients. This included picture cards and visual communication aids.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff and managers supplied feedback forms in all vehicles that patients and those supporting them could see and fill out. Due to the small sample size of patients, feedback for the service was limited but the feedback we did review was positive.

Are Patient transport services responsive?

Good ●

We have not rated this service before. We rated it as good.

Service delivery to meet the needs of local people

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

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Managers planned and organised services, so they met the changing needs of the local population. Managers were needed as part of their agreement with the local council to supply the SEN service so that it met the needs of the local population by providing a needed provision specified by the local council.

Vehicles and premises were right for the services being delivered. The main offices were being redeveloped when we visited during this inspection. Despite this, the facilities were suitable for the activities being delivered with secure locations for vehicles, specified areas for cleaning to support IPC processes and locations for staff to take rest breaks between journeys.

The service had systems to help care for patients in need of added support. Managers and staff were able to outline the added support they provided as part of the SEN transport service. This included enhanced communication aids, individualised care that looked at the specific needs of patients based on both their medical and personal needs.

Meeting people's individual needs

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

Staff made sure patients living with learning disabilities received the necessary care to meet all their needs. Managers provided training that included modules on controlling anxiety and managing behaviour. There were other modules and policies that further supported staff to meet the needs of the SEN transport population group. However, there were no specific modules for staff that covered autism and learning disabilities.

The service had information leaflets available that were tailored to the patients and local community. Managers had an accessible information policy which showed the service provided several adaptions to their information leaflets. These included amendments to font style, Braille versions, and different languages. Managers also outlined their BSL picture cards and that they resourced methods to improve information accessibility when they received a new patient for the transport service with new needs unfamiliar to the SEN Transport staff.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Managers expressed that the service were often too small to meet the requirements of a large translation service. However, staff and managers were made aware by patient passports if translations services were needed. Following our visit, Managers arranged ad-hoc translations services if they were needed for future patients. Managers expressed that the existing staff had a large portfolio of languages available from staff's existing competencies.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff showed a variety of communication aids to help patients during their journey included visual aids such as picture prompts and BSL where staff were provided a resource pack to assist them with using sign language to support therapeutic communication. Resource packs were available on all vehicles that formed the vehicle fleet of the SEN service.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access transport when needed and within agreed timeframes. Managers expressed that staff conducted journeys 5 days a week and only during term time. The SEN

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transport service had a total of 3 routes that ran twice a day. The service had an agreed total of 6 patients who used the routes currently. Managers had a working relationship with the council that formed part of their sub contracted agreement. Managers expressed that the council would approach the service when new patients required their service. Managers had oversight of this to ensure that safe staffing levels were kept.

When patients had their journeys cancelled at the last minute, managers made sure they were rearranged as soon as possible. Managers explained that patient spaces were protected, so if a cancellation for their journey did occur, the patient would keep their seat for when they were next scheduled to travel.

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.

Patients, relatives and carers knew how to complain or raise concerns. Managers expressed that the service had not received any written complaints in the last 12 months. However, due to the low sample size of individuals available to feedback on the service, managers did not express any concerns about this. Staff promoted patient feedback forms actively to enhance patient feedback. Staff displayed feedback forms in all vehicles we inspected. Staff expressed that they drew these to the attention of carers and relatives who may be traveling with the patients.

Staff understood the policy on complaints and knew how to handle them.Staff could outline the complaints process, and this was in line with the service policy. Staff would report concerns to the manager when first approached. Managers wanted to resolve any complaint before a written complaint was sent in the hope that concerns could be resolved swiftly.

Are Patient transport services well-led?

Requires Improvement ●

We have not rated this service before. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service, but some areas required additional knowledge. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had over 20 years experience in the travel sector but expressed that the SEN transport service was a new area that the business had moved into. The registered manager was supported by her partner who acted as her deputy manager in her absence during the running of the business. The manager showed a developing knowledge of the new sector she was moving into, evidence was seen that showed the operational aspect of the SEN service was developing with the size of the service. However, there were areas that still required development of knowledge which included IPC, risk management, safeguarding and specialist training for the service.

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The registered manager and her staff showed a good understanding of the priorities for the business and some of the risks that they were facing. The manager expressed that staffing the service was her primary risk as the sector was difficult to recruit to. Staff expressed that the manager and her deputy were approachable and supportive to them and they felt confident to ask questions when needed.

One staff member expressed that the registered manager encouraged them to take a bigger interest in the operational aspects of the service. They felt empowered, motivated by the manager, and expressed that they enjoyed being offered the extra responsibility.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The manager's vision and strategy was guided by the agreement with the local council who acted as the main sub-contractor to the SEN transport service. The manager engaged often with the council and there were performance indicators that the service recorded and fed back as part of this agreement. This contributed directly to the local plans of the council and the manager was keen to contribute further to this where needed. The manager and staff also outlined the refurbishing of their location and they spoke at length about how they saw the refurbishment of the location contributing to the SEN transport service.

Culture

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

Staff were happy at the location. They expressed that the job was challenging but rewarding. They felt that they were valued and could approach managers with any concerns they had about the business and their role. Staff expressed that they saw scope for career development when they needed to consider it, but most staff were happy in their current roles. The location had systems and processes that welcomed feedback and evidence was shown to outline some feedback received for the SEN transport service. Managers expressed that feedback was limited but pointed towards the small sample size of patients using the service which made receiving large levels of feedback challenging. Feedback that was received was positive and praised staff on their attitude to care towards their patients.

Governance

Leaders operated governance processes that at times needed development within the service. Leaders operated good governance processes with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service but this was not always recorded in a standardised manner that identified learning or potential risk.

Patient transport services

The manager had systems for the governance of the SEN transport service that were centred around the requirements of the sub contract with the council. This included performance, activity requirements and suitable access to patient details that would be needed prior to providing transport. However, managers and staff did not conduct audit activity on data they received to enhance the safety and efficiency of the service.

Staff were clear about what their responsibilities were and could explain this to the inspection team. The manager met with her team on average once a month formally, however the meetings lacks a standardised recording format and were recorded in a paper diary as a record with a limited structure for key areas of governance such as incident feedback and risk escalation which limited the service in learning lessons from mistakes and raising concerns through a structured process. Staff could access this diary if they were unable to attend a meeting. Managers did provide opportunities for staff to meet in the morning, but these engagements were not recorded which limited action and documentation for emerging risk on a more frequent basis.

Managers showed evidence of recruitment checks for the service were carried out, including current Disclosure and Barring Service (Dbs) checks for a sample of employment records held in personnel files covering the past 3 years. Managers also showed evidence of staff induction processes and driver assessment processes which ensured staff could perform their roles safely."

Management of risk, issues and performance

Leaders and teams found and escalated some risks and issues and identified actions to reduce their impact, but systems associated with this required further development to ensure all risks were identified in line with their policies and procedures. Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.

The manager showed limited structures in the management of risk to the service. The location risk register was limited to operational risks and focused more on the building and premises.

Staff did not complete IPC processes using methods that were best clinical practice. This included the incorrect storage and use of disposable mop heads which were not changed at a frequency that was safe. Manager did not have the effective oversight of risk associated with these unsafe practices.

COSHH record sheets were not available to support and help staff in the safe use of products used by the service. There was also not a standardised set of cleaning products used by the location which limited IPC effectiveness further. This presented a risk to the effectiveness of cleaning and the safety of staff performing it. The policy for COSHH record keeping was also not being followed correctly as a result of the observations. No provision had been made for the deep cleaning of vehicles.

Managers and staff did keep records of individual journeys, but they were limited in the detail they provided especially around staff actions during a journey. This meant that the location would not always be able to account for events that occurred under their care if a concern was raised at a later date by patients or their families and carers.

The reporting of incidents did not cover the scope of events outlined in the incident reporting policy. This meant that there was a risk that important events were not recorded where learning and improvements to the service could be made to enhance the safety of the service.

Patient transport services

The manager did show processes that did manage performance effectively and showed processes associated with business continuity. The location had tested their business continuity plan in the last 12 months.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently given to external organisations as required.

Managers were needed as part of their agreement with the council to collect data related to their journeys which they used to measure their performance against the parameters set by the council. Managers sent this data monthly and it was stored on secure platforms. Managers also managed patient information which could only be accessed by a secure server that had strict sharing policies associated with the council that managers enforced. Managers provided staff with training in Gdpr and showed an understanding of ensuring information was kept secure and confidential information was disposed in a secure manner using shredding machines.

Staff were conscious of data security at their computer terminals and ensured their desktop was logged if away from the area. All computers had password protected access platforms.

Engagement

Leaders actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Managers had a structure for communicating with their staff daily before beginning their shifts for the day. However, managers did not record this information. Managers met with staff formally on a monthly basis and staff felt happy with this arrangement. Staff felt well informed about the direction of the business and that they were involved in the decisions associated with this.

Managers and staff sought patient feedback and feedback from those associated with their patient's care. The sample size of individuals who gave feedback was small and this made the process difficult for managers to gain insight into the patient experience, however feedback they had received was positive.

Managers had a good relationship with the council regarding the location concordance to the requirements of the service contract. Managers expressed that they had contact with the council often through a named individual, but there was not a meeting structure with the council to review their performance. Managers expressed that this was due to performance data and council feedback mechanisms giving them the reassurance that they were meeting the requirements of the agreement.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services, but governance structures did not promote this.

Managers and staff did not have active projects associated with innovation. Managers acknowledged our feedback that some governance structures could do more to promote learning and improvement of the service and managers showed motivation to act on the feedback. Staff were willing to engage and understand what they could also do to contribute and improve the service.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • The service did not ensure that staff were trained at a suitable level in line with the Intercollegiate guidance for Safeguarding for their roles and responsibilities. Regulation 13 (2)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service did not ensure that vehicles were cleaned using suitable Infection, Prevention and Control (IPC) processes. Regulation 12 (2) (h)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service did not ensure that Control of Substances Hazardous to Health (COSHH) documents were available and accessible to staff so that products could be used safely and in line with service policy. Regulation 17 (2) (b) • The service did not ensure that incidents were reported and shared effectively by staff and managers in line with the full scope of their policy. Regulation 17 (2) (b)