

Team Medic (London) Ltd

Team Medic

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.

Ratings

Overall rating for this
ambulance location

Good



Patient transport services (PTS)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Team Medic is operated by Team Medic (London) Ltd. The service provides patient transport services for adults within Surrey. Team Medic also provide a service for sporting and cultural events which is not a regulated activity.

This was the service's first inspection since registration in November 2017.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection of the service headquarters on 10 December 2019.

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

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

We have not previously inspected this service. We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The maintenance and use of facilities and equipment kept people safe. Staff assessed risks to patients, acted on them and kept records of care. They managed medicines well. The service managed safety incidents well and learned lessons from them and shared these with staff.
- Staff provided good care and treatment. Managers monitored 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 and had access to good information. Key services were available seven days a week.
- Staff aimed to treat 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 and did not have to wait for the service.
- Leaders ran services well using reliable information systems and 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 and the community to plan and manage services and all staff were committed to improving services continually.

However;

- The provider should develop a patient record policy including the management of do not attempt cardio pulmonary resuscitation forms.
- The provider should record medical gas training so this is accessible.
- The provider should document all complaints on the register and document clearly what actions have been taken.
- The provider should review the risk register on a regular basis and reflect all concerns including those verbalised by staff such as recruitment.

Summary of findings

Following this inspection, we told the provider that it should take some actions to comply with the regulations, even though a regulation had not been breached, to help the service improve.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Good



Why have we given this rating?

Patient transport services were a small proportion of the activity undertaken by this service. The main service was event work which is not a regulated activity and was not inspected.

Good 

Team Medic

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Team Medic

Team Medic is operated by Team Medic (London) Ltd. The service was established in 2011 for event work. The service registered with The Care Quality Commission to carry out patient transport services in 2017. It is an independent ambulance service based in Woking, Surrey. It provides a private patient transport service to the local community.

The service offers transport services for people travelling from their home address to outpatient appointments. The service does not subcontract for any larger organisations. The service has five vehicles in total, only one of those is allocated for patient transport services as the rest are used for event work.

The service has had the current registered manager in post since May 2019.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, a specialist advisor with expertise in patient transport services and an assistant inspector. The inspection team was overseen by Catherine Campbell, Head of Hospitals Inspection (South East).

Facts and data about Team Medic

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the Team Medic headquarters based in Woking. We spoke with three staff including crew, office staff and management. There were no transport services taking place on the day of inspection.

Following the inspection, we held telephone interviews and spoke with two patients, one relative, one healthcare provider that used the service and two members of staff including the registered manager.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the first time the service had been inspected.

Activity (Oct 2018 to Oct 2019)

- There were 156 patient transport journeys undertaken.

Track record on safety

Detailed findings

- No Never events
- One clinical incident categorised as low harm No serious injuries
- One complaint

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●
Overall	Good	●

Information about the service

Team Medic was established in 2011 and registered with the CQC in 2017 to provide patient transport services. The service operates 6am to 8pm seven days a week with a fleet of five vehicles with one designated for transport services. The service has five contracted staff with more than 200 staff employed on zero-hour contracts, six of these staff supported the patient transport service. This allows the service to adapt to the daily changing demands.

Summary of findings

Patient transport services (PTS)

Are patient transport services safe?

Good



We have not previously inspected this service. We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- At the time of the inspection, all patient transport service (PTS) staff were up to date with their mandatory training. Training included but was not limited to: infection prevention and control, moving and handling, first aid, dementia and learning disability awareness, conflict resolution, consent, equality and diversity, fire safety, health and safety and information governance.
- Training for staff was supported by a third-party supplier. Most of the training was provided online, except for basic life support training which was face to face.
- The service had systems to remind staff to complete their mandatory training. Staff had access to training records through the online company application. When staff were due to complete mandatory training, they would get an email reminder. Staff and managers told us they were aware of who needed training and reminded them to book onto a course before their training expired.
- We saw that patient transport services staff who drove vehicles completed an inhouse driving assessment on the commencement of employment.
- The service had a mixture of contracted staff and zero hour contracted staff. Managers told us that this did not affect the requirements for them to complete the same training.

Safeguarding

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

- The service had a current safeguarding policy which referenced national guidance outlining staff responsibilities and training requirements.
- The service had identified safeguarding leads to provide support to the service. The service's managing director and the general manager had completed level 4 for designated safeguarding officers.
- The patient transport service (PTS) was provided for adults only. The PTS staff also supported events and all staff had received level 2 child safeguarding training. Level 2 adult safeguarding training had been completed by all contracted and sub contracted staff who supported the patient transport services. This was in line with the requirement in the intercollegiate document (2019) "Adult safeguarding, roles and competencies for healthcare staff."
- Staff recognised and acted on safeguarding concerns. From May 2018 to September 2019, the service reported two safeguarding concerns to the local authority. These concerns related to home conditions, date and time of reporting was documented alongside actions.
- The safeguarding reporting template was available in hard copy and on the hand held electronic device used by staff so that concerns could be raised in real time, were easy to refer to and were stored within the company's IT system.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- The service had a current infection control and prevention policy and an identified lead for infection prevention and control (IPC). Staff checked patients IPC status on booking and could access advice from the lead or the company's clinical advisor about any concerns.
- The service had commissioned a specialist company to develop their IPC policy and monitor the effectiveness of cleaning processes by taking swabs of the vehicles before and after cleaning.

Patient transport services (PTS)

- Team Medic carried out the cleaning of the vehicles. The third party took swabs to establish baseline readings and the service was waiting for the results. A newly commenced process of unannounced swab testing would be undertaken three to four times a year to check compliance with the cleaning processes.
- The specialist company supported the service with infection control training. Records showed staff had completed a day's training and this was repeated yearly. An IPC manual was kept in the office for staff to access. The manual contained guidance on infection prevention and control, decontamination, environmental cleanliness and hand hygiene.
- Information about IPC policies and training were put on the company's private application and if staff did not confirm they had read this, they were emailed with a reminder.
- To assist with cleaning of the vehicles, the service had installed a room referred to as the infection control room. The room was located to the outside of the premises and was secured by a keypad lock. Cupboards contained a wall mounted system of cleaning fluids, colour coded buckets and mops. The room contained a copy of the infection control manual so staff had easy access to information when needed.
- The room contained cleaning powder for spillages and vehicle sanitisers. There was an emergency eye wash station and staff had access to personal protective equipment such as gloves and goggles.
- Vehicles and equipment were cleaned and decontaminated to avoid the spreading of infection. Each vehicle had a cleaning checklist which showed staff carried out cleaning daily. Deep cleaning of vehicles was carried out every six to eight weeks. There were clear instructions for staff to follow for deep cleaning. This ensured all staff carried this out in a consistent way.
- The three vehicles we checked were visibly clean. We reviewed cleaning records for vehicles between March and December 2019 and found these to be completed and signed.
- An online infection control dashboard recorded cleaning and gave prompts for when deep cleaning was due. The service had allocated one ambulance for patient transport services and this contained clean linen, hand cleansing gel and decontamination wipes.
- The service had effective cleaning procedures for their premises. The toilets, infection control room, main office and adjoining storage areas were visibly clean tidy.
- All sinks in the main office and adjoining areas had information promoting correct hand washing. Posters in the office showed the importance of hand washing in accordance with the World Health Organisation 'Five moments for hand hygiene'
- Staff completed monthly hand hygiene audits and these showed 100% compliance. A manager told us that staff received hand hygiene training during their induction.
- The provider had a uniform policy. Staff were provided with a sufficient number of uniforms which meant they could change during a shift if necessary. Staff were responsible for laundering their own uniform and in line with national guidance the policy stated the uniforms should be laundered at 60 degrees centigrade.

Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.**
- The service was located on a business park and the main office was located in a building which was shared with other local businesses. The main office had four work stations with a small central area suitable for meetings.
- Off the main office were two small storage rooms both secured with a keypad lock. One stored linen and medical gases and the other stored paperwork. Both these areas were clean and tidy.
- The business park provided external security including a closed-circuit television (CCTV) for monitoring activities. Staff kept vehicles within the range of the CCTV cameras and close to the office location.

Patient transport services (PTS)

- The service had its own cameras installed to monitor the inside of the office, the infection control room and the two small storage rooms adjoining the office. The commercial manager monitored the internal cameras.
- Key site information was displayed in the office. This detailed services on the site and who supplied them and who to contact in the case of a system or power failure. This would be used alongside the current documented business continuity plan.
- The service operated five vehicles in total and used an electronic system to track insurance and MOT expiry dates. The service kept a vehicle fleet folder and monthly checks folder for each vehicle, and we saw these were up to date.
- One ambulance was allocated for the patient transfer service routinely but it was possible other vehicles might be used. During the inspection we checked three vehicles and found these were all in good condition. Keys for the vehicles were stored in a key safe that only members of staff could access. Seat belts were intact and safe for use.
- All stock kept in the ambulance was in date and equipment including a wheelchair, carry chair and suction equipment was clean and in good condition. The service had an equipment replacement program which identified and prioritised equipment in need of replacement.
- The service used a third party to service equipment. A process was in place to report faulty equipment and to replace equipment. We checked six pieces of equipment and these had all been checked and were safe for use. The service carried out electrical safety testing. At the time of our inspection, all electrical appliances had recently been checked.
- The service provided internal equipment training to all PTS staff. At the time of the inspection, 100% of staff had completed this. New starters were trained to use equipment when they first joined and the service used an equipment training checklist to carry this out.
- The service had a current control of substances hazardous to health (COSHH) policy. In order to inform staff about the latest policy, the manager made a video recording discussing the key changes to the policy. This was available through the company application that staff could listen to before reading the policy.
- Data sheets for all substances hazardous to health were included in both copies of the infection prevention and control manual so staff had easy access to information when using the substances.
- Fire extinguishers kept in the main office were in date and posters showed where fire exits were and these were clearly marked and kept clear.
- The service had arrangements for managing waste. We saw clinical and non-clinical waste was segregated correctly in line with national guidance. There was a service contract with a third party to collect waste.

Assessing and responding to patient risk

- **Staff completed risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- The service used a patient transport assessment form at the time of booking. It contained risk based questions for example any recent infections, age, any ongoing medical conditions and any medication required. This ensured the patient was suitable to use the service. The service did not accept emergency patients or those who needed any type of medical intervention. They did not accept bariatric or high dependency patients.
- A clinical advisor, who was a trained advanced paramedic, was available on the telephone to advise staff about individual patient's risk assessment.
- All patient transfer journeys included locating and documenting the nearest hospital emergency department along the route so the crew knew at all times where they could get assistance if the patient's condition deteriorated. However, if they were not close to a hospital the policy was to stop and call 999 for immediate assistance.
- The service had a bag containing appropriately sized adult oxygen masks and mobile equipment to take pulse measurements. When managing a patient transfer, staff took on board a manual observation

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system and a portable defibrillator which had been checked and was safe for use. All staff had received training in the use of a defibrillator as part of their life support and first aid training.

- All patient transfer journeys were tracked to ensure that the driver drove safely, within speed limits with no sudden braking or stopping for unplanned breaks. Each journey had a score calculated. This was monitored by the operations manager and any score under 80% was recorded and the driver spoken with. Where necessary repeat driver training was undertaken. Driving assessments were routinely completed for all new staff and at six-monthly intervals.
- The clinical advisor reviewed and advised on any device or medicine safety alerts received.

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 and gave bank staff a full induction.**
- Four members of staff based at the office were employed on contract and were trained to support the patient transport service and another staff member had been recently employed on a full-time contract to support the service. Five members of staff were employed on zero-hour contracts and worked on an as required basis. Managers told us they were looking at being able to offer more full or part-time contracts.
- With the process of recruiting more staff, the service had recently started to work with a third party supplier of human resources to monitor absence, punctuality, sickness, turnover and retention of staff. Although we saw the system was in place there was no data to report on at the time of our inspection.
- White boards in the office monitored bookings and staff allocation. The manager explained that a minimum of two staff were used for all PTS work and when necessary that number would be increased to as many as the patient required dependent on their condition. An example was given, where four staff were used for the transfer of one patient who required moving and handling support.

- All staff had access to the company application which included giving their availability for work and scheduling to ensure that the shifts were covered, and this worked well for the service and for staff.
- The management team demonstrated there was a recruitment process which included sending the link to the application form to people who were interested to join the service. We reviewed two staff records which showed they had an enhanced disclosure and barring service (DBS) check done within the past three years.

Records

- **Records were stored securely.**
- Patient transport staff had access to the assessment form completed for each patient made at booking which detailed the journey to be completed, patient name, address and collection time. The form also identified any patient needs, moving and handling requirements and any paperwork, medicines or carers that would travel with the patient.
- Each ambulance was equipped with a patient report form that was duplicated so a copy could be handed over at the completion of the job and a second copy could be held on file. These were commonly used for events but not routinely for PTS but were accessible if required. The service did not have a clear policy on what, if any, additional notes should be made alongside the booking form.
- The service did check on booking the patient to ensure that do not attempt cardio pulmonary resuscitation (DNACPR) orders were identified however, we did not see a policy for checking the date and signing of the form.
- All patient records were stored securely in a locked filing cabinet in a locked storage room within the office.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- The service had a current medicine management policy. No controlled drugs were kept on the premises. For events the service kept drugs secured in a locked container within a locked area.

Patient transport services (PTS)

- For patient transport the service only used oxygen. Any transport requests that required any administration of medicines were refused.
- The service stored medical gases safely. We saw oxygen cylinders were in date and securely stored on vehicles. Additional cylinders were stored in a purpose-built cage in a locked storage area within the main office.
- Cylinders and regulators appeared clean (dust and oil free) and ready for use. This was in line with national guidance for storage of medical gases.
- The service had an up to date medicine management policy that described the use of oxygen. We looked at records that showed the service had a service level agreement with a private supplier to restock their oxygen supply when needed.
- The ambulance used for patient transport service had a small safe so that patient own medicines could be transported securely. The policy was that during transport, the medicines remained in the care of the patient.
- The clinical advisor supported the service with any policies and safety alerts regarding medicines and delivered training on the administration of medical gases. However, we did not see records of this training on all staff files.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- The service had an incident reporting and management policy. An incident process flowchart showed a timeline for acknowledgement, investigation and further actions. This was supported by a standardised incident form, root cause analysis process and standardised letters to be used to feedback to patients.
- The service reported no never events between March 2018 and December 2019. A never event is a serious incident that is wholly preventable as guidance or safety recommendations providing strong systematic

protective barriers, are available at national level and should have been implemented by all providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

- The service reported ten incidents, between March 2018 and December 2019. Nine of these were incidents related to events. One recent incident related to patient transport services.
- Staff had reported the incident in line with their policy. A report by the manager showed contact was made with the patient and duty of candour was exercised in line with policy. There was a documented investigation and a letter to the patient detailing the scope and outcomes of that investigation and actions to be taken.
- As a result of the incident, action was taken to change the wheelchair supplier to ensure patient safety.
- Letters on file showed the manager had made contact with the patient following the outcome to ensure no further support or information was required.
- A brief review of other incidents related to events showed a similar approach to reporting, investigation and actions being recorded.
- The registered manager shared learning with staff at documented team meetings and by email. Information was also shared using the company application which showed when the message was delivered and read by staff.

Are patient transport services effective?

Good



We have not previously inspected this service. 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.**
- The service had policies and guidance documents to support staff to provide evidence-based care. We reviewed their policies for whistleblowing, medicines,

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Mental Capacity Act, infection control and safeguarding. These policies were current, referred to national guidance, contained version control and showed when they were next due to be reviewed.

- The service had a clinical advisor in post who supported the development of policies including the medicines policy.
- The service reviewed their do not resuscitate policy on a yearly basis. They were signed up with the Resuscitation Council (UK) to receive newsletters and updates with regards to the law surrounding do not attempt cardio pulmonary resuscitation and ensured any patient forms regarding this travelled with the patient.
- Staff were notified of any changes to policy documents by email or by the staff electronic application. Policies were accessible to view and accompanying videos told staff about changes and the key points of the policy. Staff were asked to confirm they had read the policy and this was monitored by managers. Any staff not responding would be reminded by email.
- The service monitored crew's adherence to guidance. The service carried out crew audits which included uniform checks, vehicle tracking scores and crew's attitude towards the patients. Staff were made aware of audit results and any actions required. We reviewed six of these completed audits which were signed by the operational manager.

Nutrition and hydration

- Staff we spoke with told us that they gave patients water to meet their hydration needs.
- The service did not provide food as most journeys were local and rarely longer than one hour. However, patients could take their own food on the journey. On one occasion, when a longer journey was undertaken, it was recorded on the report form there were regular stops to check the patient had everything they needed.

Response times / Patient outcomes

- **The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients.**

- The service had no formal contractual agreements in place and worked on an as required basis for local authorities or at patient requests to travel to outpatient appointments.
- The service kept a spreadsheet which detailed the time the ambulance crew left the base, the drop off time and the arrival time back at base. The service monitored the effectiveness of their transport service against the benchmarks locally set within their quality assurance policy. Between October 2018 and October 2019, 156 patient transfers were undertaken.
- During this period, the service monitored transport delays and demonstrated that crews were within 15 minutes of the agreed pick up time 83% of the time which met their target. The main cause of lateness was seen to be the number of same day bookings and administrative staff incorrectly assessing how long it would take to get to the pickup point. The service planned to address this by asking administrative staff to be more accurate in information given to patients about timings. Tracking systems put onto the vehicles meant staff could monitor patient journey times more accurately.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**
- The service completed a local induction pack for new starters which consisted of a mandatory and equipment training checklist along with policies and guidance for staff to read.
- At the time of our visit, 100% of staff had received their monthly appraisals. We saw the monthly appraisals form for three contracted staff. This was comprehensive and included key achievements as well as priorities and focus for next month.
- Training records showed staff had the right qualifications, skills, training and experience for their roles. Staff we spoke with told us they had good access to training.

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- In addition to the mandatory training, ambulance first aid at work qualifications were issued to staff by an accredited external provider on completion of the appropriate practical training session.
- All staff who were expected to drive as part of their role, were required to complete a driving assessment before they could drive autonomously. At the time of the inspection all staff had undertaken this training.
- The service tracked their vehicles and monitored their staffs' driving performance by completing a vehicle tracking performance report. Staff who scored below 80 had to re-take their driving assessment.
- Mental capacity was considered at the initial booking as part of the patient's health status. Staff we spoke with told us that they asked if the patient had any mental health issues or dementia at time of booking and recorded this on their booking form.
- From the information taken at booking, the service would decide if the booking was appropriate for the service or if additional staff were required for safe transportation of the patient.
- The service did not take bookings for patients who required restraint. Staff had access to a restraint policy which included guidance indicating the circumstances where restraint might be required.

Multidisciplinary working

- No formal processes were in place to facilitate multidisciplinary working, however managers we spoke with described good working relationships with other healthcare providers.
- The service coordinated with local stakeholders to provide effective care. One provider gave feedback that the service engaged with them in a positive way.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**
- The service had a Mental Capacity Act policy with a review date of July 2021. This outlined a toolkit which was to be used when assessing capacity and followed the five main principles of the Mental Capacity Act 2005.
- Staff received training in consent, Mental Capacity Act and Deprivation of Liberty Safeguards as part of their mandatory training. Training records confirmed 100% of staff had received this training at the time of the inspection.

Are patient transport services caring?

Good



We have not previously inspected this service. 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.**
- Given the size of the service we were unable to observe any patient transfers on the day of inspection. We did carry out telephone interviews following the inspection and spoke with two patients, one relative, a healthcare provider and took note of the comments they had received from users and relatives.
- Staff told us that they respected the patients right to privacy and dignity and always discussed with the patient or carer any specific requirements. Patients were transported on an individual basis, which meant the service was personalised to meet the patient's needs. Patients could be accompanied by a carer and were able to bring any personal belongings with them.
- One patient told us they were treated respectfully and as an individual, describing the care given as personal, kind and helpful.

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- Staff told us that they tried to accommodate patient requests so when a patient asked for music during their journey this was accommodated, and staff remembered this when the patient took subsequent transfer journeys and made sure music was available.
- We telephoned a healthcare organisation that used the service to transport patients from nursing homes to home or to hospital for appointments. Feedback was positive. The service was described as efficient and compassionate. We were told that staff communicated well.
- The service collected patient feedback. There was a questionnaire for patients to complete which could be given to staff in a sealed envelope or returned by post.
- Prior to the inspection, the service submitted 25 completed questionnaires related to transport services for the period November 2018 to September 2019. All questionnaires rated the service as “good or outstanding” with comments that the service were friendly, helpful, polite, well organised and efficient.
- Managers planned to increase the number of questionnaires being returned and were considering ways in which this could be done.
- On the providers website, patients were able to leave feedback. However, the comments received related to events work only.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients’ personal, cultural and religious needs.**
- Staff told us that they communicated with patients in a clear manner, so they understood their care, treatment and condition. They told us they encouraged patients to ask questions.
- All staff had completed conflict resolution training to support them in managing any potentially difficult or distressing situations. They had access to the management team and their clinical advisor for advice and support.
- A patient we spoke with felt they were fully informed of progress or delays and always had their questions answered.

- The service did not transport patients with complex mental health needs.

Understanding and involvement of patients and those close to them

- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**
- Staff told us that they would communicate with patients to understand their care needs and following our inspection we spoke with one patient’s relative who described the staff as kind and respectful.
- The service would always make contact and inform the family if they were running late and treated the patient calmly, understanding the patient’s behaviour.

Are patient transport services responsive to people’s needs?

Good



We have not previously inspected this service. 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.**
- The service provided a private transport services to patients. The service worked on an as required basis for patients who required transport to nursing or care homes and outpatient clinics. It was the preferred provider for a clinical commissioning group providing continuing care.
- The patient transport service had been operational for two years and as the service developed managers planned to accommodate differing levels and nature of demand. Managers told us they adapted the service to meet the daily demand. Some work came in the day before or same day and the service had a process to meet this variability and respond to need quickly. The service knew how many staff they had available at any time.

Patient transport services (PTS)

- As the service had a number of non-contracted staff, working on stand-by, they were able to pull teams together at short notice for ad-hoc transfers as required.
- The service did not transfer any bariatric patients, high dependency patients and the service did not transport patients under 18 years of age.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**
- The booking process recorded the patient's mobility and any support required, the ambulance was equipped with a stretcher, wheelchair and carry chair to accommodate patient needs during transfer.
- The booking system recorded the patients preferred name, any special needs including whether English was their first language, and whether the patient had any other communication needs. Communication needs were discussed at the time of booking to make sure that there was a plan in place for patients.
- The service did not have a translation service but the vehicle used for transport services had a folder with communication leaflets including a pre hospital communication guide to help them bridge communication barriers.
- At the time of the inspection, all staff were trained in dementia awareness as part of their mandatory training.

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.**
- The service operated 24 hours a day, seven days a week. However, patient transfer services were managed between the hours of 6am and 8pm. Outside of office hours, a call centre managed any calls and there was a manager on call who was contactable by telephone.
- All bookings were made through the service's telephone line, directly through the website or by email. The service completed a booking form which recorded

patient needs and any mental health conditions or learning disabilities. Staff we spoke with told us that bookings were only accepted if the appropriate staff and vehicle were available.

- Patient transport services were booked on the day or in advance. Staff completed a telephone assessment of the patient requirements and allocated staff in line with patient need.
- Following our inspection, we spoke with a care provider who told us the transport service was reliable and efficient.

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, investigated them and shared lessons learned with all staff, including those in partner organisations.**
- The service had a current complaints policy. A named manager was responsible for overseeing complaints. The service committed to acknowledging the complaint within three working days and resolve within in 20 working days. The service extended these timelines if other third parties were involved.
- Patients could write in or submit complaints via a link on the company's website. The service had a complaints manager in place who ensured that the complaints procedure were adhered to.
- Although out of scope we reviewed four complaints relating to event work between December 2017 and September 2019 and saw responses were provided in line with their policy, processes were clear and thorough.
- The handling of complaints was discussed at the weekly management meeting where learning was also shared. We reviewed the meeting minutes from September to December 2019 and saw that complaints were discussed along with incidents and safeguarding issues.
- Staff were able to give examples of how patient complaints were responded to. A patient made a verbal complaint about the stretchers being too hard and were not always comfortable for journeys. Staff sourced an

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alternative supplier and stretchers were replaced in the transport ambulance. Heating in the ambulance was adjusted after a patient commented that they felt it was cold.

- It was not clear on the documented complaints register which complaints related to event work and which to patient transport services. Outcomes were not always clearly documented.

Are patient transport services well-led?

Good



We have not previously inspected this service. We rated it as **good**.

Leadership

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**
- The managing director fulfilled the role of registered manager and was the strategic lead for the service. The service had a commercial manager, general manager, operations manager and a clinical advisor who reported to the managing director. An office administrator took patient bookings and reported to the general manager.
- The service had a fit and proper person policy which outlined the process for new appointments, training requirements and monitoring compliance.
- The clinical advisor was available for staff to contact for clinical advice and supported the managers in developing the scope of practice for staff.
- We found the leadership team very responsive. Staff told us that managers were visible and approachable and described management as effective and transparent.

Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.**

- The service had four main customer objectives, which were professionalism, quality of treatment, customer service and punctuality which was seen in their quality assurance policy. Alongside this, their strategy was to grow the business by improving efficiency and care.
- The service's three-point objective for 2019 to 2021 were:
 - Continued growth by increasing their transport services by 60%, scalability by recruiting right staff onto contract.
 - To manage the business by moving to a larger premise.
 - To achieve good governance by having all policies and documents in place. This was documented in their strategy related documents.
- Managers told us they had plans to expand their service and cover other areas of patient transports.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- Staff told us that due to the size of the service, they had more time to care for patients and liked working for the service as it felt more personal.
- The service had a whistleblowing policy and staff had access to occupational health support from a third party provider which included access to a counselling service. The clinical advisor was also available for staff to discuss any concerns.
- The service had a duty of candour policy and staff understood this related to be open and transparent with any incident investigated or complaint made. This meant the patient should be involved in the process and made fully aware of the investigation and outcome.
- The service held regular documented weekly meetings which enabled staff to discuss issues. We saw minutes of this where staff had raised issues including feedback from work activity, staff incidents and changes to work processes.

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- Staff were passionate about their roles and told us they preferred working for a small company where there was a positive culture.

Governance

- **Leaders operated effective governance processes, throughout the service. 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.**
- The registered manager had oversight of the service which had governance processes, for example a recruitment process, incident reporting and the monthly appraisals system.
- We saw regular team meetings took place which were documented. All meetings had a structured agenda. Examples of items discussed were, events, incidents, staff concerns or safeguarding issues and plans for the week.
- We saw that the service had policies and procedures which were in date and staff had access to these.
- The management team informed us that all staff read and signed to agree they understood all of the available policies and procedures as part of the induction process and we saw that this was the case. Staff had access to these via the service website and the company application.
- The service had a business continuity plan and an operational emergency procedure which demonstrated immediate responses following a significant event and responsibilities of staff in carrying out any actions needed.
- The service was not required to provide major incident support for the local area.
- All staff on employment were asked to complete a conflict of interest form and disclosure and barring service checks were made.
- The service had an in date and displayed a current medical malpractice and professional indemnity insurance.

Management of risks, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**
- We saw a risk register was in place. Entries on the register reflected concerns around the environment, moving and handling, and fire hazards. Some of these had been reviewed and closed whilst some were still ongoing and had been rated according to the level of risk and controls were in place. However, review dates for the two still being monitored were January 2019 and did not give assurance of current review.
- Management told us that they identified the ability to recruit the right kind of staff as a risk for the service. They had a recruitment plan in place and in line with policy interviewed all staff in order to provide a safe patient transport service.
- The managers provided on-call management support for staff while they were on duty. This ensured staff could get support should they have any issues or concerns, regarding a patient journey or a problem with a vehicle.
- The service had a system in place to monitor compliance and give oversight against certain operational issues. For example, vehicle checks and cleaning schedules.
- A local fire risk assessment was completed and we saw actions to mitigate any risks were in place.

Information management

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**
- The service was in the process implementing an electronic information system and were able to demonstrate that all their systems were password protected. A third party company was employed to provide the service with online security.

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- Portable hand held electronic devices were allocated to each ambulance which staff used to view bookings, record response times and access policies and guidance. Staff could also record the movements of the vehicle via this device.
- The service displayed its registration with the information commissioner's office. The Data Protection Act requires every data controller who is processing personal information to register with the commission which upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.
- Staff engagement included a number of social events and staff we spoke with told us how this had improved their communication and teamwork.
- The service carried out a staff survey for events staff. However, the service planned to include the staff for patient transport in its next survey. Following the last events survey, the service had improved its display of the service logo across their vehicles.

Innovation, improvement and sustainability

Public and staff engagement

- **Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.**
- The service sought feedback from patients and used a patient satisfaction survey to do this. Staff carried these forms in the vehicle and asked patients to complete these.
- We saw feedback was positive from the survey. Patients were asked to tick a box for each of the six questions, some of which asked if staff were friendly, professional and punctual.
- The company website was easy to access and had clear information about services provided, location and how to contact the office.
- **Staff were committed to continually learning and improving services.**
- The service took part in a CQC focus group and attended webinars and used knowledge from this to improve their service.
- The service had recently introduced videos on policy which they uploaded onto the staff application which all staff could access. Staff we spoke with told us that all staff could access these including staff working remotely.
- The service had also reviewed the CQC State of Care report and benchmarked this against their own service. A plan we reviewed, resulting from this, showed evidence that the service was continuing to make improvements within the service under five headings including governance holding weekly meetings with management and ensuring these were documented with actions recorded.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should have a records management policy including the management of do not attempt cardio pulmonary resuscitation forms.
- The provider should record medical gas training on all staff files.
- The provider should document all complaints on the register and document clearly actions that have been taken.
- The provider should review the risk register on a regular basis and reflect all concerns including those verbalised by staff such as recruitment.