

BM Ambulance Service Ltd

# BM Ambulance Service

## 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

Patient transport services (PTS)

# Summary of findings

## Letter from the Chief Inspector of Hospitals

BM Ambulance Service is operated by BM Ambulance Service Limited. They are an independent medical transport provider based in Ashford, Kent. The service provides patient transport, medical cover at events, and a repatriation service. The service employed trained paramedics, ambulance technicians, ambulance care assistants and registered nurses.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 15 August 2017.

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

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

### Services we do not rate

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

We found the following areas of good practice:

- The internal incident reporting process was robust. There was a system to ensure all incidents were recorded and monitored, with learning and outcomes shared with staff.
- Equipment was available and appropriately serviced and maintained.
- Vehicles had appropriate safety checks, were maintained and checked daily.
- Staff understood their responsibilities to protect patients from avoidable harm. Staff knew about safeguarding and what constituted abuse.
- Policies and procedures were in place for cleaning and deep cleaning ambulances. Ambulances were visibly clean and staff followed infection control procedures including being bare below the elbow and using personal protective equipment.
- Patient records were held securely and included appropriate information. The service regularly audited these.
- Staffing levels were sufficient to meet patient needs.
- Staff were confident in assessing and managing specific patient risks, and processes were in place for the management of a deteriorating patient.
- Staff could plan appropriately for patient journeys using the information provided by the booking system.
- Staff had been trained in mental capacity and showed awareness of consent issues.
- Staff helped patients feel comfortable and safe. Staff responded with compassion when patients needed additional help or support.
- Patients and their relatives / carers received emotional and practical support from ambulance crews. Staff respected the needs of patients, promoted their well-being and respected their individual needs.
- Staff respected patient's dignity, independence and privacy.
- Staff we spoke with were committed and passionate about their roles. They provided excellent care.

# Summary of findings

- The service used its vehicles and resources effectively to meet patients' needs. Specially adapted ambulances were available to accommodate bariatric patients.
- Food and drinks were available to patients / relatives / carers on board the vehicles.
- Information about how to make a complaint was available in all of the vehicles we inspected. Staff knew about the complaints and compliments system. Patients knew how to access the service's complaints and compliments process.
- The service had a robust process in place to respond to feedback from patients and members of the public.
- The service encouraged feedback from patients through satisfaction surveys.
- The staff we spoke with liked working for the service. There was an open culture and staff were focused on providing person-centred care.
- All staff felt supported by the managers of the service and said the managers were competent, approachable and accessible should they require any advice.

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

- There were no formal systems to ensure staff had appraisals.
- Most of the policies and guidance were not specific to the roles, responsibilities and size of the service.
- There were no effective governance arrangements to evaluate the quality of the service and improve delivery.
- There was no formal risk register in place, which limited the service's ability to monitor their risks and put plans in place to mitigate them.
- There was no documented vision and strategy for the service.
- The 'Equal Opportunities Policy' (March 2017) referred to a whistleblowing policy which did not exist.

Information on our key findings and actions we have asked the provider to take is listed at the end of the report.

**Alan Thorne**

**Head of Hospital Inspections, South East**

# Summary of findings

## Our judgements about each of the main services

### Service

**Patient  
transport  
services  
(PTS)**

### Rating

### Why have we given this rating?

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

# BM Ambulance Service

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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## Background to BM Ambulance Service

BM Ambulance Service is operated by BM Ambulance Service Limited. The service started in August 2015 undertaking events activity only and registered on 6 July 2016 when it started to undertake patient transport services and repatriations. It is an independent ambulance service based in Ashford, Kent. The service provides non-emergency patient transport, medical cover at events to private organisations and repatriations to and from Europe.

The BM Ambulance Service Limited fleet consists of two ambulance vehicles; each fitted with one stretcher and three seats. One was a high dependency vehicle staffed by a crew that included at least one paramedic or technician. They transported patients with more complex needs, who may require support from trained staff during their journey. The service employed 2.5 whole time equivalent staff and 12 self-employed staff. The service provides cover seven days a week for its patient transport service.

In England, the law makes event organisers responsible for ensuring safety at the event is maintained, which means that event medical cover comes under the remit of the Health & Safety Executive. Therefore, the Care Quality

Commission (CQC) does not regulate services providing ambulance support at events and this is not a regulated activity. CQC regulates repatriations where arrangements were self-funded. CQC does not regulate repatriations made on behalf of service users by their employer, a government department or an insurance provider with whom the service users hold an insurance policy. The main service was events work, which CQC does not regulate. Therefore these services were not inspected. We regulate independent ambulance services but we do not currently have a legal duty to rate them.

The patient transport service at BM Ambulance Service is small and carried out occasional transport work for private patients (including repatriation), health insurance providers (repatriation) and local NHS trusts.

The location has had a registered manager in post since 2016. This is the owner. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. At the time of the inspection, the office manager is about to take on this role and the application was being processed by CQC.

## Our inspection team

The team that inspected the service comprised of a CQC inspection manager, a CQC inspector and a specialist

advisor with expertise in emergency ambulance services and non-emergency patient transport services. The inspection team was overseen by Alan Thorne, Head of Hospital Inspections, South East.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

BM Ambulance Service Limited is based in Ashford, Kent. They are an independent ambulance service, which provides non-emergency patient transport. Their main service is to supply first aid services to public events and repatriations to and from Europe. These are not regulated by CQC.

We inspected this service's non-emergency patient transport service; although the volume of this service was small, this was a regulated activity.

The journey types of patient transport included outpatient's appointments, admissions and discharges to hospital, nursing and residential home transfers, hospice transfers, long distance road ambulance transfers, hospital to hospital transfers, critical care transfers, medical standby for public events and repatriation of patients for insurance companies, which also included transfers to and from Europe..

The service is registered to provide the following regulated activities:

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

The provider told us they had never transported a person off an event site even though they were registered for the regulated activity treatment of disease, disorder or injury. We were told they would summon help from the NHS ambulance service to transport a person off an event site if required.

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 service's first inspection since registration with the CQC.

Activity (31 January 2017 to 29 May 2017):

- In the reporting period there were five non-emergency patient journeys, six repatriations and the service attended 41 public events
- No never events
- Two incidents of low harm
- No serious injuries
- One complaint

Before the inspection, we facilitated two telephone sessions for staff on 7 and 8 August 2017. The purpose was to allow staff the opportunity to provide us with feedback about the service. No staff dialled into the telephone sessions. CQC had not received feedback through the alternative options offered to staff, such as telephone, email, letter or using the 'share your experience' on the CQC website.

During the inspection, we visited the provider's only location in Ashford, Kent. We saw one of the vehicles. We spoke with three staff and saw feedback provided by three patients and three relatives. We reviewed the service's policies and procedures. We reviewed two patient booking and record forms. We checked to see if the service acted on and responded to complaints. We looked at documentation including relevant monitoring tools for training, staffing and recruitment. We also analysed data provided by the service and information provided by the public, both before and after the inspection.

# Patient transport services (PTS)

## Summary of findings

Patient transport services and repatriations to and from Europe were a small proportion of activity. A few repatriations were self-funded. CQC regulates repatriations where arrangements were self-funded. CQC does not regulate repatriations made on behalf of service users by their employer, a government department or an insurance provider with whom the service users hold an insurance policy. The main service was events work, which CQC does not regulate. We regulate independent ambulance services but we do not currently have a legal duty to rate them.

We found good areas of practice at our inspection. The service had a robust incident reporting system which encouraged staff to report any incidents, and lessons were learnt from these. Equipment and vehicles were clean, regularly checked, serviced and maintained. Staff understood their responsibilities to protect patients from avoidable harm. Patients' individual needs were met, with food and drink available to patients on longer journeys. The service had a robust process for patient feedback and complaints. There was an open culture and staff were focused on providing patient-centred care.

However, we also found areas that needed improvement. There were no effective governance arrangements to evaluate the quality of the service and improve deliver. The service did not have a formal risk register to monitor their risks and put plans in place to mitigate them. Most of the service's policies and guidance were not specific to roles, responsibilities and size of the service. There was no formal system to ensure staff had appraisals.

## Are patient transport services safe?

### Incidents

- The service had a paper-based system in place for staff to report accidents, incidents and near misses. Staff told us they reported any incidents to the senior management team. We saw evidence of learning from incidents and staff could give examples of change happening as the result of an incident.
- The provider reported two low harm incidents within the reporting period from January to May 2017. There were no serious incidents reported within this period. We saw an independent analysis of the low harm incident had taken place and learning from it was recorded on the outcome report (June 2017). Staff who were not directly involved in the incident could describe the nature and learning from the incident. This demonstrated a good incident reporting and learning culture within the service.
- Incident reporting was included in the provider's 'Health and Safety Policy and Manual' (updated June 2017) but this did not specify a review date.
- We reviewed the services incident log and found there was differentiation made between serious incidents, incidents, near misses, complaints and safeguarding concerns. This meant the service could assess or analyse incidents or identify themes and trends, or areas for improvement.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff described the process of being open and transparent clearly. They understood their responsibilities to be open and honest with people if things went wrong and to immediately seek support from their manager if a patient experienced avoidable harm. The service reported no incidents where they had to apply the duty of candour. We saw that the provider's 'Being Open and Duty of Candour Policy' described the



# Patient transport services (PTS)

purpose and process. However, the document did not contain an author's name, or review date. This meant staff were not assured the policy was current and related to the service.

## Cleanliness, infection control and hygiene

- On arrival, we saw the ambulance station was untidy and disorganised. The provider told us they had mistakenly thought the inspection was taking place the day after it was scheduled, and was therefore having a day to tidy the station beforehand. We observed staff reacted well with the mix-up of inspection dates and they tidied the station during the inspection. We saw the station was visibly tidy and organised before we completed the inspection on the same day.
- We observed one vehicle was tidy and visibly clean.
- Staff told us they followed infection prevention and control (IPC) procedures, including washing their hands and using hand sanitiser between different care activities for one patient, between caring for different patients at a scene and after patient contact. We observed all staff wore visibly clean uniforms and were bare below the elbows.
- We saw results of IPC audits and hand hygiene audits for the three months prior to inspection, and these were 100% compliant with the provider's policy and procedures. This meant staff followed the service's policy and procedures, and the provider was assured that continual improvements could be made when required.
- The service provided staff with sufficient uniforms, which ensured they could change during a shift if necessary. Staff were responsible for cleaning their own uniform. The service's policy stated "heavily contaminated uniform was disposed as clinical waste".
- Staff had access to personal protective equipment such as single use gloves and aprons to reduce the spread of infection between staff and patients. We saw crews carried a spill kit on their vehicle to manage any small spillages and reduce the spread of infection to other patients.
- Cleaning materials and chemicals were available for staff use. Different coloured mops and buckets were available for different areas; advice as to which mop should be used in which area was prominently displayed to prevent cross infection.
- There was an IPC policy in place regarding safe disposal of clinical waste and the provider had a service level agreement with a waste contractor for removal.
- Crews were required to ensure their vehicle was fit for purpose, before, during and after they had transported a patient. Sanitising wipes were available on all vehicles.
- The crew assigned to the vehicle each day completed the day-to-day cleaning of vehicles. We saw staff completed cleaning sheets each time after vehicle use. We reviewed six weeks' worth of cleaning sheets. This meant the service was assured of reducing the spread of infection and staff were compliant with the provider's policy.
- A deep clean involves cleaning a vehicle to reduce the presence of certain bacteria. The service had an internal deep cleaning procedure for staff to follow. Vehicles were deep cleaned when necessary or once a week. The vehicle we checked had a record of a deep clean the week before the inspection.
- Staff reported they were informed of any specific infection risks either on their job sheets or by hospital staff when they collected patients.
- The service followed operational procedures about IPC. Staff told us if a patient was known to have an infection, they were not transported with another patient.

## Environment and equipment

- The ambulance station provided ambulance parking facilities, an office base and facilities for managers and staff. The service operated two ambulances. We inspected one ambulance vehicle on site during our visit.
- There were systems in place to monitor servicing and the Ministry of Transport (MOT) testing of vehicles. All ambulances had an up-to-date MOT and service, and were insured. These were recorded in a log kept at the station. We observed that vehicle keys were stored securely in a key safe. This meant only staff within the service could access them.

# Patient transport services (PTS)

- We saw staff reported vehicle defects to the managers and recorded these in their daily job sheets. There was an up-to-date ambulance defects log and the service had arrangements to service and maintain ambulances. Equipment had been safety checked and serviced; labels showed when the equipment was next due for testing and servicing, and records were available to support their suitability for use. The high dependency ambulance had resuscitation equipment on board.
- We saw various equipment on the vehicle to ensure patient safety. This included carry chairs, slide sheets, standard safety belts and strapping to attach wheelchairs to the vehicle floor. We observed these to be in good working order.
- Staff knew the process to follow if their vehicle broke down or was involved in an accident, addressing the immediate needs of any patients first and then talking with the manager on call.
- Ambulances were all equipped with tracking devices. This meant the provider could locate the vehicles and could monitor driving activities in real-time such as driving speeds, arrival / departure times, and destinations arrived and routes travelled. The provider used this information to achieve patient safety and improve journey efficiency. Staff had the use of mobile telephones while on shift.
- There was a standard equipment checklist on each vehicle, and we saw staff had completed these. This meant staff could identify missing items easily.
- The ambulance vehicle we inspected was fully equipped, with disposable single use equipment stored appropriately and in-date.

## Medicines

- There was a 'Medicines management policy' (dated 2017) for staff to follow for the order, receipt, storage, administration and disposal of medicines. This contained guidance about which medicines different staff grades could administer dependent on their role and scope of practice.
- Patient group directions (PGDs) allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. This ensured that patients had safe and speedy access to the medicines they needed. However,

there were no PGDs in place for two medicines on the provider's stock list. We raised this concern with the provider who took immediate action and safely disposed of the medicines. We saw staff had updated the stock list that showed these medicines were removed from the list, after the inspection. We also saw written instructions to staff not to administer those medicines.

- Controlled drugs (CDs) were not kept on-site. CDs are a group of medicines that require special storage and recording arrangements due to their potential for misuse. The service did not use CDs for the non-emergency transport service.
- The service held an account with an online pharmacy that was licensed for the supply of medicines and a service level agreement with a clinical waste contractor for the safe disposal of medicines.
- Each ambulance had medical gases on board. We found oxygen cylinders were safely secured and were in date. The provider told us medical gases were not stored on-site as the service had a low volume of activity, therefore supplies and returns were undertaken with the local supplier when required. However, we saw three empty gas cylinders on the premises. Staff told us these were awaiting return after they had attended a public event the night before our visit. We saw written confirmation that the provider returned these to the supplier after the inspection.
- There was guidance in place for staff to follow regarding the administration of oxygen to patients in the course of their work.
- A medicine pack was available on the high dependency ambulance, which was crewed by a paramedic and an emergency care assistant. The high dependency ambulance transported patients with more complex needs, who may require support from trained staff during their journey.
- There was a tagging system in use for ambulance medicines packs. We checked the medicine pack and all medicines were in date. Medicine bag tags were kept in a secure location. This meant the bags could not be tampered with and only authorised staff could access the tags.

# Patient transport services (PTS)

- Staff completed daily checks as part of the ambulance inspection to ensure they had the correct medicines on their vehicle.
- Paramedics and ambulance technicians recorded administration on a medicine administration record (kept with the medicine pack) and the patient record forms. The administration records identified the medicines the paramedics and technicians had administered and who was accountable for the administration.
- The medicines management policy referred to the “board”, “clinical manager”, “operations director” and “operations manager”. This had not reflected the roles and responsibilities of the staff currently employed, and the size of the service. The medical director we interviewed told us they would review and amend the policy to ensure it was fit for purpose.
- Medicines at the station were stored in a secure cupboard. All medicines we checked were within date. We saw a record of medicines removed from and returned to the cupboard. However, the service did not keep records of storage temperatures, therefore could not be assured if the medicines were fit for use. Although the medicines we saw can be stored up to 25 degree celsius, the provider had their fan switched on as it was a hot day. This meant staff were not assured they were administering medicines that work in the way they were intended. We raised this with the provider who told us they would address this.
- If a patient received treatment staff completed patient report forms (PRFs), based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines.
- Staff stored completed PRFs securely on ambulances in the cab area, which they kept locked when the ambulance was unattended. We saw patient information and patient record forms kept within locked metal cupboards at the station. The director and office manager had access to the key which was kept in a separate locked cupboard bolted on the wall.
- The service audited every PRF record informally and would discuss any anomalies with the staff. The director provided feedback to the staff on both the content of the PRF and the care they provided to patients.
- Staff personnel files were stored in a locked cupboard on the service premises. The service told us access to these files were limited to the office manager and director, to ensure the confidentiality of staff members was respected.

## Safeguarding

- The service had policies (January 2016) for safeguarding children and for protecting vulnerable adults from abuse and these gave clear guidance to staff as to how to report concerns.
- All staff had a good understanding of safeguarding. Staff we spoke with could describe the signs of abuse, knew when to report a safeguarding concern, and knew how to do this. We saw a recent safeguarding concern the service had raised to the local authority and we saw this recorded in the incident log.
- Safeguarding vulnerable adults and child protection was part of mandatory training. The service told us all staff had completed adults and children safeguarding level two. At the time of inspection, the service had not transported any children or young people.
- The recently appointed medical director was the safeguarding lead for vulnerable adults and children, and had booked to do a three-day level three training on 21 September 2017.

## Mandatory training

## Records

- Staff collected relevant information about the patients' health and circumstances during the booking process. For example, information regarding access to property or mobility requirements.
- The service ensured that up-to-date ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) orders and end of life care planning was appropriately recorded and communicated.
- Staff received job sheets at the start of a shift. These included collection and drop off times, addresses and patient specific information such as relevant medical conditions, mobility, and if an escort was travelling with the patient. Information was stored in the driver's cab out of sight, respecting patient confidentiality.

# Patient transport services (PTS)

- The “Health and Safety Policy and Manual” (updated 2017) included the type of induction training required by staff. It covered a range of topics including, health and safety, infection control, accident reporting, clinical waste and emergency procedures.
- The service kept a log of completed mandatory training for staff. This meant the provider was assured that staff had completed all required mandatory training, or review when they were due for renewal.
- We were told mandatory training for the staff employed was delivered by a combination of e-learning and face-to-face training, and self-employed staff received their training through NHS ambulance trusts. The provider required all staff to complete and record their mandatory training. We saw information from the provided showed 100% training compliance for all required staff.
- Staff completed the e-learning training as part of their induction process, upon beginning employment with the service.
- If there was an unexpected or unplanned emergency, we saw all required permanent staff were appropriately trained to ‘drive under blue lights’.

## Assessing and responding to patient risk

- At the point of booking, staff collected information about the patients’ needs and communicated to staff on their job sheets or via mobile telephones. We saw staff completed job sheets and recorded risk factors when making a booking for transport.
- When providing support at events, staff completed clinical observations on patients, as part of their care and treatment to assess for early signs of deterioration. If a patient deteriorated, staff asked for additional emergency clinical support.
- There was appropriate equipment on board the ambulance to provide monitoring and assessment of patients. For example, patients could have oxygen saturations, non-invasive blood pressure, temperature and blood sugar monitored and recorded.
- Staff told us that in the event of patient deterioration they would call 999 for emergency backup. This was in line with the process the senior management told us staff should follow.

- The service had a risk assessment for staff to follow when transferring patients, which included risks to be assessed before, during and post transport of patients. For example, ensuring there were hospitals to divert patients to during long journeys in case of an emergency.

## Staffing

- The staff based at the ambulance station was made up of the director who was also the registered manager, a medical director who was also the clinical lead and an office manager.
- The service employed 2.5 full time equivalent and 12 self-employed staff, which included emergency care assistants, paramedics and registered nurses.
- The director or office manager reviewed staffing levels and appropriate skill mix of staff to cover transport bookings. All transport bookings were ad hoc and would not be undertaken if there was inadequate staffing levels and inappropriate skill mix.
- There was a process in place for the ambulance crews to follow out of hours and in case of emergencies. They had a direct number to the duty manager on call. Staff we spoke with knew how to escalate concerns when working out of hours.
- All ambulance staff had valid enhanced Disclosure and Barring Service (DBS) checks. The service had a ‘Recruitment and Selection Policy’ (2017).
- We could see evidence that a check with the DBS had been carried out before staff commenced duties.. This protected patients from receiving care and treatment from unsuitable staff.
- Staff did not raise any concerns about access to time for rest and meal breaks.
- The service did not use agency staff but used the self-employed staff and the existing internal team who worked additional shifts on overtime or flexibly where required.

## Response to major incidents

- Senior management considered the impact of different resource and capacity risks and could describe the action they would take.

# Patient transport services (PTS)

- The service managed anticipated resource risks by scheduling transport bookings in advance, managing pre-planned holidays, and other leave.
- The service carried out 'ad hoc' work so would assess resource requirements and capacity on an individual basis when requested. Demand fluctuated and the service only carried out work that was within their capacity.
- The director could describe how the service would function in the event of any emergency such as fire and flood incidents. However, the service did not have a business contingency plan that identified how it would function. This meant the provider could not be assured if staff knew what to do.
- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and would generally include the involvement, either directly or indirectly, of large numbers of people.
- As an independent ambulance service, the provider was not part of the NHS major incident planning.
- Staff adhered to relevant national and local protocols for their role, when assessing and providing care for patients.
- During the booking process, patient information was obtained regarding mobility aids, whether or not a stretcher was required and details of any oxygen required. Staff told us they could make dynamic assessments of the needs of patients at the point of pick up and make adjustments where necessary.
- Staff were made aware if patients had a mental health problem through the booking system in advance of accepting a booking so they could plan accordingly.
- Staff did not transport a patient if they felt they were not equipped to do so, or if the patient needed more specialist care. If a patient was observed or assessed as not well enough to travel or be discharged from hospital, staff made the decision not to take them.

## Response times and patient outcomes

- From January to May 2017, there had been 11 patient journeys. The level of activity is small and fluctuates each month.
- The service monitored pick up times, arrival times and site departure times through the crew daily job sheets.
- There was no formal system in place to monitor the services performance to ensure they were delivering an effective patient transport service. The service did not benchmark itself against other providers. Senior managers we spoke with confirmed this.
- We were unable to analyse how well the service did in relation to patient outcomes because this information was not available.

## Competent staff

- The medical director and office manager had only been in post since March 2017, therefore had not received their appraisals at the time of inspection. An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. The service provided an appraisal template after the inspection and reviews of the medical director and office manager were booked for March 2018.

## Are patient transport services effective?

### Evidence-based care and treatment

- Staff provided care and treatment to patients in line with the Joint Royal Colleges Ambulances Liaison committee (JRCALC) clinical practice guidelines. However, there were no regular clinical audits to monitor adherence to these guidelines.
- The service had limited policies and guidance in place to support evidence based care and treatment. The documents we looked at were up to date. The medical director was aware the service lacked guidance specific to the service, and we saw policies had been updated and new policies planned such as the business continuity plan.
- The service's policy on Do Not Attempt Cardiopulmonary Resuscitation was based on and referred to the Resuscitation Council (UK) guidance (2016).

### Assessment and planning of care



# Patient transport services (PTS)

- All new staff were required to undertake a set induction programme that refreshed and tested knowledge on manual handling, infection control and health and safety.
- The service conducted Driver and Vehicle Licensing Agency (DVLA) checks at the start of employment. All crew knew the need to notify the managers of any changes to their license in line with the driving standards policy.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. Staff told us that if they had a concern about the standard of a crew member's driving they would inform the directors.

## Coordination with other providers and multi-disciplinary working

- Staff we spoke with told us they had good communication with the hospital managers and effective handovers with the hospital staff when they transported patients to and from the hospitals.
- Staff told us they worked in a multi-disciplinary manner with staff from local trusts and repatriation companies when patients were repatriated from another country.

## Access to information

- Ambulance staff received job sheets at the start of each journey. These included collection times, addresses and patient specific information such as relevant medical conditions, complex needs, mobility, or if an escort was travelling with them.
- Staff felt they had access to sufficient information for the patients they cared for. If they needed additional information or had any concerns, they spoke with the managers.
- Staff told us both hospital and booking staff made them aware of any special requirements. For example, they were notified if a patient was living with dementia.
- We saw staff had access to company policies via their work mobile telephones.

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

- Staff had received training in the Mental Capacity Act 2005. Information provided by the service showed all staff had completed the training provided face-to-face. All staff were due to complete a refresher course by the end of October 2017.
- Staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport. For example, they told us they would seek the patients' consent before they fastened their seatbelts.

## Are patient transport services caring?

### Compassionate care

- We reviewed the folder of feedback that the service received from patients and their relatives, which included positive and appreciative comments about the service they had received and the caring attitude of staff.
- The feedback we saw from patients and their relatives demonstrated staff were kind and compassionate. Examples of comments were; "From the first telephone to mum being delivered to her nursing home, the experience was fantastic". "The crew arrived on time, took care of my aunt with special care and made the whole experience painless" and "Extremely competent and experienced as well as having a very warm and sympathetic nature, the 300 mile trip home was painless and they went the extra mile to ensure I was safe inside my home before leaving".
- Staff took the necessary time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times.
- Staff maintained patients' privacy and dignity. Patients conveyed to hospital were covered in a blanket to maintain their modesty and to keep them warm while on a stretcher or in a wheelchair.
- Vulnerable patients, such as those living with dementia or a disability, could have a relative or carer with them while being transported wherever possible. All staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients.

# Patient transport services (PTS)

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

- We saw from the patient report forms staff involved patients in decisions about their care and treatment. Ambulance crews gave clear explanation of what they were going to do with patients and the reasons for it. Staff checked with patients to ensure they understood and agreed.
- Staff told us they provided clear information to patients about their journey and informed them of any delays.
- Patients commented having confidence in the staff providing their care, and patients were involved as much as possible when planning their journey to and from the hospital.
- Staff said they asked permission to enter the patients' home, when they collected patients from their homes to take them to hospitals.
- Staff told us they showed respect towards relatives and carers of patients and knew about their needs; explaining in a way they could understand to allow them to support their relative.

## Emotional support

- Staff checked on patients' wellbeing, in terms of physical pain and discomfort, and emotional wellbeing during their journey.
- Ambulance crews did not routinely transport patients who were end of life. However, staff knew about the need to support family or other patients should a patient become unwell during a journey.

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

## Service planning and delivery to meet the needs of local people

- Patient transport services (PTS) was a small part of this service, which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included

those attending hospital, outpatient clinics, being discharged from hospital wards or referrals from care homes and private individuals. The provider also provided a repatriation service.

- The service only had 'ad hoc' services to meet the needs of their patients and workloads were planned around this. The feedback from patients and their relatives demonstrated the service was good at responding, even on short notice bookings.
- On the day bookings were responded to quickly via telephone. For the 'ad hoc' on the day bookings, office based staff identified which drivers were free or had finished jobs and were nearest for the next job.
- Staff at the station would take bookings Monday to Friday from 9am until 5pm. Out of hours, the on call manager would manage bookings.
- All the ambulances were equipped with tracking devices. The service had the ability to monitor the locations of its vehicles and to identify where they were. They also had the ability to monitor the hours driven by crews to ensure they took appropriate breaks.
- Staff told us their workload was variable, it ranged from transporting one patient a day to considerably more than this on some occasions, there were no trends to this variation.

## Meeting people's individual needs

- The booking process meant people's individual needs were identified. For example, the process took into account the level of support required, the person's destination set-up, communication needs and family circumstances.
- For patients with communication difficulties or who did not speak English, we were informed staff would use their work mobile telephones to look up phrases and words to help them communicate. However, should they be in an area with no mobile signal, there was a potential risk to patient care if a phrase book was not on the vehicle.
- The service allowed a relative or carer to accompany patients who were unable to speak due to their medical condition or who had complex needs. This would aid communications for patient who were not able to understand or explain what was wrong.

# Patient transport services (PTS)

- The service had one ambulance equipped with a bariatric stretcher and other specialist equipment to support bariatric patients. Bariatric patients are those with excessive body weight, which can affect patients' health.
- For patients living with dementia and those with reduced mental capacity their support needs were assessed at the point of booking. There was seating in the ambulances to allow family members or additional medical staff to travel with the patient.
- Staff we spoke with told us they would respond appropriately to patients' religious needs. For example, if patients were being transferred on a long distance, they would provide time for patients to pray if needed and use multi faith rooms at airports when repatriating patients.
- Staff told us that they made toilet stops for patients when required. The service also had equipment available on board the vehicles to meet those needs.
- Ambulances had different points of entry, including sliding doors, steps and tailgates so that people who were ambulant or in wheelchairs could enter safely.
- Staff told us they would transport a patient in their own wheelchair if possible, rather than transferring them to a trolley, so they were more comfortable.
- We saw food and drink were available on board the vehicle for patients transported on longer journeys. This is good practice.

## Access and flow

- The service operated within the core hours of 9am to 5pm every day. The also provided out of hours service when required.
- The 'job sheets' carried by staff provided them with journey information including the patients' name, date of birth, allergies, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- Managers confirmed that patient transport services did not do emergency transfers or provide critical care, and patients transported were usually clinically stable.

- If a journey was running late the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delays was communicated with patients, carers and hospital staff by telephone.

## Learning from complaints and concerns

- The service had a system for handling, managing and monitoring complaints and concerns. For example, each ambulance had patient feedback forms available for patients to complete. They had details of how to contact the office and how to complain.
- Between January and May 2017, the provider reported one formal complaint. We reviewed the nature and outcome of the complaint. We saw the complaint was fully investigated and lessons learnt were discussed with staff.
- The Complaints Policy (January 2016) outlined the process for dealing with complaints initially by local resolution and informally. Where this did not lead to a resolution, complainants were given a letter of acknowledgement within three days of receipt followed up by a further letter, once an investigation into the complaint had been made.

## Are patient transport services well-led?

### Leadership / culture of service related to this core service

- The provider had a registered manager with the Care Quality Commission (CQC), to carry out the day-to-day running of the service. The Health and Social Care Act 2008 requires the CQC to impose a registered manager condition on organisations that requires them to have one or more registered managers for the regulated activities they are carrying on. This meant BM Ambulance Service complied with their registration conditions. At the time of inspection, the service was reviewing their roles and we met the office manager who was submitting an application to be the registered manager.
- The day-to-day management of the service comprised of the director, an office manager who both worked full time, and the medical director who worked 20 hours per



# Patient transport services (PTS)

month. The director looked after the welfare of the staff and was responsible for the planning of the day-to-day work. The office manager and the medical director also formed part of the operational staff.

- Staff felt they could raise any concerns with the director and found the director easy to contact. The office manager and medical director we spoke with said the company and the director were good to work for and they felt they were well looked after.
- Staff said they were proud to work for the service. They wanted to make a difference to patients and were passionate about performing their roles to a high standard.
- Staff told us they could speak in confidence with the director when they encountered difficult or upsetting situations at work.
- There was an “Equal Opportunities Policy (March 2017)” that referred to a whistleblowing policy which did not exist. This meant the provider could not be assured if staff could provide feedback internally or to external regulators about aspects of the service. The director we spoke with during the inspection had a clear understanding of the concerns we raised.

## Vision and strategy for this core service

- The director acknowledged that they did not have a written vision and strategy statement. However, they had guiding values which state “driving excellence, committed to care”.
- The strategy and focus was to develop and improve the quality of service. The director informed us they had plans for service expansion in events.
- Staff understood the instability of the work through ad hoc contracts and the desire to develop a more long-term plan.

## Governance, risk management and quality measurement

- The service had no governance framework. The director, medical director and office manager had identified that governance was a concern and a risk at the time of our inspection. They told us they were reviewing their roles and planning to implement better governance for the

service. This meant the provider did not have effective governance arrangements to evaluate the quality of the service. This was a breach of a regulation. You can read more about this at the end of the report.

- The service did not have a mechanism in place to identify and manage risk and measure the quality of the service delivered to patient. The service did not hold a risk register or have other similar systems to identify and monitor the highest risks to the organisation, both clinical and non-clinical. This meant there was no formal process for identifying and prioritising risks and recording measures implemented to mitigate the identified risks within the organisation. This was a breach of a regulation. You can read more about this at the end of the report.
- The service had a system to share learning from incidents, safeguarding and complaint outcomes.
- All patient records were audited; information and learning was shared. The service also carried out audits to measure the quality and effectiveness of the service delivered such as cleanliness and infection control. This meant potential risks to staff and patient safety, were monitored and actions were taken to mitigate the risks
- We observed no evidence of governance meetings taking place. Although the directors met and spoke regularly, there were no records of any meetings.
- We were informed there had been informal discussions to discuss operational, recruitment and office matters but records of the discussions were not available. This meant the provider could not be assured if actions were taken for any issues raised, or if they could monitor the service performance.

## Public and staff engagement

- Patient feedback was encouraged through access to forms on ambulances or complete online reviews. All of the forms and online reviews we looked at were complimentary about the care and treatment they had received from staff.
- The service had set up a twitter, email and facebook accounts that allowed staff and members of the public to engage more easily. They also had a web site with information for the public about the services the company provides, including their contact details.

# Patient transport services (PTS)

- The director told us the service did not hold specific staff meetings due to the small team and availability of the self-employed staff. They used regular communication via mobile telephones and emails as a medium for staff to access information.
- Team meetings were not held. This meant there was not a forum in which information could be communicated to staff face to face.
- The service took prompt action where issues were found at the announced inspection and this was supported by our findings at the end of the inspection on the same day and information provided to us after the inspection.
- The service had started to work with a dementia friendly trust. This involved understanding the needs of patients who lived with dementia and it meant staff were assured they met patients' needs.

## **Innovation, improvement and sustainability**

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure there are effective governance arrangements to evaluate the quality of the service.
- The provider must have a formal process for identifying and prioritising clinical and non-clinical risks and recording measures implemented to mitigate the identified risks within the organisation.
- The provider must put in place an appraisal system to support staff in their roles.

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

- The provider should ensure medicines were stored at the recommended temperature

- The provider should ensure policies and guidelines were fit for purpose.
- The provider should consider implementing a business contingency plan.
- The provider should consider monitoring their compliance to internal policies and procedures so that patients were not put at risk.
- The provider should develop a vision and strategy for the service and ensure they are embedded across the organisation.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>How the regulation was not being met:</b>  Governance framework and effective governance arrangements to evaluate the quality of the service were not in place.  There were no systems or processes in place to manage clinical and non-clinical incidents.  Regulation 17 (2) (a) (b)
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>How the regulation was not being met:</b>  There was no clear appraisal system in place.  Regulation 18 (2) (a)