

In-Pulse Ambulance Service - Lewes

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

In-Pulse Ambulance Service - Lewes is operated by In-Pulse Medical Services Limited. The service provides a patient transport service as well as event medical cover. Event medical cover is not in the scope of CQC registration.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 19 November 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.

The main service provided was patient transport services. This was a mix of NHS and private work. NHS non-emergency patient transport services help people to access healthcare in England. It is free at the point of use for people who meet certain medical criteria and are unable to use public or other transport.

We rated it as Good overall.

- The service had systems to keep patients safe. Staff had appropriate training, understood how to protect patients from abuse, and managed safety well. The service had suitable premises and equipment for the range of services it provided and controlled infection risk well. Staff assessed risks to patients and acted on them. The service had policies to act on safety incidents.
- Staff provided good care and worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet people's needs, 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 too long for transport.
- Leaders ran the service well using reliable information systems and supported staff to develop their skills. Staff were clear about their roles and accountabilities. They felt respected, supported and valued and were focused on the needs of patients receiving care.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

- The provider should continue to develop governance systems further development to monitor service quality, performance, trends and themes to aid service improvement.
- The provider should develop a formal risk register framework.
- The provider should conduct regular infection prevention and control audits to monitor compliance to procedures.
- The provider should include complaints discussion in the regular meeting topics.
- The provider should ensure there is a complete audit trail to demonstrate all new staff have been through a robust recruitment process.
- The provider should ensure that all performance information is shared with staff.

Dr Nigel Acheson

Summary of findings

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

Overall summary

In-Pulse Ambulance Service - Lewes is run by In-Pulse Medical Services Limited. The service opened in 1991. It is an independent ambulance service in Lewes, East Sussex offering patient transport services. The service primarily serves the communities of East Sussex and Hampshire. The service also provides events medical services, which is not within the scope of CQC registration.

The service has had a registered manager in post since 1991. At the time of the inspection, a new management team had recently taken over the running of the business and had submitted a new registered manager application to CQC.

The service was last inspected in August 2017 when we regulated ambulance services but did not have a legal duty to rate them.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating Summary of each main service

NHS non-emergency patient transport services help people access healthcare in England. They are free at the point of use for patients who meet certain medical criteria and are unable to use public or other means of transport.

We carried out an unannounced inspection on 19 November 2019. This was the service's first inspection since registration. 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.

Good



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Summary of findings

- Continue to develop governance systems further development to monitor service quality, performance, trends and themes to aid service improvement.
 - The provider should consider develop a formal risk register framework.
 - Conduct regular infection prevention and control audits to monitor compliance to procedures.
 - Ensure there is a complete audit trail to demonstrate all new staff have been through a robust recruitment process.
 - The provider should ensure that all performance information is shared with staff.
-

Summary of findings

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Good 

Location name here

Services we looked

Patient transport services;

Summary of this inspection

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Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Why we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 19 November 2019.

How we carried out this inspection

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.

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Summary of this inspection

The service is registered to provide the following regulated activities:

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

At the time of inspection, the provider was reviewing their regulated activities to ensure their registrations were correct.

During the inspection we visited the base and accompanied crew on duty. We spoke with five staff including patient transport drivers and management. We observed patients using the service but we did not have the opportunity to speak with patients and relatives. We looked at policies and procedures, staff training and appraisal rates along with meeting notes, and the environment and equipment used.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. We have inspected the inspected twice before, and the most recent inspection took place in August 2017 which found that the service needed to improve: evidence of safety monitoring; mandatory training including safeguarding training; disclosure and barring certificates (DBS) for all staff.

Activity (October 2018 to November 2019)

- There were 3,205 patient transport journeys undertaken.
- Seven contracted staff worked at the service. There was also a bank of temporary staff that the service used during busier times.

Track record on safety:

- No never events, clinical incidents or serious injuries
- No formal complaints

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

NHS non-emergency patient transport services help people access healthcare in England. They are free at the point of use for patients who meet certain medical criteria and are unable to use public or other means of transport.

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- The service planned care to meet people's needs, 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 too long for transport.
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- The provider should consider develop a formal risk register framework.
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- Ensure there is a complete audit trail to demonstrate all new staff have been through a robust recruitment process.
- The provider should ensure that all performance information is shared with staff.

Patient transport services

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

Are patient transport services safe?

Good 

We rated safe as good.

Mandatory training

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

The provider used an external organisation for the provision of a comprehensive mandatory training. Mandatory training covered modules including, but not limited to safeguarding adults and children level two, infection prevention and control, basic life support and moving and handling. Mandatory training was delivered online and could be completed from home or staff could use computers at the base to complete it.

Managers monitored the completion of mandatory training and sent reminders to staff before their training was due to expire. Staff we spoke with confirmed they received these notifications to remind them to complete mandatory training updates.

Staff were up to date with mandatory training with the exception of information governance training which had only been completed by the two managers. The provider told us they were not aware that the training was a requirement for all staff and promptly arranged for staff to complete the training and contacted us the day after the inspection to confirm this had been actioned.

Safeguarding

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

Staff used a safeguarding prompt card which was attached to their identification badge and which gave clear instructions for actions to take in the event of a safeguarding concern. The card included contact numbers for the local safeguarding teams. We saw written interactions with safeguarding teams to ensure safeguarding staff had all the information needed.

Staff we spoke to had not reported a safeguarding alert but were aware of the potential concerns and the procedure for reporting them.

The provider had an up to date policy for safeguarding children and adults.

The provider trained eligible staff to level two in adult and children safeguarding. Records showed 100% of eligible staff had completed this training.

The provider had a safeguarding lead and staff were aware of who they should report safeguarding concerns to. However, the safeguarding lead had completed training to level two, while the minimum training requirement for safeguarding leads is level three. The provider contacted us the day after the inspection to confirm their arrangements for accessing the required training.

Cleanliness, infection control and hygiene

The service controlled infection risks well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Patient transport services

There was an up to date infection control policy and vehicle cleaning policy. Staff cleaned the vehicles after each use and at the end of each day. There were daily vehicle cleaning checklists along with regular documented checks conducted by the management team which showed the equipment, vehicles and premises were cleaned.

We saw records that showed a monthly deep clean was carried out on each vehicle.

Decontamination wipes that to be used to clean the stretchers, chairs and other equipment in between patient journeys.

We observed staff wearing clean and serviceable uniforms that were bare below the elbow, except for fleeces that were worn during cold weather.

The provider did not conduct any recorded infection control audits to monitor compliance. This meant the provider was missing an opportunity to identify trends and themes relating to quality of cleaning undertaken and the risk to patients associated with health acquired infections from poor infection control procedures.

Staff could decontaminate their hands in between each patient contact. We saw antibacterial hand gel dispensers fitted to each ambulance and these were full and functional..

Personal protective equipment such as aprons and gloves were readily available on vehicles. Disposable gloves in a variety of sizes were available for staff to use.

Environment and equipment

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

The service ran from a residential address and the service vehicles were all parked within the grounds of the address.

The provider had three ambulances and one support car which was a four by four vehicle used purely for events and therefore outside the scope of this inspection. The service had two further ambulances, but these were not in use and we saw documentation that demonstrated this.

There were processes to track vehicle servicing and Ministry of Transport checks (MOTs) to ensure vehicles were maintained in line with manufacturer's guidance and legislation. We saw fleet records which demonstrated the providers policy was being followed.

The provider had a vehicle breakdown procedure. Staff we spoke with told us that if vehicle broke down, they contacted to office and an available crew was diverted to the breakdown location..

We observed all three vehicles to have essential emergency equipment such as defibrillators, suction units and blood pressure units available. All equipment we checked had a sticker confirming it had been tested in the 12 months before inspection and was safe to use.

Equipment was standardised to ensure chairs and stretchers fitted any ambulance. The provider had recently purchased a stair glider to improve safety.

There were appropriate fire extinguishers on the base and on each ambulance. However, we found one fire extinguisher, stored on an ambulance, which had expired in December 2018. When we informed the provider of this a replacement was purchased on the day of the inspection.

Records showed staff checked and tested the equipment in the ambulances a daily and topped up supplies as needed. Stock was kept in the base and staff collected it as needed to ensure the ambulance had the correct stock on board. All three ambulances we checked had the correct stock on board.

We saw all sharps bins in use were assembled and disposed of correctly. This was important to protect staff and patients from injury by sharp objects such as needles. This practice was in line with Health Technical Memorandum (HTM) 07-01: safe management of health care waste.

We saw clinical and non-clinical waste was separated correctly into different coloured bags.

Assessing and responding to patient risk

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

The provider had an inclusion and exclusion criteria to ensure patients could be safely transported. Eligibility

Patient transport services

screening was undertaken through a series of questions at the point of transport booking. Staff assessed the booking against a flow chart and identified where an additional risk assessment was required. Staff we spoke with told us that they always had the decision to accept calls and managers did not apply pressure to accept journeys.

The service transported bariatric patients following a risk assessment. Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity. Managers ensured staff completed were completed risk assessments in advance of a bariatric patient transfer. Risk assessments we reviewed included a check list to confirm access in and out of properties to help managers plan the method, route, equipment and staff numbers required to complete the journey safely.

Staff ensured patients had access to a phone call for help before they left the patients' home. Staff we spoke with told us they always made sure they left patients at home with their personal alarm pendants.

If a patient deteriorated whilst on route, staff would call 999 for emergency support.

would responded to any patient feeling unwell.

Staff completed basic life support training, which formed part of the mandatory training programme. Records showed all staff had completed this training within the previous 12 months.

Staff were familiar with 'do not attempt cardiopulmonary resuscitation' documents that some patients carried with them during their journey.

Staffing

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

The provider employed seven staff. Managers produced staff rotas weekly which took into account staff availability and planned journeys. Additional bookings were only accepted within capabilities of workload. When required, the service two employed paramedics to support the event work.

Rotas showed that staff worked a pattern of shifts to meet the needs of the service. Staff told us they were able to work flexibly to meet the needs of the service.

There was a recruitment policy. The service was in the process of expanding and had interviewed for two additional crew posts. However, there was no written record of these interviews at the time of the inspection. The provider had managed to complete all the relevant documentation at the time of inspection.

Recruitment was initially on a temporary basis with permanent contracts offered advertise internally when available.

The service used regular agency staff to cover vacant shifts but generally ran the service with the seven full time staff..

Staff always worked in pairs, and therefore there was no lone working policy required.

The service ensured staff had time to for meal breaks. Staff we spoke with told us they got time to take breaks in between journeys.

Records

The service did not hold any patient records or details other than the booking details entered onto an electronic calendar which was password protected..

Confidential records were appropriately transported and stayed with the patient at all times. When patients were collected, records were passed to staff in a sealed envelope, and this travelled with them to the destination where it was handed over with the patient. No other records of care were stored on board the ambulance.

Medicines

The service used systems and processes to safely store patient medicines and medical gases.

The service did not stock medicines on the vehicles. Staff we spoke with told us that they checked prescriptions for hospital discharge to make sure they were for the right person.

Patients' own medicines were kept in a locked cupboard on the ambulance throughout the journey.

Patient transport services

The service carried oxygen on all vehicles. We checked oxygen cylinders stowed on the three vehicles and found the cylinders were secured and within the expiry date. Staff received training in the administration of oxygen.

The service had locked storage cages for oxygen cylinders. The storage cages were clearly labelled sections for full and empty oxygen cylinders.

Staff checked that oxygen cylinders were full at the start of each shift.

Incidents

Staff gave account of how they would recognise incidents and near misses and report them. Managers had procedures to investigate incidents and share lessons learned with the whole team., the wider service and partner organisations.

There had been no never events reported in the last 12 months. Never events are serious incidents that are entirely preventable. There were no records of incidents relating to patients in the past year.

There were records that health and safety incidents were reported and then risk assessed for appropriate actions. For example, a ramp on one of the ambulances had become worn. This was discussed in a meeting and replaced before an incident occurred.

The provider said reflected that this was because they had appropriate risk assessments in place to prevent incidents.

Staff were aware of the procedure for reporting incidents. The reporting process was paper based. We could see from the incident forms we reviewed staff were reporting issues and having them addressed quickly by the provider.

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

Good 

We rated effective 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 a range of policies and procedures for staff to follow. All policies and procedures were within the review date and referenced relevant legislation and national guidance. Staff had access to policies at the base.

We reviewed a range of policy documents such as but not limited to, deteriorating patients, managing the conveyance of patients and do not resuscitate (DNR). Policy documents were inclusive to all patient groups.

Recommended summary plan for emergency care (ReSPECT) forms were in use.

Managers reviewed the completion of vehicle checklists for the oversight of vehicle cleanliness and to arrange any defect repairs.

Nutrition and hydration

Staff made sure patients had access to adequate food and drink during long transfers.

The service had a supply of bottled water which was available for patients on journeys. A packed lunch meeting the patients dietary requirements was provided for patients traveling a longer journey.

Staff we spoke with told us they would never leave any patient without any food either in the patient's own home and would report these issues to managers. Staff told us they assisted one of their regular patients with shopping to ensure they had access to adequate food.

Response times/Patient outcomes

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

The service did not have any key performance indicators set by their commissioners, as they did not have service level agreements. However, the service monitored collection and drop of times for all patient journeys. This data showed most of the journeys were on time and there were no significant delays.

Patient transport services

Customer feedback information was used to monitor patient outcomes. Managers we spoke with told us they used patient feedback as a quality measure and to make improvements. However, there was no established other processes in place for monitoring performance, but the leadership team were in the process of developing these.

The provider limited the number of patients on each ambulance to three to ensure sufficient time was given to each journey.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

All staff had received a performance appraisal in the last 12 months.

New staff received an induction which included shadowing an experienced staff member and the completion of mandatory training modules. The service required all new staff to complete a probationary period when their performance and suitability for their role were monitored.

The managers regularly supervised staff on patient journeys and provided feedback.

The provider completed annual staff driving licence checks and completed driver assessments. All new staff received a driver assessment and additional training if this was required.

Staff had been subjected to Disclosure and Barring Service checks by the previous owner of the service. The leadership team were in the process of recruiting two new staff members. A DBS check was going to be completed prior to commencing work.

Multidisciplinary working

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

The service worked closely with local NHS teams and commissioners.

There was a good working relationship between crews and hospital staff. We saw effective handovers between the crews and clinic or hospital staff.

We spoke with representatives from two commissioning groups for whom the service provided patient transport. They told us they found the crew and managers from In-Pulse Ambulance Service – Lewes to be helpful and accommodating.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff obtained consent in line with national guidance and best practice. Crew members had training in consent and capacity as part of the mandatory training. Staff received training in Mental Capacity Act 2005 and Deprivation of Liberty Standards (DoLS). The staff we spoke with could demonstrate a good understanding of how to recognise and support those who lacked capacity.

Recommended summary plan for emergency care (ReSPECT) forms were in use. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

The service did not provide transport for patients detained under the Mental Health Act, although the service did transport patients with mental health conditions. Staff were able to describe how they would Staff we spoke with told us they chatted with patients to put them at their ease and the service tried to make sure patients were transported by the same crew each time they used the service. provide additional care and support to those with mental health needs. This included but was not restricted to adding additional time for the journey, providing emotional support, and permitting carers and relatives to accompany the patient on their journey. We saw an email trail that showed this happened in practice.

We observed crews always obtained verbal consent before carrying out any observations or transporting patients.

Are patient transport services caring?

Good 

We rated caring as good.

Patient transport services

Compassionate care

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

We saw that patient privacy and dignity was preserved, especially when moving patients through public areas.

Staff told us they always treated patients in the way they would expect their own family to be treated. We saw staff interact with patients in caring way during the inspection.

We reviewed more than 80 plus comments collected during the inspection. It was consistently positive. Examples of comments included: “staff very helpful and polite, pleasant people, go out of their way, very professional, and great staff, took good care of me, great guys nice people.”

Comments from health care partners included “They have provided a consistent staff team to build a relationship with the patient and use de-escalation approaches to ensure that these transfers are successful. They go above and beyond to ensure that people with complex needs are still able to access the healthcare they need, in such a compassionate a holistic way.”

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff we spoke with told us that they enjoyed talking to the patients and providing a listening ear and emotional support. They told us they saw the same patients each week, so they had built relationships with patients, their families and carers. Staff felt this was something they excelled in as an organisation.

Staff gave an example of transporting a regular patient to hospital every week, and how they had built up a good relationship with the patient and understood their emotional needs. Staff passed on specifics about the patient’s likes and dislikes to the hospital staff which improved the patient’s overall experience.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to make decisions about their care.

Staff we spoke with told us they chatted with patients during their journey and informed them of any traffic delays or their expected time of arrival either at home or their appointment.

Staff kept patients and their families informed about transport pick up and drop off times.

Patients were asked for their views had their views of the service taken into consideration. They were routinely asked for feedback by completing a questionnaire. The questionnaire took account of individual patient experience and asked if they were likely to recommend the service. It also included pictorial guide of smile faces as an additional communication tool. However, there was no system to monitor feedback trend and themes.

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

Good 

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 the people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The provider did not have permanent service level agreements with clinical commissioning groups (CCGs) and NHS trusts. However, they did provide an ‘as and when required’ service for NHS and CCGs. This ensured local people could access patient transport services when needed.

The provider worked with the clinical commissioning groups (CCGs), adult social care and local NHS hospital to ensure it could balance the need of individual patients.their contracts.

Two of the commissioning groups whose patients used the services told us that the service provided a holistic service, particularly for people with mental health needs in combination with physical health comorbidities. For example, patients who had previously missed appointments due to complex social needs had built

Patient transport services

relationships with the team from In-Pulse Ambulance Service - Lewes. This improved continuity of care and therefore increased attendance at hospital appointments which improved their physical health as they were receiving the treatment they needed.

Meeting people's individual needs

The service took account of people's individual by reviewing the assessment of need prior to accepting a patient. The provider gave us examples when they turned down work because they were not able to meet individual needs, however this did not happen routinely. Crews also carried out their own assessment of needs using the providers criteria before moving patients. This was to ensure the crews could take account of each patients needs before transporting them. needs.

The provider's website explained the services available to patients and provided contact details and an online form to complete if they needed further information.

Many of the transport jobs undertaken was for older people, people with disabilities and people living with dementia for whom additional journey time was allocated. This allowed staff had sufficient time to interact with patients and review their needs and also ensured there was sufficient time for taking traffic congestion into account which reduced delays.

There was a system to ensure people with diabetes were given priority. Staff ensured they received a handover which included the schedule for insulin administration.

Mental health needs were identified as soon as possible to ensure they could be taken into consideration when planning a journey. The provider asked questions about a patients' anxiety levels and as a result arranged for their carer and relative to accompany them.

If patients had a long journey staff made sure a suitable lunch and fluids were available. There were bed pans and incontinence pads on board for these journeys.

The service was able to carry a bariatric patients. (The term bariatric means treatment of obesity). Staff were aware of the maximum load for equipment.

Staff informed us they used an online translation system to communicate with people who did not speak English. They used this successfully with a regular Chinese patient. This patient provided feedback about the service in their native lounge.

Staff we spoke with told us they chatted with patients to put them at their ease and the service tried to make sure patients were transported by the same crew each time they used the service.

Access and flow

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

The service undertook 3,205 transport journeys in the last year. Of these, 2,241 were for patients from hospitals in East Sussex, 962 were for patients from hospitals in Hampshire and two were for private contracts.

Patients were booked for transport against a set of eligibility criteria which was determined by the commissioning trust and recorded on the booking form. All jobs were booked in advance and we saw journey data which showed most journeys ran without delay. Each booking was given a turn around window of an hour and a half to ensure they crews could allow for delays.

The senior leaders were able to provide immediate support if there was a sudden surge in demand. They were both trained to undertake the work and there was a spare vehicle on site.

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.

Staff told us the service rarely received complaints and when they did they were dealt with by the managers.

The service had not received any complaints, either written or verbal, in the 12 months before inspection.

There was a complaints policy and an associated log of actions taken. However, the policy did not accurately reflect current national guidance. The document did not outline the complaint response times as outlined in national guidance.

Patient transport services

Complaints were not included in the regular team meeting topics for discussion.

The provider collected feedback from patients using comments cards which were reviewed by the managers.

Are patient transport services well-led?

Good 

Leadership

Leaders had the 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. They supported staff to develop their skills and take on more senior roles.

The new owners of the business were also the senior leadership team. They showed they had the skills, knowledge and insight to be able to lead the service. They told us they were committed to their staff and referred to their team as their most valuable asset.

The leadership team had invested heavily in purchasing new equipment, training, uniforms. We also saw a prompt response to staff raising incidents and the prompt actions taken to address concerns.

The staff we talked with during the inspection told us the leadership team were visible, supportive and very approachable. They gave us many examples of the actions the leadership team took because of their feedback. Staff expressed a confidence in the leader's ability to run the service.

Vision and strategy

In-Pulse Ambulance Service – Lewes, had recently changed ownership. There was no formal vision or strategy at the time of our inspection. However, the new owners had significantly invested in new equipment, improved staff training, and issued new uniforms which showed an ongoing commitment to improving the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The

service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they were very happy working for In-Pulse Ambulance - Lewes. They said they felt supported and respected. The senior leadership team were described as supportive, open and as making staff feel valued.

We saw an audit trail that showed the leadership team managed performance issues in line with its own policies and national guidance. This was done in a supportive and positive way.

Staff were frequently in contact with the base via mobile phones during their shifts. Staff were frequently in contact with the base via mobile phones during their shifts. This meant crews were able to contact the leadership team at any time for support or guidance.

The senior leadership team told us they were committed to ensuring they delivered a service trusted by patients and delivered by happy staff. It was clear from talking to the leadership team and the staff that everyone was committed to putting patients and staff at the very heart of the service. Staff told us they felt they were a little family and they enjoyed their jobs.

Staff told us they were confident the leadership team were approachable and listened to them. They gave us examples of when they raised concerns, it was resolved promptly.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

There were systems and processes to identify and manage risk. This was predominantly undertaken by a series of risk assessments. Risk assessments were undertaken when a risk was identified. Every incident reported had an associated risk assessment undertaken and a record of the actions taken. Examples included a new tail lift for an ambulance when staff reported the lift slipping and a new flood light to ensure staff could safely walk around the base in the dark.

There was a governance system, but it required further development and strengthening to ensure it was more efficient at monitoring service quality, performance and

Patient transport services

monitoring trends and themes to aid service improvement. For example, performance data was collected but it was not collated in a way to easily identify trends and themes for service improvement. We saw meeting minutes which showed information regarding incidents, complaints and compliments was discussed in an ad hoc way. The majority of the incidents and risks reported were operational in nature.

We saw minutes of staff meeting minutes which showed a standardised agenda. We saw that learning and actions taken from events were recorded.

There were missed opportunities to use meetings more efficiently to strengthen aspects of the governance systems and processes. Incidents and complaints were not included in the standardised meeting topics for discussion.

The new leadership team were developing new processes and improving systems and processes to ensure better quality and risk oversight. This included but was not restricted to introducing electronic record systems, improved governance and risk monitoring tools and providing more training for staff.

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.

There were systems and processes to identify and manage risk. There was a risk assessment tool which took account of the risk and severity of all assessments. The service did not have a formal risk register framework in operation.

Management of risk was predominantly undertaken by a series of risk assessments. Risk assessments were undertaken when a risk was identified. Every incident reported had an associated risk assessment undertaken and a record of the actions taken. Examples included a new tail lift for an ambulance when staff reported the lift slipping and a new flood light to ensure staff could safely walk around the base in the dark.

There was no central log of all the risks to make trend and theme analysis and aid the constant monitoring and assessment of risk. However, the leadership team were able to tell inspectors what the most significant risks to the service was and the actions taken to mitigate these.

Staff told us they were aware of the risks in the service. They also told us they felt supported to report risks and confirmed that immediate action was taken, and feedback provided as a result.

There was a business continuity plan which guided staff to ensure the service could run in the event of an unforeseen event like adverse weather conditions..

Information management

The service received data from the commissioning organisation. The information systems were secure.

Documents were stored securely and remained confidential.

Most of the information used by the provider was in paper form. However, the senior leadership team had started to move towards electronic records.

The provider took account of the changes to the General Data Protection Regulation 2016 and staff we talked with were aware of their responsibilities. However, only the managers completed information governance as part of their mandatory training. We discussed this with the provider on the day of inspection and they contacted us the day after the inspection to confirm all staff had now completed this training.

Public and staff engagement

Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services.

Due to the small team, there was no formal engagement process with staff. Most engagement was either face to face, by email or at monthly meetings.

Patients' views of the service were collected routinely. Patient feedback was actively sought.

We saw an audit trail that showed the provider was routinely engaging with its service commissioners to ensure it was providing the best service it could and meet the individual needs of patients.

Patient transport services

The provider's website explained the services available to patients and provided contact details and an online form to complete if they needed further information.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services.

The service used information from incidents and patient feedback to inform service improvements. The service used information from incidents to inform service improvements.

The service had sustainability plans. The provider had enough staff to meet service demands and had active recruitment to increase the number of journeys in periods of high demand.

Outstanding practice and areas for improvement

Outstanding practice

The provider went to great lengths to make sure the individual needs of patients were taken into account. For example, we saw examples where the sex of the crew was

taken into account in order to manage patient anxiety. Regular patients were given the same crews in order to build trust and maintain care continuity. Staff also went the extra mile and helped patients with their shopping.

Areas for improvement

Action the provider SHOULD take to improve

The provider should continue to develop governance systems further development to monitor service quality, performance, trends and themes to aid service improvement.

The provider should consider developing a formal risk register framework.

The provider should conduct regular infection prevention and control audits to monitor compliance to procedures.

The provider should ensure there is a complete audit trail to demonstrate all new staff have been through a robust recruitment process.

The provider should ensure that all performance information is shared with staff.