

FSNE Medical Ltd

# FSNE Medical Ltd Ambulance Station

## Inspection report

Unit 8, Morgan Business Centre  
Mylord Crescent, Camperdown Industrial Estate  
Newcastle Upon Tyne  
NE12 5UJ  
Tel:

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This location has not previously been rated. We rated it as good because.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families, and carers.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care

### Rating

Good



### Summary of each main service

This location has not previously been rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

We rated this service as good because it was safe, effective, caring, responsive, and well-led.

#### Patient transport services

Good



This service has not previously been rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.
- Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Summary of findings

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- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Patient Transport Services is a small proportion of ambulance activity. The main service was Urgent Emergency Care. Where arrangements were the same, we have reported findings in the Urgent Emergency Care section.

We rated this service as good because it was safe, effective, caring, responsive and well-led.

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# Summary of findings

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# Summary of this inspection

## Background to FSNE Medical Ltd Ambulance Station

The service registered with CQC in April 2020 and has had a registered manager in place since then. The service had never previously been inspected by CQC.

The service is an independent ambulance company registered to provide urgent and emergency care and patient transport.

The service is based in a double industrial unit in the Camperdown area of Newcastle upon Tyne. The location is near two main arterial roads in the area, the A1 and A19, which allowed the providers vehicles to be quickly deployed to calls.

The service has a contract with a local NHS ambulance trust to provide urgent and emergency care and patient transport services.

The urgent and emergency care contract was to provide seven ambulances covering 24 hours 365 days of the year through staggered shift start times identified by the NHS ambulance provider.

The urgent and emergency care ambulances were staffed by paramedics and ambulance technicians.

The patient transport contract was to provide 3 ambulances to cover between 11:30am and 9.30pm each day of the week.

The patient transport ambulances were crewed by 2 ambulance care assistants (ACA`s).

The service provided on-site medical support at public and private events and medical repatriations. These services are not regulated by CQC.

The provider employs 90 staff including the management team and has a fleet of 30 vehicles.

Between 1st November 2022 to the date of the inspection the provider had transported 4043 urgent and emergency care patients to hospital, completed 126 patient transport journeys, and 5 patients were transported from an event site to hospital.

The main service provided by this service was urgent and emergency care. Where our findings on patient transport for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the urgent and emergency care service.

## How we carried out this inspection

The inspection was carried out by 3 CQC Inspectors, one of who was a medicines inspector. The inspection was overseen by an CQC Inspection manager and a Deputy Director of Operations.

During the inspection we spoke with two managing directors, one of who was the Registered Manager, one manager and six ambulance crew. We inspected 5 vehicles.

# Summary of this inspection

We reviewed 35 patient record forms, 5 staff files, 5 staff training records, 8 complaint investigation reports, 12 incident report investigation files and 2 sets of control drugs records. We spoke with 9 patients.

The service had never previously been inspected and CQC had received whistle blowing concerns.

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






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Patient transport services	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

## Emergency and urgent care

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

### Is the service safe?

Good 

This location has not previously been rated. We rated safe as good.

#### Mandatory training

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

All staff received and kept up to date with their mandatory training.

The provider has a mandatory training policy which was in date, version controlled and had a review date. The purpose of the policy was to outline the requirements regarding statutory and mandatory training, ensuring all staff were aware of their responsibilities and that FSNE required this policy to be followed by all employees.

The service used a computer-based system which sent alerts to managers showing which courses a member of staff had completed, which were part done and which were not done.

The registered manager told us if staff had not completed any mandatory training by the due date, they were not allowed to be operational until the training had been done.

We saw evidence on a computer-based record all staff were up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The training was a mixture of classroom training, scenario training and online training.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training.

We saw evidence on a computer-based record all staff were up to date with their mandatory training.

# Emergency and urgent care

During inspection 5 individual staff online training records were reviewed all were up to date.

The provider had recently began using a computer-based system to track staff E-Learning. Staff had to upload their E-Learning certificates which needed approval by the Training, Education and Development Lead. Managers and staff told us they felt this recording system worked well and enabled tracking of training qualifications.

We saw evidence the provider held regular training meetings. The agenda covered, various classroom-based discussions and learning, various practical based scenarios and completing of advanced life support (ALS) and basic life support (BLS) assessments during training scenarios.

## 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 received training specific for their role on how to recognise and report abuse.

There was an identified safeguarding lead and deputy both trained to safeguarding level 4.

We saw evidence all staff had received safeguarding training and refresher training dates had been booked.

Staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

The provider had a safeguarding policy which was in date, version controlled and had a review date. The policy outlined different types of harm which would require a safeguarding referral, had a link to current intercollegiate guidance, a list of external contact numbers where referrals could be made and links to training requirements.

The provider had a safeguarding algorithm for staff to use which explained the various steps to take when making a safeguarding referral.

Staff knew how to make a safeguarding referral and who to inform if they had concerns and were able to tell us about recent referrals they had made.

We saw examples of completed safeguarding referrals which evidenced staff knew what to report and how to report it.

The provider was contracted to work on behalf of an NHS ambulance trust. Staff reported safeguarding incidents internally to them and to FSNE managers through an app on their work phones or tablets. Safeguarding referrals were reviewed by managers who logged the details onto their computer systems. Managers had oversight of referrals and knew how to share notifications with the CQC.

Safeguarding was discussed at management meetings and any feedback from the NHS ambulance trust who contracted the service was shared with staff.

Out of hours staff could seek advice on safeguarding matters through FSNE managers who were on-call.

# Emergency and urgent care

We saw an example of staff having recorded and made a safeguarding report in relation to a patient with female genital mutilation (FGM) at the hospital the patient was transported to and internally.

## Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

The provider had an infection, prevention and control policy which was in date, version controlled and had a review date. The policy highlighted the need to reduce the risks of healthcare associated infection (HCAI) and serious communicable diseases and recognised there was a duty of care to protect patients, staff, contractors, and visitors from infection through effective systems.

The policy covered staff responsibilities to reduce infection.

The provider had an ambulance cleaning policy which was in date, version controlled and had a review date. The policy explained which part of the vehicles required cleaning and when. The policy contained advice on levels of PPE for staff.

We inspected 5 ambulances and one urgent and emergency care rapid response car.

All vehicles inspected appeared visibly clean and we saw evidence daily vehicle and equipment cleanliness checks had been completed by the crew on shift for each vehicle inspected. All the vehicles we inspected had supplies of hand gel, decontamination wipes, personal protective equipment (PPE) and replacement linen available.

The covers of the trolleys in the ambulances and seats in all the vehicles inspected appeared visibly clean and free from splits or breaks in the surface coverings.

The vehicles inspected had secure lidded clinical waste and sharps containers with a waste bag inserted to prevent the contents being spilled.

During the inspection we observed a crew completing the cleaning daily checks before leaving the base.

We saw evidence of regular station cleaning audits which covered 9 areas and were scored between 1 and 5. We saw evidence of action taken when the external company had not cleaned the station to an acceptable standard.

Building cleanliness was overseen and audited by the Operational Coordinator.

## Emergency and urgent care

The ground floor of the base had a designated cleaning area with a sink for hand washing and a sluice for disposing of waste from cleaning. There were eye wash products, hand gel and a clinical waste bin with a poster displayed explaining how to correctly dispose of clinical waste in the cleaning area.

There was an external area for the cleaning of ambulances with power washers used mainly to ensure the exteriors of the vehicles were kept clean.

The provider managed clinical waste streams in line with IPC guidance. We saw clinical waste bins were stored safely and locked. The provider had a service level agreement in place with an external provider for the disposal of clinical waste.

The provider had processes in place to ensure safe handling of cleaning products. We observed safe storage of chemicals and cleaning equipment required for the cleaning of ambulances. There were notices displayed to explain to staff as to how to dispose of various kinds of waste safely and safe had washing techniques.

There was a COSHH (Control of Substances Hazardous to Health) folder near the cleaning station which provided staff with all relevant information about the substances stored on site.

We saw posters displayed in the base which were colour coded. The posters explained to staff which cleaning product to use in which specified area which was colour coded as follows; red for toilets, blue for the office and general areas, green for the kitchen and yellow to deal with clinical cleaning.

There was evidence of use of disposable mop heads with replacement heads for staff to use. We did not observe any mops being stored with the heads attached. The mops were colour coded which corresponded to the same-coloured bucket to use and the specified colour coded area to be cleaned.

Staff we spoke with told us they could access replacement PPE and cleaning materials whenever they need them.

In the equipment storeroom we saw evidence different consumable items were stored in plastic boxes on shelves they were free of dirt and dust. Other consumable items were kept in lockers which were free of dirt and dust.

The Operational Coordinator audited the cleaning of vehicles every week and any issues picked up were flagged on the computer system and the crew involved were informed. Vehicles were cleaned at the end of the shift and checked again the next morning to identify if cleaning had not been done.

The provider had instructed staff to use Covid19 IPC measures including the wearing of masks when dealing with respiratory patients.

We saw evidence the latest hand hygiene audit showed 100% compliance.

### 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 design of the environment followed national guidance. The environment of the operating station was properly designed, maintained, and well ordered.

## Emergency and urgent care

Staff carried out daily safety checks of specialist equipment.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

Managers we spoke with could explain the process surrounding vehicle servicing and repair which was through a local garage.

We inspected 5 vehicles and one UEC rapid response vehicle.

All vehicles had evidence of daily checks of equipment which had been completed by the crew on shift. We observed a crew completing daily checks of equipment at the time of inspection. We saw evidence of regular checks of defibrillators carried on the UEC ambulances.

We saw evidence of regular servicing of defibrillators carried by an external company.

The UEC vehicles we inspected all had six-point harness trolley`s. They also carried paediatric equipment for the treatment and transport of children. The Ambulance child restraint (ACR) harnesses accommodated a weight range of between 2kg-45kg. Each harness had its own integrated wash bag as an infection control measure and was supplied with a kit bag for storage.

Bariatric equipment was available.

All the vehicles had up to date communication systems and supplies of consumable items for the treatment of patients. During the inspection we checked five consumable items carried on each vehicle we inspected at random, 25 in total. All were found to be in date.

The automated external defibrillator pads (AED`s) on all UEC vehicles were found to be in date.

All vehicles had sharps bins, which were labelled and dated with last emptied.

Medical gases on all vehicles were securely stored.

Staff told us tablet devices were collected at start of the shift where a brief handover was discussed with the shift coordinator. The tablets were used to provide the crews with patients details and where to collect and take the patient.

Equipment carried on the vehicles had service stickers showing the date serviced and a unique reference number. The servicing was carried out an external company. The provider maintained an asset register which recorded all equipment held by a unique reference number and date of service.

The servicing contract was in place to ensure that all medical devices were regularly maintained and serviced in accordance with manufacturer`s guidelines and where applicable in accordance with current governance, to ensure that all medical equipment purchased by the provider met with manufacturers guidelines and where appropriate met current British Standards (BS) standards.

## Emergency and urgent care

Staff we spoke with told us they could always replace consumable items from the stock rooms at each site.

In the equipment storeroom we selected at random, 57 different consumable items. All the items selected were in date.

Managers and staff, we spoke with explained the how the stock control system the provider had in place worked. Crews had to inform the Operations Coordinator what they were taking, he in turn would check stock levels and reorder if required.

We saw evidence of how the reporting and repair of equipment was carried out.

If an item of equipment was identified in the daily vehicle checks as requiring repair or replacement this was recorded. The completed daily check lists were reviewed at the start of each shift by a manager. Any defective equipment was given a red tag and placed in a designated area of the first floor of the buildings or left in the corner of the ground floor if it was a bulky or heavy item. The Operations Coordinator would arrange the repair.

Staff we spoke with told us there was always spare equipment to replace any identified as being defective. We saw evidence of additional replacement equipment including, defibrillators, mobile phones, and tablets.

We saw evidence of multiple mobile phone charge points and chargers for equipment batteries.

We saw QR codes were displayed around the station, stating “defect reporting”, which would take the user to an equipment defect report form to complete.

There were locking boxes on the walls which contained the vehicle keys. Staff had a key for unlocking the boxes to retrieve the vehicle key.

In the vehicles we inspected we saw fire extinguishers were stored securely and there was a sticker on them outlining when they had last been checked. They were tagged to show they were full.

We saw 6 fire extinguishers in various parts of the ground floor. All displayed a sticker on them outlining when they had last been checked. They were tagged to show they were full. All the extinguishers were stored in accordance with the Fire Extinguisher regulations which form part of the Regulatory Reform (Fire Safety) Order 2005 which outlined how to prevent fire extinguishers from being moved or damaged. They were correctly mounted on brackets placed 3-1/2 to 5 feet above the floor.

Displayed next to the extinguishers were notices advising staff which extinguisher to use dependent upon the type of fire.

There was a fire safety notice displayed which outlined what action to take in the event of discovering a fire, separate maps showing exit points, call points and extinguisher locations. There was a list with the names of 3 fire wardens.

### **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.**

# Emergency and urgent care

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

The service had 24-hour access to mental health liaison and specialist mental health support.

Staff shared key information to keep patients safe when handing over their care to others.

We saw evidence the provider followed the assessment, conveyance, eligibility criteria and referral of patient's policy of the NHS ambulance provider who contracted the service.

If a patient deteriorated whilst being taken to hospital and became a medical emergency the crew would complete the journey on blue lights if the patient was not already categorised as an emergency patient.

The provider had recently provided staff with body worn cameras in response to some of the concerns they had raised in relation to the risks some patients posed. The provider had also bought some stab proof vests for staff to wear if they wished.

## 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 staffing levels and skill mix.**

During inspection we reviewed 5 staff files. There was evidence all the staff had been recruited in accordance with Schedule 3 Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The shifts for UEC and patient transport were prescribed by the providers contracting the service.

The skill mixes on urgent emergency care ambulances had been agreed with the NHS ambulance provider which contracted the service. Based upon the category of the call and the qualifications of the staff the crew with the required skills would be allocated to it.

The registered manager explained if the prescribed staffing could not be fulfilled, for example, through sickness, and a less qualified member of staff was used they would contact the NHS ambulance service to explain the change which would ensure the crew were not allocated to calls which were not appropriate to their levels of training.

We saw evidence staff were rostered using an electronic rostering tool. The rota coordinator managed this system. They ensured the correct skill mix was rostered for every shift. The rota tool could be accessed via computers, work phones or tablets. There was also a feature within this tool that allowed managers to communicate with staff and staff to communicate with each other.

We saw evidence of the rostered shifts being printed off and displayed on the crew room wall as a reminder for staff.

# Emergency and urgent care

The Registered Manager told us when staff applied to work for the provider, they filtered the candidates by conducting recruitment checks and checking qualifications, before inviting candidates to interview. Successful candidates were sent offer letters with induction course start dates.

The provider employed the following staff.

- Operational coordinator
- Admin assistant
- Rota coordinator
- Training coordinator
- Operational supervisor
- Clinical supervisor
- 13 Paramedics
- 18 Technicians trained to first responder emergency care (FREC) level 5. The Level 3 Certificate FREC is a regulated and nationally recognised qualification specifically designed for those seeking a career in the emergency services, ambulance service, the event and security medical sector, or those working in high-risk workplaces.
- 21 Emergency Care Assistants (ECA) trained to FREC level 4
- 10 Ambulance Care Assistants (ACA) FREC level 3
- 30 First responders for events trained to FREC level 3

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily.

Records were stored securely.

During inspection we reviewed 35 patient record forms (PRF`s) which were completed correctly, were legible, none of the patient information was missing and included information in relation to medicines, pain relief, consent, and mental capacity as well as handover information.

During the inspection of the providers vehicles, we saw patient records were stored in folders. When the vehicle returned to the station either for a break or at the end of the shift completed records were posted in a designated locked post box on the ground floor of the base.

The Operational Coordinator emptied the post boxes and updated computerised recording systems with the information.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely.

## Emergency and urgent care

The provider had a medicines policy which was in date and provided staff with guidance on medicines management expectations. During training events staff participated in CPD which encompassed medicines administration.

Medicines were administered under the appropriate authority. Patient group directions (PGDs) were in place for some medicines, and we saw evidence of how the provider ensured staff had signed PGDs. There was a process in place to ensure that the PGDs were in date and the provider knew when reviews were needed. Protocols were in place for some over the counter medicines which had also been signed by the appropriate staff. When administering medicines staff had access to national guidance which supported the safe use of medicines.

Staff completed medicines records accurately and kept them up to date.

Medicines were recorded clearly and in detail on the five Patient Report Forms (PRFs) that we looked. Controlled drugs were audited regularly, and we looked at one staff members controlled drug records which was accurate and had recently been audited. There was a process in place to ensure that supporting medicines policies, protocols and documentation were reviewed and up to date so that staff had the information they needed.

Staff stored and managed all medicines and prescribing documents safely.

Medicines were purchased from a local pharmacy. Medicines were stored securely at the head office and access was restricted to authorised personnel. Medicines audits were in place to ensure that there was sufficient stock and what was being held was fit for purpose.

Medicines within the ambulances were stored securely and although some medicines stock sheets did not accurately demonstrate what was in the medicines bag the provider had an audit process to identify and rectify this. Medical gases were stored securely in the ambulances and of the cylinders we looked at they were all sufficiently filled.

During inspection we reviewed storage of medical gases at the station. Medical gases were stored safely in accordance with national guidance under the Health and Safety at Work Act 1974 and Health Technical Memorandum (HTM02) guidelines. Staff we spoke with told us there was always enough full medical gas cylinders to exchange for empty ones.

The provider had a contract with a nationally recognised supplier of medical gases to maintain their stock and exchange empty cylinders.

Waste medicines were disposed of via a community pharmacy although documentation for waste had stopped this had recently been reintroduced. Destruction of Old Pharmaceuticals (DOOP) Kits for waste medicines were in place however the provider did not have the required T28 certificate. A review of disposal of waste medicines was required to ensure that the process was robust and auditable.

Staff learned from safety alerts and incidents to improve practice.

Incidents were reported through a partner organisation reporting form. These were reviewed internally, and any necessary learning shared during team meetings or CPD sessions.

### Incidents

## Emergency and urgent care

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with trust policy.

Staff understood the duty of candour.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

We reviewed the providers incident and reporting policy, which was in date, version controlled and had a review date. The policy provided staff with information as to the roles and responsibilities in incident reporting, what to report, how it would be investigated and what actions would result at the conclusion of the investigation.

The provider had a Health and Safety at work policy which was in date, version controlled and had a review date.

The policy evidenced FSNE Medical Limited recognised it had statutory duties under the Health and Safety at Work Act 1974, placing specific responsibilities on an employer to provide a safe working environment for not only its staff, but any other individual including patients who were affected by the work of the organisation.

During inspection we reviewed the providers duty of candour policy. This outlined the roles and responsibilities of staff and managers in applying the principles of duty of candour.

Staff and managers told us incidents could be reported through an app on work phones and tablets. We also saw QR codes were displayed around the station, stating “incident reporting”, which would take the user to an incident report form to complete.

Managers and staff told us because of the contractual arrangement’s incidents were reported both to the NHS ambulance provider and through FSNE internal reporting procedures.

During inspection we reviewed 12 incident reports and investigations. All were thoroughly investigated and arrived at a conclusion some of which resulted in wider learning which had been shared with staff.

# Emergency and urgent care

## Is the service effective?

Good 

This location has not previously been rated. 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. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers.

We saw evidence on the patient record forms we checked on inspection staff routinely referred to the psychological and emotional needs of patients and capacity as well as consent.

We saw evidence staff had access to all company policies and protocols online, through a computer system. Staff could use IT systems to access forms, such as equipment checking logs, incident forms and safeguarding forms.

There was evidence the provider and staff followed national institute of clinical excellence guidance (NICE). One example being head injury assessment and early management, which was evidenced on a patient record form.

We saw evidence in three PRF`s we reviewed that Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance had been followed.

We reviewed the providers service level agreement with a local NHS ambulance provider. This fully outlined what services were to be provided, staffing arrangements, statutory obligations, and regulations.

### **Pain relief**

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after it was identified they needed it, or they requested it.

Staff prescribed, administered, and recorded pain relief accurately.

# Emergency and urgent care

We saw evidence of pain being identified and pain relief medication being recorded on the five PRF`s which were reviewed on inspection.

## Response times

**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 response times for UEC calls for the NHS ambulance provider who contracted the service were the same as national response times dependent upon the category of the call which was as follows.

- Category 1. An immediate response to a life-threatening condition, such as cardiac or respiratory arrest. Response time to 90% of all incidents 15 minutes.
- Category 2. A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport. Response time to 90% of all incidents 40 minutes.
- Category 3. An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting. Response time to 90% of all incidents 2 hours.
- Category 4. A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic. Response time to 90% of all incidents 3 hours.

The provider who contracted the service managed response times and did not differentiate between what was an NHS ambulance and an FSNE ambulance when recording these.

The model used was the NHS ambulance trust contracted the vehicle, with equipment, consumables, and staff, then utilised that resource through their own computer aided dispatch (CAD) system, and they managed all the response times.

There were no response times for Patient Transport Services.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients**

The service participated in relevant national clinical audits through the NHS ambulance provider who contracted the service.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Improvement was checked and monitored.

During inspection we saw evidence of tracking a patient's outcome following a home birth.

# Emergency and urgent care

## Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend through an app on their work phones or tablets.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

All staff were required to attend induction training prior to starting work.

At this induction the following mandatory training was covered: safeguarding children and adults, resuscitation, preventing radicalisation, moving, and handling, infection prevention and control, fire safety, equality and diversity, data security, conflict resolution and health and safety.

Managers identified poor staff performance promptly and supported staff to improve. The registered manager told us of two recent examples where staff had left following commencement of an internal discipline enquiry.

We saw evidence through recorded ride-outs and clinical supervision staff were assessed on multiple elements of their clinical practice. The staff were given feedback and any improvements with supporting training was recorded. Additionally, any good practice was recorded on a computer-based system which all managers could access.

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Staff referred patients for mental health assessments when they showed signs of mental ill health or depression.

## Emergency and urgent care

We saw evidence of effective handovers in the PRF`s we reviewed. However, one example, which was fed back to staff showed some handover information had been missed. Action was taken with the staff involved to prevent a reoccurrence.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

The provider had a consent policy which was in date, version controlled and had a review date. The policy gave staff definitions of various types of consent and guidelines on determining capacity to consent. The policy included mentally disordered patients or those with learning difficulties.

We found one example in a patient record where a patient had declined treatment and a consent assessment had been completed.

### Is the service caring?

This location has not previously been rated. We rated caring as good:

#### Compassionate care

# Emergency and urgent care

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

The patients we spoke with told us staff were discreet and responsive when caring for them and took time to interact with those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

The patients we spoke with told us staff understood and respected their individual needs and showed understanding and a non-judgmental attitude when caring for or discussing mental health needs.

The patients we spoke with told us staff understood and respected their personal, cultural, social, and religious needs.

The provider had a Dignity and Respect Policy which was current and had a review date. The policy was designed to.

- Ensure all individuals were treated with dignity and respect.
- Support a learning and working environment based on principles of self-respect and tolerance.
- Promote good relations to the benefit of all.
- Respect and value difference and differing views.
- Facilitate a culture whereby people feel confident to believe appropriate action will be taken.

Patient feedback to us included comments such as, absolutely brilliant, couldn't fault the two staff who dealt with me, two staff were really good and explained everything, chatted to us all the way and really good experience.

## **Emotional support**

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

The patients we spoke with told us staff gave patients and them and family members who accompanied them to hospital help, emotional support, and advice when they needed it.

The patients we spoke with told us staff helped them maintain their privacy and dignity during their interaction with them.

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

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

Staff made sure patients and those close to them understood their care and treatment.

The patients we spoke with told us staff talked to them in a way they could understand, using communication aids where necessary.

We saw evidence patients and their families could give feedback on the service and their treatment and staff supported them to do this.

## Emergency and urgent care

We saw evidence in PRF`s we reviewed patients and their families had been involved in decisions about their care.

Patient feedback to us included comments such as, staff were really good and explained everything and absolutely brilliant and helpful, kept us informed throughout the whole experience.

### Is the service responsive?

Good 

This location has not previously been rated. We rated responsive as good.

#### **Service delivery to meet the needs of local people**

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

The service was contracted so they met the needs of the local population.

Staff could access emergency mental health support 24 hours a day, 7 days a week for patients with mental health problems, learning disabilities and dementia.

The service had systems to help care for patients in need of additional support or specialist intervention.

The service had been contracted by an NHS ambulance provider to supply ambulances and staff to mirror the demand profile of their calls to meet the needs of local people.

#### **Meeting people's individual needs**

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Staff had access to communication aids to help patients become partners in their care and treatment.

There was a telephone interpreting service that could be used if English was not a patients first language.

# Emergency and urgent care

We saw evidence the provider used language identification charts on vehicle tablets so patients could indicate which language they preferred to communicate in if English was not their first language or they had communication impairment.

There was evidence staff had access to an app on their work phones and tablets for signposting patients to mental health support for patients, families, or carers as well as staff. The app had different numbers and contact details for mental health support in the local area.

The providers vehicles could accommodate wheelchairs. Two bariatric stretchers were also available for those requiring specialist equipment.

The vehicles paediatric equipment was suitable to transport children and booster seats would be used should a child need one if they weren't a stretcher patient.

There was evidence staff undertook dementia training.

## Access and flow

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

Staff supported patients when they were transferred between services.

Managers told us they had no control over access and flow arrangements. The service had recognised the number of UEC ambulances and the volume of patient transports which were outlined in the tender which they had successfully bid for and could fulfil to maintain access and flow.

There was evidence in the PRF`s we reviewed of effective patient handovers when patients when they were transferred between services.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

Patients, relatives, and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in their ambulances.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

## Emergency and urgent care

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

The provider had a complaints, comments, concerns, and compliments management policy, which was in date, version controlled and had a review date. In addition, the provider had a patient feedback and complaint policy which was in date, version controlled and had a review date. Both policies provided staff with guidance and information in relation to complaints and how they would be recorded and investigated.

During inspection we reviewed 8 complaints and subsequent investigations. All had been thoroughly investigated, dealt with the issues raised within the timescales outlined in the policy, and arrived at a conclusion which resulted in some learning which had been shared with staff.

We saw evidence any additional training delivered as part of the learning from a complaint investigation was recorded on staff training records.

### Is the service well-led?

Good 

This location has not previously been rated. We rated well-led as 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 service was led by a senior leadership team consisting of two Managing Directors one of who was both the registered manager and nominated individual. The management team included.

- Operational coordinator
- Admin assistant
- Rota coordinator
- Training coordinator
- Operational supervisor
- Clinical supervisor

The service was supported by a specialist doctor working in emergency care who had oversight of policies, signed off policies and drugs patient group directives (PGD) and provided clinical advice.

The registered manager had recognised the challenges to the organisation and the overlapping of roles, so additional managers, listed above, were recruited to allow separation of responsibilities between operational clinical matters and non-operational matters.

# Emergency and urgent care

The senior leadership team all had previous experience in health care provision and working in the independent ambulance sector.

Managers we spoke with all understood the challenges to quality and sustainability.

We saw evidence of the leaders were visible. The Registered Manager who was a paramedic still regularly worked on shifts. The Operational Coordinator did ride outs with new staff to check they had settled into the role and could use the providers systems.

Staff we spoke with told us managers were open, friendly, and supportive. Staff said that managers were prepared to invest in training for them and if they had domestic issues or problems at work then they were accommodating and supportive.

To ensure staff had leadership support 24 hours per day an on-call system had been set up. A member of the management team being on call for week.

Between Monday to Friday and the hours of 9am -5pm staff knew to call the office number for advice, if the call was not answered it would trigger the pager of the manager on call.

After 5pm or during weekends the pager of the on-call manager would trigger in response to a call from staff.

## Vision and Strategy

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

The provider has a vision and strategy. The vision was to provide first class regulated care to the patients and longer term to guide the business in leading the industry in patient centred care.

The strategy for the plan was working toward 2030 with expansion into other hub stations and building on the foundations from 2019 when FSNE Medical became CQC registered. The vision and strategy were displayed on large posters on the ground floor of the base and in the crew room.

## 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.**

The provider had a dignity and respect policy which was in date, version controlled and had a review date. The aims of the policy were to.

- Ensure all individuals were treated with dignity and respect.
- Support a learning and working environment based on principles of self-respect and tolerance.

# Emergency and urgent care

- Promote good relations to the benefit of all.
- Respect and value difference and differing views.
- Facilitate a culture whereby people feel confident to believe appropriate action will be taken.

The policy covered bullying, harassment and victimisation and what action the provider would take if any reports of this nature were received.

All the staff we spoke explained the provider had a very open culture where they felt they could raise any issues to managers without fear.

Staff we spoke with told us they could speak to managers in confidence. Staff told us they saw managers on a regular basis which made them feel connected to the overall service.

Staff we spoke with described the service as a great place to work.

The provider has a Duty of Candour policy which was in date, version controlled and had a review date. The objectives of the policy were.

- To provide guidance and a framework for managing incidents under the Duty of Candour.
- To ensure all members of staff were aware of the individual and corporate responsibilities under the Duty of Candour.
- To provide a framework whereby FSNE Medical staff would learn from mistakes with openness and transparency.
- To provide a proactive approach to patient safety through appropriate risk management and processes for identified areas of learning.

Managers we spoke with were able to describe the principles of duty of candour.

Staff told us they were given opportunities for development. The registered manager told us an operational manager had been booked on a teaching course to assist in their role.

We saw evidence the provider had a member of staff as a wellbeing point of contact who staff could speak to in confidence. The welfare officer was being trained to be a freedom to speak up guardian.

The provider had an employee assistance programme provided by an external company. This allowed staff access to counselling services, a 24/7 helpline, in-house legal and financial information, and covered both professional and personal issues. Staff has access to a free app created by the external company which contained wellbeing content, coaching videos, and mini health checks to support staff with their mental wellbeing.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The provider had a clinical governance policy which was in date, version controlled and had a review date. Clinical Governance was described in the policy as to how FSNE quality control systems helped the organisation monitor the quality of care they delivered.

# Emergency and urgent care

The provider had identified 9 key areas for its clinical governance which were underpinned by a range of policies and procedures used within the organisation to support delivery.

We reviewed the last three minutes of the providers management meetings were held on the 1st Wednesday of each month. This meeting covered operational issues. Each set of minutes had notes recorded, actions recorded, and any actions followed up from the previous meeting.

The provider held separate regular administration meeting which discussed non-operational matters. We reviewed the last three minutes of this meeting. Each set of minutes had notes recorded, actions recorded, and any actions followed up from the previous meeting.

The provider's accountability was through the contracting NHS ambulance service's policies and procedures in addition to their own.

We saw evidence the provider had an audit schedule which was a computer system showing the frequency of the audits, which manager had responsibility for carrying out the audit, and the time and date when it had to be completed by. At the time of the inspection, we saw the audits had been completed in accordance with the schedule.

There was evidence of meetings with the NHS ambulance provider who contracted the service to discuss performance. The provider had been subject to third party compliance review by the contracting NHS ambulance service in February. The final report showed the provider was fully compliant in all areas.

## Management of risk, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The provider had risk register which at the time of the inspection had ten risks recorded. All had an owner, description, RAG status, mitigating actions and review dates. None of the risks were RAG rated red. The risks were both operational and non-operational.

Managers were asked what they thought the top three organisational risks were. All mentioned the same three which were, staffing, loss of the NHS contract and cash flow, these were all on the risk register.

Risk was discussed at the management meetings.

We saw evidence arrangements for identifying, recording, managing risks, and mitigating actions were in place. Staff had access to a QR code which was next to every light switch in the station, on all ID cards and in all ambulances. By scanning the QR code, staff could report incidents, hazards and near misses.

The reports were emailed direct to the appropriate manager (automatically chosen by the items they select on the report). Managers reviewed the report and respond with appropriate measures, which could be immediate to reduce risk.

If appropriate the training team issued updates on a staff app as to the issues and actions taken.

# Emergency and urgent care

We saw evidence the provider had a service level agreement with an external company covering all medical devices which included servicing and maintenance. This reduced the risk of the provider being without equipment which could impact upon the ability to provide the service.

The provider recently had the second radio supplied by the local NHS ambulance provider for the UEC crews taken back. Only having one radio raised a risk to safety staff and patients if that radio broke while in use. To mitigate this the provider was investing in a new radio system provided to all crews who would have a radio each and one vehicle set for ambulances.

The provider had a business continuity plan which covered all aspects of potential loss which could impact upon service delivery. The provider was moving toward becoming a paperless company with back up on all IT systems being in place.

The provider was part of the local NHS ambulance providers major incident plan.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

During inspection we reviewed the providers data protection policy. This outlined how the provider would ensure the confidentiality of the information it used would be stored in accordance with the legislation.

The provider relied upon the NHS ambulance provider contracting the service to ensure the accuracy of KPI data which were their performance measures.

There was evidence in the management meeting notes sustainability and quality were discussed.

There were effective arrangements in place with the NHS ambulance provider contracting the service to ensure the information used to monitor, manage, and report on quality performance was accurate. This was done through regular meetings, performance feedback and audits of PRF`s.

There was evidence of effective arrangements being in place to ensure data or notifications were submitted to external bodies.

## Engagement

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

There was no evidence the service had carried out any public engagement.

## Emergency and urgent care

The last staff survey had been completed at the end of March 2023. Twenty-five staff had responded to the questions posed. There were 7 questions asked. All the responses were overwhelmingly positive.

During inspection we did see evidence of managers held meetings with staff during the statutory and mandatory training days where staff were encouraged to discuss and raise issues.

The provider had a suggestions box in the crew room for staff to submit any ideas and the updates page on a work app kept staff informed of organisational changes.

Following staff suggestions, the provider had decided to implement formal staff meetings. We saw evidence the meetings would be quarterly and the first one was scheduled for late March. Staff were invited to submit items for discussion through their work app.

There was evidence staff were actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. Some examples included hats or caps for summer/winter events which were bought by the provider and body worn cameras.

We did see evidence of changes to operational activity following concerns raised by residents living in the vicinity of the ambulance station.

### **Learning, continuous improvement and innovation**

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

At the time of the inspection the provider had several initiatives which were ongoing.

There was a member of staff being trained to become the Speak Up Guardian.

The provider had created a clinical advice line which provided 24/7 clinical advice for staff, which allowed them to contact a paramedic when and if needed. The paramedic could interpret ECGs for technician crews, ensure safe discharging and referrals and be on hand if anyone needed advice.

The provider was implementing use of a rapid response car, crewed by a paramedic to back up technician and UEC crews, to reduce waiting times and decrease pressure on the local NHS ambulance service.

The provider had developed a relationship and partnership with an external training provider. They provided commercial first aid and pre-hospital training monthly continuous professional development (CPD) sessions, weekly intubation drop-in sessions and 1:1 training when requested or needed.






The provider used a computer-based app system for all staff. The platforms included a chat function allowing for real time communication, a knowledge database where staff could easily access policies, patient care updates and training videos. There was an updated timeline where staff could see what was current, for example, controlled drug audits, meetings and CPD evenings. The platform allowed managers to monitor E-Learning and allowed staff to complete forms such as holiday requests.

## Emergency and urgent care

The provider was working in partnership with a local university to create additional placements for student paramedics and the provider was aiming to work in partnership with a private independent health hospital provider to do the same.

The provider was working in partnership with an external company to assist in the movement and care of bariatric patients.

# Patient transport services

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

## Is the service safe?

Good 

This location has not previously been rated. We rated safe as good

### Mandatory training

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

Refer to the Mandatory training section in Urgent and Emergency Care report.

### 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.**

Refer to the Safeguarding section in Urgent and Emergency Care report.

### Cleanliness, infection control and hygiene

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

Refer to the Cleanliness, infection control and hygiene section in Urgent and Emergency Care report.

### 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.**

Refer to the Environment and equipment section in Urgent and Emergency Care report.

# Patient transport services

## Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe.

The provider had a deteriorating patient policy which was in date, version controlled and had a review date. The policy outlined the expected procedure for staff to follow in the event of a patient that deteriorated whilst in the care of FSNE staff.

We saw evidence staff had received training how to manage a deteriorating patient who became unwell during a journey. Staff and managers were able to explain what they would do.

Staff would ring 999 to request an NHS emergency ambulance while utilising their basic life support training to treat the patient until the ambulance arrived.

For patient transport patients' assessments were primarily based on a person's transport and mobility needs as the patients were low acuity and were being mainly discharged from hospital.

Patient mobility was assessed to determine if they could walk and those needing aids such as wheelchair, carry chair or stretcher.

## Staffing

### **The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency, and locum staff a full induction.**

There were 10 Ambulance Care Assistants (ACA`s) working on PTS. The shifts were set by the NHS ambulance provider who contracted the service. At the time of the inspection the shifts were, 11.30 am – 7.30pm, 1.30pm – 9.30pm, and 1pm – 9pm.

All the vehicles were crewed by 2 ACA`s.

## Records

### **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

# Patient transport services

Refer to the Records section in Urgent and Emergency Care report.

## Medicines

**The service followed best practice when administering, recording, and storing medicines.**

Refer to the Medicines section in Urgent and Emergency Care report.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Refer to the Incidents section in Urgent and Emergency Care report.

## Is the service effective?

This location has not previously been rated. We rated effective as good because:

- Staff assessed and monitored patients regularly. They supported those unable to communicate using suitable assessment tools.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff followed national guidance to gain patients' consent.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- All staff had access to computer-based information and reporting.

## Evidence-based care and treatment

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

Refer to the Evidence-based care and treatment section in Urgent and Emergency Care report.

## Response times

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

Refer to the Response times section in Urgent and Emergency Care report.

# Patient transport services

## Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers identified poor staff performance promptly and supported staff to improve.

There were 10 Ambulance Care Assistants (ACA`s) working on PTS.

All staff who worked on patient transport services had completed a minimum of First Response Emergency Care Level 3 training or equivalent. The specification for this training was all staff were taught about the use, need and safety of administering and supplying oxygen.

The providers ACA scope of practice meant those staff members were not allowed to prescribe oxygen; they are only able to continue to give oxygen to those on long-term oxygen treatment (LTOT) during transfers at the same litres per minute patient had been prescribed by a doctor.

## 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.**

Refer to the Multidisciplinary working section in Urgent and Emergency Care report.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Refer to the Consent, Mental Capacity Act and Deprivation of Liberty Safeguards section in Urgent and Emergency Care report.

Good 

## Patient transport services

### Is the service caring?

Good 

This location has not previously been rated. We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs.
- Staff supported and involved patients, families, and carers to understand their condition and make decisions about their care and treatment.

#### Compassionate care

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

Refer to the Compassionate care section in Urgent and Emergency Care report.

#### Emotional support

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

Refer to the Emotional Support section in Urgent and Emergency Care report.

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

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

Refer to the Understanding and involvement of patients and those close to them section in Urgent and Emergency Care report.

### Is the service responsive?

Good 

This location has not previously been rated. We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served through the NHS ambulance provider who contracted the service.

## Patient transport services

- The provider worked with others in the wider system and local organisations to plan care. The service was inclusive and took account of patients' individual needs and preferences.
- The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received.

### **Service delivery to meet the needs of local people**

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

Refer to the Service delivery to meet the needs of local people section in Urgent and Emergency Care report.

### **Meeting people's individual needs**

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

Refer to the Meeting people's individual needs section in Urgent and Emergency Care report.

### **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.**

Refer to the Access and flow section in Urgent and Emergency Care report.

### **Learning from complaints and concerns**

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

Refer to the Learning from complaints and concerns section in Urgent and Emergency Care report.

## Is the service well-led?

This location has not previously been rated. We rated well-led as good because:

- 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.

# Patient transport services

- 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.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.
- 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

## 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.**

Refer to the Well-led section in Urgent and Emergency Care report.

## Vision and Strategy

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

Refer to the Well-led section in Urgent and Emergency Care report.

## 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.**

Refer to the Well-led section in Urgent and Emergency Care report.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Refer to the Well-led section in Urgent and Emergency Care report.

## Management of risk, issues, and performance

# Patient transport services

**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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

Refer to the Well-led section in Urgent and Emergency Care report.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Refer to the Well-led section in Urgent and Emergency Care report.

## Engagement

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

Refer to the Well-led section in Urgent and Emergency Care report.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Refer to the Well-led section in Urgent and Emergency Care report.