Advance Medical Transport Services Limited

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Inspection report

Buckmore Park Race Circuit
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Chatham
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Tel:

Date of inspection visit: 6 April 2022
Date of publication: 15/06/2022

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

Ratings

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

Summary of findings

Overall summary

We rated it as requires improvement because:

- Not all staff had a clear understanding of how to protect patients from abuse. Not all daily checks were recorded, and ambulance checklists were incomplete. The service did not control infection risk well. The service did not always manage safety incidents well and learn lessons from them.
- The service did not always monitor compliance with their evidence-based care procedures and policies. Managers did not monitor the effectiveness of the service and did not make sure staff were competent. Staff did not always support patients to make decisions about their care.
- The service did not have a formal vision and staff were unaware of this vision. The service did not engage with equality groups. Leaders operated governance processes that were not always effective. Leaders did not collect comprehensive service information. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service. Leaders had limited oversight of their service's risks.

However, we also found these areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. The service managed medical gases well.
- Staff provided patients food and drink. The service met agreed response times. Staff worked well together for the benefit of patients.
- 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.
- 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 with patients and staff. Staff were committed to improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	
Emergency and urgent care	Requires Improvement 	Emergency and urgent care is a small proportion of service activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport services section. We rated this service as requires improvement because it required improvement in safety, effectiveness and leadership, although they were responsive and caring.

Summary of findings

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Summary of this inspection

Background to Advance Medical Transport Services Limited

Advance Medical Transport Services Limited are operated by Advance Medical Transport Services Limited. They are an independent medical transport service based in Chatham, Kent. The service provides patient transport, high dependency transfers, medical cover at events, and repatriations. Theses services were provided to adults and children 24 hours a day seven days a week.

The service provides a patient transport service. This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC regulates the patient transport service and treatment of disease, disorder and injury service provided by Primary Ambulance Services. The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Primary Ambulance service that we do not regulate are events cover and repatriations made on behalf of service users by their employer, a government department or an insurance provider with whom the service users hold an insurance policy.

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?

The provider is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

The registered manager had been in post since registering with the Care Quality Commission in September 2018 and had been previously registered at the services last location. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We inspected this location in 2018 when we did not have to powers to rate independent ambulances. Thus, the location was not rated at the last inspection.

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

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, a CQC inspector and a specialist advisor with experience in ambulance services. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

During the inspection, we visited their ambulance base in Chatham, Kent. We spoke to eight staff and two managers. We looked at 33 records of patient care, four vehicles, six staff records, five incident reports, and five complaints.

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.

Summary of this inspection

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that staff understand how to identify patients at risk of abuse. Regulation 13(1) & 13(2)
- The service must ensure that all staff understand the Mental Capacity Act 2005. Regulation 13(1) & 13(2)
- The service must ensure that they have assurance staff are following their policies and procedures. Regulation 17(1)
- The service must ensure that they monitor compliance with the Mental Capacity Act 2005. Regulation 17(1)
- The service must ensure it operates effective systems and processes to make sure it assesses and monitors the service such as management of incidents and shared learning with staff. Regulation 17(1)
- The service must ensure that leaders have oversight of the risks to patients, staff, and the public during the delivery of care. Regulation 17(1)

Action the service SHOULD take to improve:

- The service should ensure that vehicles are kept clean. Regulation 12(1)
- The service should ensure that staff receive a full induction that fully prepares them for their role. Regulation 12(1)
- The service should ensure that they complete appraisals for their staff to provide support development. Regulation 12(1)
- The service should ensure that staff know how to communicate with patients with a disability or sensory loss. Regulation 9(1)
- The service should consider how staff are able to access policies and procedures while working remotely.
- The service should consider how to ensure all staff fully understand their duty of candour.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Emergency and urgent care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

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

Are Patient transport services safe?

Requires Improvement

We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, this did not always meet the needs of patients and staff.

Staff received and kept up-to-date with their mandatory training. Staff had 15 mandatory training modules with 13 modules having a compliance rate of 97%. Mandatory training included fire safety, infection preventions and control, and COVID-19 awareness.

The mandatory training did not always meet the needs of patients and staff. Not all staff had a clear understanding of topics in training they had completed.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff completed mental health awareness training as part of their mandatory training with a compliance rate of 92% and 97% for dementia awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they received reminders to complete mandatory training in the weeks leading up to it being due. Managers told us they monitored training compliance and any staff that were not compliant did not work until they were fully compliant.

Safeguarding

Not all staff understood how to identify patients at risk of abuse. However, the service worked well with other agencies to protect patients from abuse and staff had training on how to recognise and report abuse.

Staff received training specific for their role on how to recognise and report abuse. Ninety-seven percent of staff had completed level 2 safeguarding vulnerable adults and level 2 safeguarding children training.

Requires Improvement

Patient transport services

Staff were not all able to give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Some staff were unable to clearly describe how to safeguard patients with protected characteristics. However, all staff told us they would contact the operations manager for advice.

Not all staff knew how to identify adults and children at risk of, or suffering, significant harm. Some staff were unclear how to identify abuse or risks of abuse. However, all staff told us if there were unsure, they contacted the operations manager.

Most staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke to knew to contact the operations manager to report concerns of abuse and to report this to their contract provider's operations manager. The operations manager then reported these to either the safeguarding lead or directly to the local authority and police if needed.

The service had a safeguarding lead trained to level 3 safeguarding vulnerable adults and level 3 for safeguarding children. The safeguarding lead told us they had access to a person trained to level 4 within the local NHS trust if they were unsure about any complex safeguarding concerns.

Leaders protected patients by carrying out the required pre-employment checks. We looked at five staff records which included all required checks under Schedule 3 of Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014. These included checking the disclosure and barring service which confirms that their staff have not been barred from working with vulnerable adults or children.

Cleanliness, infection control and hygiene

Not all vehicles were kept visibly clean and staff did not always complete cleaning records. The service-controlled most infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Staff did not always keep vehicles clean. Two of the four vehicles we looked at had visible dirt on the floors, track lines and ramps. Track lines are creases that run along the floor of ambulances to secure wheelchairs. Other areas of all four vehicles appeared visibly clean. The service was making improvements to their cleanliness. The service had recently installed mains water and drainage to make it easier for staff to clean the vehicles.

The service had a regular deep clean schedule. Records showed all vehicles were up to date with their deep cleans. Deep cleans were carried out every 12 weeks. Carried out additional cleaning after transporting patients with transmissible diseases.

Managers completed random spot checks of vehicle cleanliness. Managers completed swab tests to look at cleaning performance. In the past four months, they had completed 60 swab tests with one fail. Managers had praised good practice and ensured corrective actions were taken to address the fail with reminders of correct cleaning practice for staff.

Staff kept equipment clean. All equipment appeared visibly clean and we saw staff cleaning equipment on returning to base.

Cleaning records were not always kept up-to-date and therefore did not demonstrate that all areas were cleaned regularly. Staff were required to complete a vehicle checklist on each shift however six out of 12 cleaning checklists we looked were blank showing staff may not have completed the required cleaning.

The ambulance station was visibly clean and tidy with the appropriate cleaning equipment. Mops were stored and colour coded in line with national guidance. This reduced the risk of cross infection.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with PPE such as masks, gloves and aprons. These were stored on all vehicles and at the ambulance station. Staff wore masks in the vehicles and in their offices. Staff had individual hand decontamination gel dispensers.

The service had taken actions to reduce the risks of transmission of COVID-19. Advice and training had been provided to staff. This included instructions on what personal protective equipment to wear and when this can be removed. The patient area of the vehicle was fully cleaned after transporting a patient that had COVID-19. The guidance to staff also made clear for staff to air dry for 20 minutes. Staff we spoke to were aware of this guidance.

Staff were made aware of infection prevention and control risks before collecting patients. Staff told us this information was pass onto them from their contractors control room when being assigned to a patient.

The service did monthly audits of their infection prevention and control practice. The last three audits showed high levels of compliance including cleanliness of vehicles. However, these audits did not look at completion of cleaning checklists or provide details on which vehicle was checked for cleanliness. There were actions recorded against other aspects of this audit to promote improved practice including reminding staff to close the containers to prevent contamination of open food in the staff room.

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 premises met the needs of staff. The service had made several improvements since our last inspection to their facilities. These included an area protected from the weather to clean, restock and maintain their vehicles. They had a new office for their administration and operations team and had adapted their original office into a training centre and staff room. There were flood lights on the building to illuminate the vehicle parking area. The keys for vehicles were kept securely with the operations manager.

Staff did not always carry out daily safety checks of specialist equipment. Staff we spoke to told us they completed daily checks on equipment and their vehicle at the start of each shift. However, records showed staff did not always record their completed daily safety checks.

The service had suitable vehicles to meet the needs of patients. The service had 20 vehicles with space for patients to sit comfortably, and space for stretchers which were safely secured in the vehicles.

The service maintained their vehicles. Staff recorded vehicle defects in a logbook. Managers had records showing maintenance was completed. Signs were displayed in vehicles to inform staff which vehicles were not to be used. We saw records showing equipment had been serviced in line with manufactures yearly. Vehicles had regular servicing via a contracted mechanic and sent vehicles to a local garage when needing additional services.

The service had enough suitable equipment to help them to safely care for patients. Staff told us they had the equipment they needed. The service supported other services by suppling staff and specialist equipment for moving bariatric patients. Staff had access to up to date satellite navigation via their work issued phones.

Staff disposed of clinical waste safely. Clinical and non-clinical waste was segregated and stored securely. The service had a service level agreement with a clinical waste disposal company to safely remove this waste from their secure onsite bin.

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 completed basic risk assessments before accepting patients for transport. Depending on the outcome of this assessment, staff would refuse to transport patients that were medically unfit for travel or those detained under the Mental Health Act.

Staff reduced risks when identified. Staff told us they made some modifications to transport arrangements including ensuring patients living with dementia travelled without other patients. This reduced additional sources of potential anxiety to these patients, allowed the crews to focus their support on the individual and reduced the time spent in the vehicle by the patient as with multiple patients they would need to make several stops to collect and drop off these other patients.

Staff identified and quickly acted upon patients at risk of deterioration. Staff said they would use their first aid skills if a patient became unwell. Staff told us when they have a critically ill patient, they stopped the vehicle, called 999 and provided basic life support. All crews had received basic life support training as part of their First Response Emergency Care level 3 and level 4 or as a standalone course.

Staffing

Staff received a limited induction to the service. The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff to keep patients safe. The service had 37 staff that carried out patient transport work for them which allowed them to safely staff the number of vehicles required each day. All these staff were self-employed contractors for the service.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift. Managers ensured staff caring for patients during high dependency transfers needed to be First Response Emergency Care level four trained and had six staff that carried out this role. For these shifts, they would be paired with a crew member to drive the vehicle, which if indicated by the type of request, would be a blue light trained member of staff.

Managers supported out of office hours. Staff told us they could always contact a manager by phone for advice.

Staff received an induction to their roles. Staff worked alongside one of the service's trainers for a week. However, some staff told us they felt some formal induction to the service's procedures would have been helpful before this shadowing time to prepare them for the role.

The manager could adjust staffing levels daily according to the needs of patients. Managers told us that if short notice request for additional staff to support with complex patients or rises in demand were met by the service swiftly.

The service did not use agency or bank staff as all their staff were self-employed and shifts were allocated on a flexible basis.

The service did not monitor rates of vacancy, turnover, or sickness. Managers told us they did not monitor these areas as their staff were self-employed.

Records

Records were not always stored securely. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Staff recorded key patient information when completing their daily job sheet. Staff recorded details of multiple journeys on a daily job sheet. These gave crews all the relevant information to enable them to do their jobs safely. The crews would either receive this information before leaving the base or while on the road from the contract provider's operations team. This depended on the service they were working for each day. The information included collection and drop off times, addresses and information about a patient's needs.

Records were stored securely. At the end of their shift, staff put records of patient journeys in a lockable safe and the key was stored within an external key safe.

During the inspection we saw the key was stored inside the lock of the safe. However, there was no evidence to suggest patient notes were kept within the safe at this time. The service told us staff had free access to the safe during the hours of 7am to 7pm so they were able to collect mobile phones and keys and there were no patient records stored in the safe within these hours.

Patient records from previous days were stored securely in a locked cupboard with access restricted to administrative staff and managers

Staff records were stored securely. Paper personnel records were stored in a locked cupboard within a locked room with access restricted to managers. Electronic personnel records could only be access through use of individual usernames and passwords to prevent unauthorised access.

In the past, the service had audited their patient record forms for completion however the most recent audit was from December 2019. This had identified several gaps in record completion including inconsistency in completion of ambulance check sheets and onsite risk assessment. We saw ambulance check sheets were still inconsistently completed in the records we looked at. Managers told us they intended to repeat this audit but due to the pandemic had not found time to do so. These daily check sheets instructed staff to at the end of their shift clean each area of the vehicle and equipment present including details of areas not to miss for example the wheelchair with reminders to clean the handles, brake levers and armrests.

Medicines

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

Staff followed systems and processes to administer medicines safely. Staff were trained in the administration of oxygen in their First Response Emergency Care course.

Requires Improvement

Patient transport services

The service stored medicines safely. Staff stored oxygen cylinders securely on vehicles. The service had an organised cage to store and separate full and empty cylinders. This reduced the risk of staff selecting an empty cylinder when replenishing their vehicle's oxygen supply.

Staff clearly recorded the use of medicines. Patient records showed when patients were transported on long-term oxygen.

The service did not store or use any other medicines.

Incidents

Managers did not always fully investigate incidents or share lessons learnt with the team. Not all staff knew when things went wrong, they should apologise and give patients honest information. Staff recognised incidents and near misses and reported them appropriately. Staff knew when things went wrong to provide patients with support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with service's policy. There was an up-to-date incident reporting policy for staff to report accidents, incidents and near misses. Staff had reported eight incidents in the last three months including near misses and low harm incidents. The service had carried out no activity in the last nine months of 2021 and thus no incidents were reported.

The service had no never events.

Not all staff understood of the duty of candour. Some staff were unable to tell us about being open and transparent when things went wrong. Other staff and managers understood duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff received feedback via the services group messaging system. Managers told us they shared learning and updates via this messaging system.

Staff did not meet regularly to discuss feedback and improvements to patient care. The services last team meeting was held in July 2021. Staff we spoke to told us that they had not attended a staff meeting.

Managers had considered the use of technology to hold team meetings remotely but told us this was not practical due to the number of staff employed. However, following our inspection there had been one staff meeting in May 2022 and there were plans to hold a further team meeting in July 2022.

Managers did not always fully investigate incidents. Staff were involved in investigations and managers took statements from staff when investigating incidents to look for learning. However, some incidents we looked at had no outcome or investigation recorded.

Staff and managers reported incidents to their contact holders when they occurred and worked with them to investigate. However, they did not always receive feedback from the incident or the incident outcome.

Are Patient transport services effective?

Requires Improvement

Patient transport services

Requires Improvement

We rated effective as requires improvement.

Evidence-based care and treatment

Managers did not always check to make sure staff followed guidance. Staff did not have access to policies and procedure while working remotely. The service had policies and procedures for their care and treatment based on national guidance and evidence-based practice.

Staff did not always follow up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had up to date policies based on national guidance including; duty of candour, safeguarding, and mental capacity. These were all dated and included version control, owner of the policy and the date on which it was last reviewed.

Staff working remotely did not have access to protocols and policies. Staff told us if they needed to check a policy, they rang their operations manager and the contract holder's operations manager. Staff were required to follow the service's policy as well as working in line with the policies of the contract holder that was subcontracting work to them. Managers told us all policies and procedures were emailed to staff when they started with the service. Staff had access to policies and procedures at the ambulance station.

Managers did not always check to make sure staff followed guidance. Managers completed some audits to check compliance with training and infection prevention and control but there was not a comprehensive audit programme. This meant the service could not be assured that staff followed local policies.

Nutrition and hydration

Staff made sure patients had enough to eat and drink during a journey.

Staff made sure patients had enough to eat and drink. The vehicles had bottles of water that staff gave out to patients if they were thirsty during the journey. Staff told us on longer journeys including repatriations they planned food and drink with their client to ensure this met their needs.

Response times

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

The services monitored their timeliness on a per contract basis. For their largest contract they were on time or early for patients; 91% in January 2022, 88% in February 2022, and 90% in March 2022. Managers told us they reviewed these timings every quarter in their management meeting. Stakeholders told us they were happy with the response times provided by the service.

Staff contacted the operations manager and the commissioning provider in the event of delays that could make them late collecting patients for their journey. These delays included heavy traffic and road closures.

Requires Improvement

Patient transport services

Competent staff

Managers had not appraised staff's work performance or held supervision meetings with them as staff were self-employed and not subject to a formal appraisal. The service did not always make sure staff were competent for their roles as staff performance was not regularly reviewed.

Staff were experienced, qualified and had the right skills to meet the needs of patients however did not have all the knowledge they needed. Managers monitored staff training completion and associated skills on their database. Managers used this to ensure staff allocated to each role had the required skills.

Managers gave all new staff an induction tailored to their role before they started work. Staff completed their mandatory training and completed shifts shadowing a trainer. However, some staff said they would have felt more prepared with additional time to go over the service's policies and procedures before completing their shadowing. Following the inspection, the service told us that they were going to produce a power point introduction for all new starters outlining the company policies and procedures.

Staff were self-employed and were not subject to a formal appraisal. Staff performance was not always regularly reviewed. However, training was provided in the services training centre and staff were encouraged to complete a higher level in the first response emergency care course.

The service completed driver and vehicle licensing agency checks for eligible staff before the commencement of their employment. All staff who were drivers completed a driving assessment on commencement of employment. We saw staff reported driving incidents to managers.

Managers completed shifts with staff to meet demand and it also allowed them to monitor driving standards. There was no ongoing formal assessment of driving standards. However, if concerns were raised about a member of staffs driving, they were required to take a further assessment.

Managers did not always hold team meetings, so staff had not had the opportunity to attend regular staff meetings. Staff could not recall the last staff meeting they attended. We saw records showing the last team meeting was held in July 2021. However, following the inspection we saw minutes for a staff meeting which took place in May 2022 and a further staff meeting was organised for July 2022.

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 worked with other healthcare disciplines to provide a joined-up patient experience. Staff reported handovers to and from hospital staff were effective. Staff telephoned hospital staff to alert them if they were running late. Staff coordinated transport services with contract holders, hospital staff, and patients.

The service coordinated repatriations with hospital staff abroad when they repatriated patients from other countries.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Not all staff understood when to support patients to make informed decisions about their care. Not all staff knew how to support patients who lacked capacity to make their own decisions. Managers did not monitor compliance with the Mental Capacity Act.

Requires Improvement

Patient transport services

Staff completed training on mental capacity and Deprivation of Liberty Safeguards with a compliance rate of 89%.

Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Some staff we spoke to did not understand making best interest decisions on behalf of patients that were unable to make these decisions. These staff also did not understand when an assessment of a patient's mental capacity may be needed.

Not all 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. However, staff knew how to get support if they were unsure of a patient's mental capacity. Staff told us they would call the operations manager to get advice.

Staff could not quickly access the services policy on the Mental Capacity Act. Some staff could describe and knew how to access policy on Mental Capacity Act. However, they could not access these while out on the road as they were only accessible in the ambulance station.

Managers did not monitor how well the service followed the Mental Capacity Act and made changes to practice when necessary. Managers did not conduct audits on compliance with their Mental Capacity policy.

Staff gained consent from patients for their care. Staff told us before moving a patient they would ask them if the agreed to come with them. However, not all staff understood how to assess capacity to consent.

Are Patient transport services caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patient feedback included comments saying how the crews took time to talk with patients and relatives.

Staff respected their patient privacy and dignity. Staff told us when a patient was onboard the vehicle they would always knock on the door before opening it.

Patients said staff treated them well and with kindness. We looked at 20 patient feedback forms which all reported staff treating them well including comments of; 'they offered to make me a cup of tea before leaving making sure I was warm enough due to cold weather' and 'great crew, very happy'.

Staff followed kept patient care confidential. Staff told us they would speak closely with patients or other staff to reduce the chance of confidential information being overheard.

Requires Improvement

Patient transport services

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff received training in mental health awareness with a compliance rate of 92%. Staff described how they would support patients with mental health conditions including spending more time explaining the transport service.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. One patient feedback form described how the patient felt nervous about using a carry chair and that the crew took time to explain the way it worked while providing reassurance about their skills in using it. The patient said this really helped them.

Staff supported patients who became distressed. Staff told us they took time to talk to patients if they became distressed.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their care.

Staff involved relative and those close to patients. Staff reported a relative could travel with a patient when needed such as patients living with dementia. We saw a relative feedback form saying how appreciative they were when staff called them to support their mother as she had become distressed.

Staff made sure patients and those close to them understood their care. We saw patient feedback comments saying staff explained what they were going to do and provided time for patients to ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us they gave out patient feedback forms and one that we looked at had noted on it that the crew had been asked to support with completing this by scribing the patient's responses.

Patients gave positive feedback about the service. All patient feedback we saw was positive about the service and crews. The patient feedback was recorded in a way that did not allow separation between patient transport service and high dependency transfers.

Are Patient transport services responsive?

Good

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.

Managers planned and organised services so they met the changing needs of the local population. The operations manager ensured there were enough crew and vehicles to meet the demands of local people. The service supported

other healthcare services to fulfil the demands of broad contracts to local communities. This included patients; being discharged from hospital, attending outpatient appointments, moving between care homes, and self-funded repatriations. The service also provided medical support to sporting and public events, although this was out of the scope of regulated activity.

The service carried out planned and unplanned journeys to meet the demands of people. Most of their work was via regular planned patient transport journeys supporting two larger patient transport services. They also carried out ad hoc work when these companies or others had peaks in demand. Managers told us they responded to increases in workload on a regular basis and aimed to supply additional vehicles and crew within an hour. Feedback from stakeholders reported the service met their needs for additional staff.

Managers considered the demand from local people when planning the way, they delivered their service. Managers had been replacing their aging fleet with new vehicles to better meet the needs of local people with more comfortable vehicles.

Meeting people's individual needs

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

Staff supported patients living with dementia. For patients living with dementia this was identified before the crews collected them and they would be transported without other patients. The service ensured they had capacity to meet the needs of these patients while not causing delays to other patients. There was seating in the ambulances to allow an additional person to travel with the patient.

The service met the needs of patients with individual needs. The service always had one ambulance equipped with a bariatric stretcher and other specialist equipment to support bariatric patients. Bariatrics refers to people with excessive body weight. The service had specialist equipment for moving and lifting these patients. It supported other services by suppling trained crews and the equipment when patients needed them.

Not all staff understood the ways to meet the information and communication needs of patients with a disability or sensory loss. Some staff we spoke to were unsure how to communicate with patients with a sensory disability. Staff did not have any communication aids to support in communication such as pictographic cards. However, all crews were provided with a mobile phone where staff were able to use a translation app and to communicate pictorially.

Staff had access to a translation tool to help them communicate with patients whose first language was not English. Staff had a translation application on their work issued phones that would allow patients to speak in their preferred language and this would be translated and read aloud by the application. This would also translate verbal or written English into the patient's preferred language.

Ambulances had different points of entry, including sliding doors with steps and tailgates so that people who were mobile or in wheelchairs could enter safely. Patients were transported in their own wheelchair where this was safe to do so.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Requires Improvement

Patient transport services

Managers monitored waiting times and made sure patients could access services when needed. The service provided a 24-hour service however most patients were transported during the daytime as demand was higher than at night. Managers monitored vehicles and kept in contact with crews to assess any potential delays. When delays were expected they worked with their partners to ensure an alternative crew were dispatched to mitigate the delay wherever possible. Feedback from patients showed there were few delays and patients were informed and crews apologised when these occurred.

The service did not directly book patients other than for repatriations. The service supplied crews and vehicles to other healthcare providers that booked patients via their own systems and were then allocated to this service's crews.

Managers worked to keep the number of cancelled journeys to a minimum. Managers told us if a vehicle had a breakdown or was held up with a previous job they would locate and send another crew and vehicle to reduce the number of patients unable to be transported.

Ambulances had equipment to enable swift access and flow of services. Crew had a work issued phone with tracking software that allowed the operations manager to see when crews were going to be late. They then used this information to update patients waiting to be collected or update people waiting for the patient to arrive. Their phones had a satellite navigation application to assist crews in avoiding traffic hotspots.

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.

The service clearly displayed information about how to raise a concern in patient areas. Patients, relatives and carers knew how to complain or raise concerns. All vehicles had a poster displaying information on how to complain in a prominent position. Staff told us they gave out contact cards to patients if they wanted to complain with details on how to complain.

Staff understood the policy on complaints and knew how to handle them. Staff knew to try to resolve any issues faced by the patients at the time they were brought to their attention and to provide details on how to complain if patients wanted to.

Managers investigated complaints. The service had received four complaints in the past 12 months all of which had been investigated. They were all responded to within 24 hours of receiving the complaint. All these were found to not be upheld with supporting evidence from independent sources. As the service had not had any complaints upheld, they had not identified any learning or themes to share with staff.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers told us an informal complaint was raised about comfort in the back of vehicles which they had identified was worse when patients were seated over the wheel well. They shared with staff about avoiding this seat or having the staff member in the back of the vehicle seated in this position to increase comfort for patients.

Requires Improvement

Patient transport services

Are Patient transport services well-led?

Requires Improvement

We rated well-led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed some of 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.

Leaders had the skills and abilities to run the service. The service had a registered manager with years of experience working in the service. The registered manager was the safeguarding lead and had completed level three training. The service had an operations manager and three administration staff supporting the registered manager.

Leaders understood and managed some of the priorities and issues the service faced. Managers were aware they had some issues with governance and had not restarted their yearly appraisals. However, they seemed unaware of the need to have formal structures for some aspects of their service.

Leaders were visible and approachable in the service for patients and staff. Staff we spoke to told us the managers were approachable and were always available. Leaders were either at work or on-call rota so that 24 hours a day, seven days a week there was always a manager to support staff. Staff reported calling managers for advice, and they would always answer.

Leaders supported staff to develop their skills and take on more senior roles. Staff reported being supported with development into higher levels of First Response Emergency Care training allowing them to take on more senior roles in the service. Managers had invested into a training centre on their site to provide in house training.

Vision and Strategy

The service did not have a formalised vision however the leaders did have an informal idea of what they wanted to achieve. This vision was focused on sustainability of services. Staff were not aware of the leader's vision for the service. Leaders did not monitor their progress against their vision.

The service did not have a vision. Managers told us their vision for the service was to remain a small to medium size company providing a good service while keep a close relationship with their staff, clients and patients.

Staff were not clear on what the vision for the service was. None of the staff we spoke to were aware of the managers vision for the service. However, managers told us they had plans to create a formal vision with their staff.

The service did not have a formal set of values. Managers told us they valued patient first and then staff working together to support each other. Staff we spoke to were aware of these values and told us how much they enjoyed working together with the other staff and their managers.

As the service did not have a formal vision or strategy, leaders could not monitor their progress.

Requires Improvement

Patient transport services

Culture

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

Staff felt respected, supported and valued. Staff we spoke to told us they were well supported and respected by their managers. Staff told us they felt the people in the service were like their second family.

Staff were focused on the needs of patients receiving care. Staff told us they felt proud to work for the service and that everyone worked together to help their patients.

The service had an open culture where patients, their families and staff could raise concerns without fear. Patients and families were encouraged to provide feedback. All staff told us they were encouraged to raise concerns and felt there was a positive response from managers to look for improvement. The service had an up to date duty of candour policy that encouraged staff to speak openly and honestly. However, not all staff understood the duty of candour policy and were unable to access this while out of the office.

Governance

Leaders operated governance processes that were not always effective. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service. Staff at all levels were clear about their roles and accountabilities.

Leaders operated governance processes that were not always effective. Managers told us they held meetings every three months to discuss performance and finance. However, the service had not had a leadership meeting since February 2021 and managers were unable to recall details of specific examples of topics discussed at these meetings.

Managers did not hold any meetings to discuss themes in incidents, complaint, risks, or patient feedback. As a result, opportunities to look for gaps in compliance and to identify improvements were missed.

Managers did not monitor staff compliance with all their policies and procedures.

Staff did not have regular opportunities to meet, discuss and learn from the performance of the services. Managers during the inspection told us the last staff meeting was in May 2021. Staff told us that they received some information via the digital messaging group. Some staff said that information was not always shared in an effective way with them. Following the inspection, a staff meeting took place in May 2022.

Staff at all levels were clear about their roles and accountabilities. Staff told us they were clear on their responsibilities. Managers were clear on their responsibilities. The service had a governance document that clearly laid out each role's responsibilities and the structure for accountability.

Management of risk, issues and performance

Leaders oversight of risks was limited. Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Leaders identified and escalated some risks.

Leaders and teams used systems to manage performance effectively. The service's commissioner provided positive feedback on the service performance.

Leaders had plans to cope with unexpected events. Managers had plans to deal with adverse weather conditions including having purchased a 4x4 vehicle to provide lifts for crew to ensure they could get to and from work safely.

Leaders identified and escalated some risks however their oversight of risk was limited. Managers had completed individual risk assessment for the use of pieces of equipment and substances hazardous to health. These had mitigations to be taken such as telling staff what personal protective equipment to be used. However, the service did not have a risk register to monitor their risks. Staff were unable to recall risks they may face during their work other than using mobilising equipment.

Staff and managers did not recognise COVID-19 as a significant risk. Managers had taken action to reduce risk of transmission of COVID-19 such as sharing information on the correct personal protective equipment to use and ensuring staff attending care homes were double vaccinated.

Information Management

The service collected limited data and analysed it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.

The service collected limited data. Managers collected incident data and collated this together, however, they did not look for trends or themes in this data. Managers completed audits on patient records. The audit looked at patient notes as well as reasons for cancelled or aborted journeys.

Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. On the day of inspection, due to staff absences, managers found it difficult to access administrative data. Staff while out in vehicles were unable to easily access policies or procedures. They relied on calling the operations manager each time they needed to check any policy.

The information systems were secure. Managers kept paper staff files in locked cupboards within a locked room that only managers had access to. Digital records were stored on secured computers which staff accessed with individual usernames and passwords. These systems prevented unauthorised access to records.

Data was consistently submitted to external organisations as required. The service responded quickly to requests from CQC for information. Stakeholders told us the service is always quick to respond to their requests for information.

Engagement

Leaders and staff actively and openly engaged with patients, partner organisations, and staff to plan, improve and manage services. However, they had limited engagement with equality groups and the public.

Leaders engaged with staff. Managers sent updates to the team via their group messaging application. They held staff meetings however, not frequently with the last being held in July 2021. The service funded and provided access to counselling services for staff. Staff told us this service was beneficial to them.

Leaders and staff engaged with patients. Patients were requested to provide feedback on the service which included fixed questions and a box to allow for free writing to express any thoughts they had about the service. These were largely positive but good practice was reinforced by managers.

Requires Improvement

Patient transport services

Leaders and staff did not fully engage with the public and equality groups. Staff completed equality and diversity training. However, the service had no formal engagement with equality groups. Managers told us at their public events they spoke with the public about their service however, this information was not recorded or used in planning their service.

Leaders and staff engaged with partner organisations to help improve services for patients. Managers regularly spoke with partner organisations and provided them with information to help improve services, including their response times to feed into the contract holders overall performance monitoring. Stakeholder said the service were responsive and worked well with them. Staff spoke everyday with partner organisations to arrange services including improvements such as providing information about traffic congestion.

Learning, continuous improvement and innovation

Leaders and staff were not always learning and improving the service.

Leaders and staff were not always learning and improving the service. The service was not holding regular team meetings to discuss improvements. Leaders were not monitoring all areas to look for improvements including patient records to look for compliance with their policy or potential incidents.

Leaders were committed to improvement and had invested in the service to improve. This included purchasing new vehicles and expanding their buildings to allow the development of an onsite training centre. Managers had completed the certification process for the service to be an approved Qualsafe Awards training centre.

The service responded quickly to feedback. Managers made swift improvements following the feedback from our inspection.

Requires Improvement

Emergency and urgent care

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

Are Emergency and urgent care safe?

Requires Improvement

We rated safe as requires improvement.

For Mandatory training, safeguarding, cleanliness, infection control and hygiene, environment and equipment please see patient transport services section.

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 completed risk assessments for each patient on route, using a recognised tool, and reviewed this regularly. The service provided high-dependency patient transfers for a local NHS hospital and on an ad-hoc basis for other hospitals. Staff completed an assessment of patients when collecting them and took a full handover from nursing staff. Records showed staff completed monitoring and observations on route including, blood pressure, oxygen saturations, and Glasgow coma scoring. Glasgow coma scoring is a national recognised tool to monitor a patient's level of alertness. Staff from the dispatching hospital would escort the patient if treatment was required on route.

For our detailed findings on Assessing and responding to patient risk, please see under this sub-heading in the patient transport services report.

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.

Managers accurately calculated and reviewed the number and grade staff needed for each shift. Managers knew that staff caring for patients during high dependency transfers needed to be First Responder Emergency Care (FREC) level four trained and had six staff that carried out this role. For these shifts they would be paired with a crew member to drive the vehicle which if indicated by the type of request would be a blue light trained member of staff.

Requires Improvement

Emergency and urgent care

For our detailed findings on Staffing, please see under this sub-heading in the patient transport services report.

Records

Records were stored securely. Managers reviewed the clinical content of patient records. However, during our inspection we saw one set of patient records where an incident had not been identified.

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

Patient being transported as a high dependency transfer had a patient report form completed. This was in line with the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines.

Managers did not always have clear oversight of clinical information contained within patient records. During our review of the services records we found one case that showed concerning information within the detail of the patient report form. This had not been identified by staff as an incident.

For our detailed findings on Records, please see under this sub-heading in the patient transport services report.

Medicines

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

Staff followed systems and processes to administer medicines safely. Staff were training in the administration of oxygen and nitrous oxide in the First Response Emergency Care courses.

The service stored medicines safely. Staff stored oxygen and nitrous oxide cylinders securely on vehicles. The service had an organised cage to store full replacement cylinders and clearly sperate empty cylinders. This reduces the risk of staff selecting an empty cylinder when replenishing their vehicles supply of oxygen or nitrous oxide.

Staff clearly recorded the use of medicines. Patient records showed when patients received oxygen or nitrous oxide during their journey.

The service did not store or use any other medicines.

For our detailed findings on Medicines, please see under this sub-heading in the patient transport services report.

Incidents

Managers did not always investigate incidents and shared lessons learned with the team. Not all staff knew when things went wrong, they should apologise and give patients honest information. Staff did not always recognise incidents and near misses and reported them. Staff knew when things went wrong to provide patients with support.

Staff did not know what incidents to report. We found evidence in one patient record that an incident was not reported for one high dependency transfers.

Requires Improvement

Emergency and urgent care

For our detailed findings on Incidents, please see under this sub-heading in the patient transport services report.

Are Emergency and urgent care effective?

Requires Improvement

We rated effective as requires improvement.

For evidence-based care and treatment, response times, competent staff, consent, Mental Capacity Act and Deprivation of Liberty safeguards please see patient transport services section.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff administered and recorded pain relief accurately. Staff gave patients nitrous oxide to relief their pain.

Staff administered and recorded pain relief accurately. Staff recorded clearly in patient record forms if nitrous oxide was administered during a high dependency transfer.

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 worked across health care disciplines and with other agencies when required to care for patients. Staff supported nurses and doctors accompanying patients during high dependency transfers.

For our detailed findings on Multidisciplinary working, please see under this sub-heading in the patient transport services report.

Are Emergency and urgent care caring?

Good

We rated caring as good.

Please see patient transport services section.

Requires Improvement

Emergency and urgent care

Are Emergency and urgent care responsive?

Good

We rated responsive as good.

For meeting people's individual needs, learning from complaints and concerns please see patient transport services section.

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.

Managers planned and organised services, so they met the needs of the local population. The service provided high dependency transfers between hospitals and cardiac monitoring transfers between hospitals. Staff were required to monitor the patient's vital signs while on route. If the patient required treatment on route, then a member of staff from the hospital would be required to travel with the patient to deliver this.

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 confirmed although they did high dependency transfers, they did not do emergency transfers or provide critical care, and patients transported were usually clinically stable. Patients needing treatment on route would be accompanied by a nurse or doctor from the hospital. Patients would be booked for high dependency transfers on an ad hoc basis and the service aimed to respond with a crew in under an hour. We saw evidence the service was responding to these requests in under an hour.

Are Emergency and urgent care well-led?

Requires Improvement

We rated well-led as requires improvement.

Please see patient transport services section.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Not all staff understood how to identify patients at risk of abuse.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have a formal vision and staff were unaware of this vision. Leaders operated governance processes that were not always effective. Leaders did not collect comprehensive service information. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service. Leaders had limited oversight of their service's risks.