

Mars Secure Transport

# Mars Secure Transport

## Quality Report

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

## Ratings

Overall rating for this  
ambulance location

Good



Patient transport services (PTS)

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

MARS Secure Transport & Recruitment Services Ltd is operated by MARS Secure Transport & Recruitment Services Ltd. The service provides patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 1 October 2019.

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

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

The service had not been rated previously. We rated it as **Good** overall.

- Patient and staff safety was taken seriously. Incidents were managed well, and there were clear processes in place for escalation.
- Staff were aware of their roles and responsibilities and completed training to enhance their roles.
- Staff were trained to recognise potential abuse and were aware of their roles and responsibilities in escalating any concerns. There was a clear process in place for reporting concerns.
- Staff managed infection risk well, ensuring that equipment was appropriately cleaned to reduce any risks.
- The service had appropriate facilities which were well maintained.
- Staff ensured that risk assessments were completed prior to agreeing to any patient transfers. This ensured that there were the appropriate number and type of staff available to reduce any risks associated with transferring low to high risk mental health patients.
- There were enough staffing numbers to meet service demands, and staff were trained and experienced in the right skills to meet the needs of the service.
- The service provided care and treatment based on national guidance and evidence-based practice.
- The service monitored appointment times to ensure that patients were transported in a timely manner. Journey times and feedback from organisations was collected to monitor performance and used to develop the service.
- The service made sure staff were competent for their roles. Training was provided by an external agency and managers appraised staff's work performance and provided support and development.
- All staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff completed Mental Capacity Act training and knew how to support patients who lacked capacity or were experiencing mental ill health.
- Staff spoke of patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients when possible in the transfer process.

# Summary of findings

- The service provided care in a way that met the needs of a specific client group. It worked with other organisations to ensure that patient transfers were completed safely and ensured that the patients' needs were central to all planned transfers.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients using the service.
- People could access the service when they needed it and the service used technology to support the functioning of the service.
- The service collected feedback from people and had a process in place for managing concerns.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced and were visible and approachable.
- The service had a vision and a plan for what it wanted to achieve, which was focused on delivering a high-quality service.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- 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.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks, issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- 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.
- Leaders and staff actively and openly engaged staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- 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.

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

- All staff had the correct level of safeguarding training, (level 3) however, did not have direct access to someone with a higher level of safeguarding knowledge within the company.
- The service did not complete their own risk assessment prior to accepting a patient transfer.
- There was a gap in the clinical oversight of the service, as there was not a designated lead clinician to support the service with clinical expertise and support for service developments

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

## **Name of signatory**

**Heidi Smoult**

Deputy Chief Inspector of Hospitals (Central), on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating

Good



### Why have we given this rating?

The main service was patient transport services MARS Secure Transport and Recruitment Services Ltd specialised in the transportation of patients with mental health conditions between other organisations or locations. The service provided transport services only, supporting referring services with additional staff for the safe transportation of low, medium and high-risk patients. We rated the service good for safe, effective, caring and well led. We rated responsive as outstanding.

# Mars Secure Transport

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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## Background to Mars Secure Transport

MARS Secure Transport & Recruitment Services Ltd is operated by MARS Secure Transport & Recruitment Services Ltd. The service has been registered to provide a regulated service since July 2016. It is an independent ambulance service in Borehamwood, Hertfordshire. The service offers nationwide services for mental health patient transfers.

The service provides secure patients transport for mainly adult patients with mental health needs, however, they also provide transfers for children with mental health needs.

Transfers completed were predominantly from institutions to residential, acute settings for medical care or courts. Although the service was registered for patient transport services, patients carried by the service were physically well.

The service has had a registered manager in post since registration in July 2016. This was the second inspection since registration, with the previous inspection completed in November 2018 when the service was not rated.

## Our inspection team

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

## How we carried out this inspection

During the inspection, we visited the main office and the vehicle storage area. We spoke with five staff including; patient transport drivers and management.







## Our ratings for this service

Our ratings for this service are:

# Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	<div>☆ Outstanding</div>	Good	Good
Overall	Good	Good	Good	<div>☆ Outstanding</div>	Good	Good

# Patient transport services (PTS)

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

## Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the main office and the vehicle storage area. We spoke with five staff including; patient transport drivers and management.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in November 2018, when the service was not rated.

Activity (October 2018 to October 2019)

- There were approximately 2500 patient transport journeys undertaken.

Track record on safety

- No never events
- No clinical incidents resulting in moderate, severe harm or death.
- No serious injuries
- No complaints

## Summary of findings

We found the following areas of good practice:

- 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, the wider service and partner organisations. 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.
- The service provided mandatory training in key skills to all staff and ensured all staff completed it.
- 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.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The design, maintenance and use of facilities, premises and vehicles kept people safe. Staff were trained to use them. Staff managed clinical waste well.



# Patient transport services (PTS)

- Risk assessments were completed by the referring organisation; however, they were reviewed by the senior management team to ensure that the proposed transfer was safe.
- 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 reviewed and adjusted staffing levels and gave staff a full induction.
- Staff kept minimal records of patients' care and treatment as they did not provide direct patient care.
- The service did not prescribe, administer or store any medicines.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Due to the type of service, staff did not assess patients' food and drink requirements to meet their needs during a journey. Nutritional needs were reviewed by the referring organisation and incorporated into the transfer risk assessment.
- The service did not provide pain relief medicines to patients; however, they did ensure their comfort during transfer.
- The service monitored, and met, appointment times so that they could facilitate good outcomes for patients.
- Due to the type of service provided, the service did not participate in national audits. However, they monitored and tracked journey times and collected feedback from the organisations using the service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.
- 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.
- Due to the type of service provided, staff did not give patients practical support and advice to lead healthier lives.
- Due to the type of service provided, staff were not involved with the assessment of patient's mental capacity. However, they did have awareness training and they knew how to support patients who lacked capacity or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff spoke of patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients when possible in the transfer process.
- The service planned and provided care in a way that met the needs of the client group. It also worked with others in the wider system and local organisations to plan care.
- The individual needs of the patients were central to all planned transfers.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients using the service.
- People could access the service when they needed it, in a way that suited their needs. Technology was used innovatively to ensure that people had access to timely access to treatment, support and care.
- It was easy for people to give feedback and raise concerns about care received. The service had a process for managing complaints, however they had not received any complaints from October 2017 to October 2019.
- 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 (PTS)

- The service had a vision for what it wanted to achieve and a plan to turn it into action. The vision and plan were focused on sustainability of services and aligned to the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
  - 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.
  - 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.
  - 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 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.
  - Leaders and staff actively and openly engaged staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
  - 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.
- All staff were trained to level 3 safeguarding which meant that they did not have direct access to someone with a higher level of safeguarding knowledge within the company.
  - The service did not record their own risk assessments prior to accepting a patient transfer.
  - There was a gap in the clinical oversight of the service, as there was not a designated lead clinician to support the service with clinical expertise and support for service developments.

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

# Patient transport services (PTS)

## Are patient transport services safe?

Good



We rated this service as **good**.

### 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, the wider service and partner organisations. 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 understood their responsibilities to raise and record concerns, safety incidents and near misses. The provider ensured staff understood how to report them internally and externally where appropriate. Managers ensured that all permanent and temporary employees received training and education on the incident reporting procedure as part of their induction. There was a clear policy for reporting incidents and for whistleblowing which were accessible to all staff.
- There were effective arrangements to report, review and investigate safety incidents. Incidents were recorded on the transfer docket which were collected and reviewed daily by the senior management team (SMT).
- The service reported 12 incidents but were able to demonstrate that they identified areas for development and learning when things went wrong. The types of incidents were those that you would expect from the type of work completed, for example, verbal abuse from patients. Staff were able to describe the levels of incident and were aware of what a serious incident and never event were.
- The service reported no never events since registration with the Care Quality Commission. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systematic protective barriers, are available at a national level, and

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

- Staff we spoke with said leaders listened to their concerns and took them seriously. We saw that concerns were discussed, and actions taken to address them.
- The SMT aimed to promote a culture that encouraged openness, honesty and candour at all levels. There was a commitment to ensure that all staff were aware of their individual responsibilities in relation to their duty of candour. Mandatory training included duty of candour regulation.
- There had been no incidents reported in the previous 12 months that required duty of candour to be applied.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and ensured all staff completed it.**
- The service had mandatory training for 19 topics, which included, control and restraint, basic life support, drug awareness and mental capacity. Records showed that compliance was 100% for eight out of the 19 topics including mental capacity, hand hygiene and adult abuse. Five topics were recorded as 77% compliance, this included control and restraint, alcohol and drug awareness and risk assessments. Six further topics were reported at 70% compliance. This included manual handling, basic life support and safeguarding.
- There was no formal target for mandatory training compliance. The senior management team were in the process of arranging training with the external provider. We were told, that due to the number of staff and the external provision. There were sometimes gaps in training, however, as the team was growing, training would be provided on a more regular basis.
- Mandatory training was provided by an external agency. The service organised annual training, and recorded attendance. We saw that training sessions were planned with the external provider and staff informed that they needed to attend to improve overall training compliance. Topics such as manual handling were assessed practically ensuring staffs competence.

# Patient transport services (PTS)

- Systems were in place to monitor and assess staff understanding of the mandatory training. Managers regularly worked alongside staff. This gave them the opportunity to observe staff practice and give them feedback. They also carried out unannounced spot checks.
- All employees who had not completed the mandatory training were made non-operational and were not deployed until they had successfully completed all their mandatory training. This ensured that staff were appropriately trained when attending a transfer.

## 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.** However, at the time of inspection, the service did not have direct access to someone with additional safeguarding knowledge/ training (level 4) within the company.
- One of the company directors was the named safeguarding lead and at the time of interview this individual was not trained to level 4 safeguarding training. We were told that this was planned for completion within the next six months. In the interim, the service told us they could access the local authority or external provider for support or guidance if necessary.
- All staff completed level three safeguarding children and safeguarding adults training. This was provided by an external agency.
- Staff were expected to update safeguarding training at a minimum of each year to ensure that they were up to date with changes to local and national safeguarding arrangements. Training was booked with the external provider at regular intervals, this ensured that as many staff as possible received training. Records showed that 70% of staff had completed safeguarding training.
- The service had an escalation process in place with a designated person being on call 24 hours per day, seven days per week. These members of the team were also trained to safeguarding level 3.

- There was a safeguarding lead trained to level 3, who was responsible for any safeguarding concerns. The provider had also nominated a deputy to cover the role of the designated safeguarding lead when they were unavailable.
- When undertaking the booking of any deployment, safeguarding concerns were obtained as part of the booking process to ensure that staff were providing an individual and suitable service for the service user.
- Staff had made no safeguarding referrals in the 12 months prior to our inspection. However, staff were able to give examples of things that would be escalated and how they would manage any concerns with external partners. Staff spoke about how they would discuss concerns with the referring or receiving organisation and if necessary, the local authority.

## Cleanliness, infection control and hygiene

- **The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- The service followed processes for ensuring standards of cleanliness on their vehicles. This included monthly deep cleaning, in addition to the cleaning of vehicles after each use. All vehicles were left ready to use, as part of the business included short notice transfers. All vehicles and equipment were visibly clean.
- Vehicle cleaning was provided by an external agency and we saw that this was audited and reviewed monthly to ensure that standards were being met. The senior management team completed ad hoc inspections of vehicles to ensure that they were clean and ready to use.
- Personal protective equipment (PPE) such as disposable gloves, aprons, facemasks and safety eyewear was available within each vehicle. Cleaning products were also provided along with clinical waste bags for any contaminated material. As the service primarily completed transfers to and from hospital settings, clinical waste was usually disposed of at the

# Patient transport services (PTS)

next hospital attended. If a vehicle became heavily soiled and required a deep clean, this was arranged by the senior management team and a replacement vehicle provided if necessary.

- Managers carried out observational to support practices in assessing the quality of techniques performed by staff and in working with staff to improve their. Where managers identified staff were not complying with hand hygiene techniques they would address this directly with the relevant staff member.
- Cleanliness audits were completed monthly, along with hand hygiene audits.

## Environment and equipment

- **The design, maintenance and use of facilities, premises and vehicles kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- The service had 11 vehicles available for use. These included high, medium and low risk vehicles. We saw that high-risk vehicles included a segregated area for the patient to sit, which was ligature risk free. Medium risk and low risk vehicles provided enough space for the patient, their escort and the transport team. Vehicles were designed to ensure the safety of all who used them. Vehicles were stored securely.
- Managers effectively managed the maintenance of vehicles. They used a technology-based application for the management of all vehicle data. This included managing the dates of servicing and annual road safety checks as well as including any occasions which the vehicles had attended the garage for any repairs.
- Managers carried out checks to ensure vehicles remained in good repair. Where they identified issues, they addressed these immediately. We saw that a regular garage was used for all repairs and servicing. The senior management team (SMT) had agreed a contract with the garage to prioritise their work which ensured that vehicles were always available.
- Staff were restricted to driving to a 60 miles per hour speed limit unless there was an emergency. For example, the patient on board the ambulance became unwell or self harmed placing them at risk.

- Vehicles were fitted with a tracking device which meant that they could be located at any point in time. The SMT accessed the tracking system regularly. We saw that the service-maintained records on all vehicles which included details of any sold vehicles. This enabled the service to have details of any vehicle in the event of theft or incident. Vehicles files contained all registration documents, insurance, service history and MOTs.
- The provider ensured they conveyed children safely in their vehicles. Specialist seats for children were available in all vehicles.
- We saw that there was a robust process for managing patient restraints (including cuffs). Staff recorded any use on a template which cross referenced the item of restraint used against a transfer docket. This ensured that there was clear documentation of any restraints used.
- Due to the service growth, the team had recently moved to a larger office within the same building. The office was secure and the building only accessible through pass cards.

## Assessing and responding to patient risk

- **The service did not record their own risk assessment prior to accepting a patient transfer. Risk assessments were completed by the referring organisation; however, they were reviewed by the senior management team to ensure that the proposed transfer was safe.**
- The service ensured that there was a risk assessment in place to ensure patient safety. The referring organisation was required to complete a risk assessment for the planned patient transportation. This was then reviewed by the service prior to them accepting the transfer. The service did not complete their own formal risk assessment however, did discuss each referral to identify if it was suitable for them to complete. The decision to accept the transfer was based on the hospitals description of the needs of the patient and the service determining whether they could provide the appropriately trained staff and vehicles. We were told, if necessary, the team would speak to a mental health trained nurse to discuss the transfer proposed, if they were not sure about the potential risks, however this was not completed for all referrals.



# Patient transport services (PTS)

- The service completed a transport authorisation form for each booking. This detailed the patients name, date of birth, ethnicity, details of mental health section (if relevant) and the transport location pick up and drop off point. This enabled the service to determine the type of vehicle and crew required for the journey. We were given examples of where the service recommended different crew types based on the information shared. For example, patients preferences to male or female carers, or native language spoken by the patient.
- All patients transported were deemed to be physically fit and not at risk of deterioration. The vehicles did not have monitoring equipment as this was deemed unnecessary. We were told that if a patient was physically unwell, the job was declined.
- All staff could contact a senior manager 24 hours a day, seven days week if they needed to escalate a risk or seek advice or help. A designated senior manager was on call on a regularly rotational basis. Telephone numbers were automatically linked to the on-call roster with a backup in place for if the call was not picked up by the first person. While on duty, the duty officer attended to administrative tasks and incidents that required attention regardless of the time of day.
- Patients were not able to sit directly behind the driver to reduce the risk of distracting the driver or interference if the patient became agitated or aggressive.
- Staff told us they knew what to do in a variety of emergencies. For example, we were told that if the vehicles broke down en-route with a high-risk patient, a replacement vehicle would be called to replace, and the local police service would be informed of the incident.
- Staffing for each booking was arranged in advance. We saw that staff notified the service of their availability and were then allocated according to the bookings. There were 26 staff members who worked on this basis. We were told that most of the staff did not have other jobs and sought employment to fit around their home life. For example, working within school hours.
- Staffing consisted of 18 drivers who were either nurses or health care assistants, plus five registered nurses and three escorts who did not drive.
- Staff completed an assessment of the transfer planned to determine the staffing levels required for each journey. This was based on the risk assessment completed by the transferring organisation. For example, a patient who required two escorts, were escorted by one staff member from the transferring organisation and one escort provided by the service. Staffing requirements were detailed on the electronic system. All transfers were completed by a minimum of one driver and one escort. For longer journeys, additional staff were required to ensure there was additional drivers to ensure sufficient breaks and rest.
- The weeks schedule and staff availability was displayed on the wall in the head office, which meant that the service knew exactly who was available for last minute calls.

## Records

- **Staff kept minimal records of patients' care and treatment as they did not provide direct patient care.**
- Staff did not completed patients records as they did not provide any care or treatment. The service retained minimal information relating to a patient's identity. Transport authorisation forms contained details of the patient's name, date of birth, gender and mental health section. These forms were retained by the service and stored in secure cupboards within the main office.
- The service produced a transfer checklist which staff used to record any interactions, incidents or issues during transportation. This meant that information relating to the transfer could be shared with the accepting location and maintained by the service as a record of activity. We reviewed 15 transfer forms and saw that they were fully completed with details of the

## 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 reviewed and adjusted staffing levels and gave staff a full induction.**
- The service employed four permanent staff members which were three directors, and administration manager. The remaining staff were employed on an ad hoc basis.

# Patient transport services (PTS)

transfer, any interactions with the patient, for example, assistance into vehicles and any reportable incidents. Incidents reported included verbal or physical abuse and vehicle issues (such as service warning lights).

- All patients were escorted by a member of staff from the referring organisation. They were responsible for the management of any patient medical records and the handover of the patient at the destination.
- Records were stored securely in locked cupboards within the main office. These consisted of a copy of the transportation authorisation form which contained details of the patient's name and the journey completed. Staff were clear on the need to keep minimal records and ensure no unauthorised persons could access patient identifiable information.

## Medicines

- **The service did not prescribe, administer or store any medicines.**
- Staff escorting the patient from the referring organisation were responsible for the administration of any medicines. These were provided by the transferring organisation and handed over to the receiving location on arrival. MARS staff did not handle or hold any medicines during transfers.
- Staff told us that they were made aware of any medicine needs as part of the patient care plan which was provided prior to the transfer. This ensured that staff knew if the patients had any specialist needs, for example, if they were diabetic. A copy of the patient's prescription chart was taken with the patient on all transfers.
- Although they were not used, all vehicles were equipped with lockable cupboards for the safe storage of controlled medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled drugs, and they should be kept in a lockable cupboard. During transportation, controlled drugs should remain in a locked cupboard, to ensure their safety in the event of a traffic accident. We were told that staff escorting the patients generally held any medicines being transported.

## Are patient transport services effective?

Good



We rated this service 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 patient's subject to the Mental Health Act 1983.
- Staff had access to guidelines for the safe transfer of patients and any relevant activity. For example, manual handling, restraining patients and health and safety. Guidance and policies were provided through a contract with an external policy writing organisation. This meant that the policies were reviewed to ensure they reflected latest guidance and updated regularly. Any amendments to policy was highlighted to managers for circulation across the team. The team ensured that all staff had access to the policies electronically and kept a small number of essential policies in hardcopy in the main office for staff to read.
- Policies were written in a consistent format and there was an effective process for managing and reviewing policies along with any associated written control documents. This ensured that documentation remained legally compliant and actions were undertaken in a safe and efficient manner. We reviewed a sample of the policies and found they referred to national guidance
- The service had an audit schedule which supported the delivery of safe and effective service. Where appropriate action was taken to ensure that safety and efficiency was continued where deficits were identified. Each audit was supported by an audit tool and it was the responsibility of the directors to ensure that these were completed within the appropriate timeframe and that all necessary actions were undertaken.

## Nutrition and hydration

# Patient transport services (PTS)

- **Due to the type of service, staff did not assess patients' food and drink requirements to meet their needs during a journey. Nutritional needs were reviewed by the referring organisation and incorporated into the transfer risk assessment.**
- Patients nutritional needs were assessed prior to commencing a transfer by the referring organisation. We were given examples of provisions made, for example, the referring organisation would provide bottled drinks and food it was safe for the patient to eat and drink during transfer.

## Response times/ Patient outcomes

- **The service monitored, and met, appointment times so that they could facilitate good outcomes for patients.**
- Due to the type of service provided, the service did not participate in national audits. However, they monitored and tracked journey times and collected feedback from the organisations using the service. We saw that the service arrived on site at or before the requested times, and feedback from referring organisations was positive.
- We were told that when possible, adequate time was provided for the crew to arrive at the pickup point ahead of time. This was not possible for all journeys as some transfers were booked at the last minute. We were told that staff were encouraged to be calm and friendly at pickup locations, in recognition that staff may be busy and not immediately available to assist the crew with the transfer.
- The service operated 24 hours per day, seven days per week. For patient transfer requests out of hours, calls were transferred to an on-call coordinator.

## Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.**
- Managers ensured that staff were best able to perform the basic tasks of their posts safely and competently and provided them with information on the structures and processes of their working environment. All staff received a local induction in line with the induction policy.

- Training was provided to ensure that staff were aware and able to cope with the roles which they undertook. All training was provided by an external agency. Managers told us that they would often work alongside staff to ensure that they were able to manage the jobs effectively. We were given examples of when staff had been given the opportunity to lead on patient transfers whilst managers took a backstep. Staff explained that this was essential to the role as patients reacted differently to staff and sometimes would need another person to take control.
- There was a general induction programme which was completed for all staff which was accompanied by a robust staff handbook. This provided details of processes and information about the service provided.
- There was a process in place to ensure that staff held an appropriately license to drive vehicles. Licenses were checked as part of the recruitment policy and ongoing checks completed every six months.
- Each staff member had a file which contained details of their application, disclosure and barring checks (DBS) and references. The service used an enhanced DBS system where the checks continued, and updates provided continually. Personnel file compliance, compliance with mandatory training and health and safety audits were completed on a quarterly basis.

## Multi-disciplinary 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 in collaboration with other services and relied upon them to complete accurate assessments for the patient transfers planned. The team would use this information to determine the level of support required by the service. We were given examples of patient transfers which had been effectively planned and how they worked collaboratively with patient escorts to ensure patient safety. For example, we were told of a high-risk patient who became distressed and required restraining to prevent injury to the patient or staff. The team worked with the escort to ensure that the patient came to no harm.



# Patient transport services (PTS)

- Due to the small size of the team, there was clear team working. Staff relied upon each other to complete their roles and had processes in place to support each other. In the event of a member of staff not being available, the team knew what needed to be done to ensure the service continued without any impact on service delivery.
- The service held regular team meetings to discuss the service and planned transfers. We saw that minutes were clear and detailed. Copies of minutes were held in paper format at the office and emailed to all staff members.
- There was a communication book used to pass quick messages or prompts. Staff were required to sign the book once they had read the comments to show that they had read and understood the messages.

## Health promotion

- **Due to the type of service provided, staff did not give patients practical support and advice to lead healthier lives.**

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

- **Due to the type of service provided, staff were not involved with the assessment of patient's mental capacity. However, they did have awareness training and they knew how to support patients who lacked capacity or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**
- The service worked collaboratively with mental health providers to ensure that patients' needs were met during their transfer. The service was informed of the mental health needs and risks of the individuals prior to transfer. We saw that staff were aware of these prior to completing a transfer and gave examples of how they managed patients with differing levels of mental health illness.
- Prior to the transfer, the referring organisation was required to complete a checklist relating to the patients consent to transfer. Referrers were required to confirm if patients were aware of the transfer, whether they were able to make an informed decision regarding the transfer, whether they had capacity to make a decision

and whether the transfer was being requested in the patient's best interest. The form was signed by the referring organisation at the time of pick up and authorised staff to restrain patients if necessary.

- Staff were fully aware of the needs of patients with mental health conditions.
- Staff sought permission to restrain patients from the referring organisation in line with the patients mental health detainment or section. We saw that a detailed checklist was required and an authorisation signature by the referring organisation for the use of any restraints. We were told that restraints were used as a last resort, however, were a necessary piece of equipment to have available when transferring some patients who were at risk or violent.
- Patients capacity to consent to the transfer was assessed prior to the crew transporting the patient. All attempts were made with the patient to ensure that they were informed of the transfer and the team offered advice on the likely duration and destination as able.

## Are patient transport services caring?

Good

We rated it as **good**.

## Compassionate care

- **Staff spoke of patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- Although we did not see any direct patient contact, the team displayed a passion for helping patients with mental health conditions. They spoke respectfully about patients, their needs and their families. We were given examples of how staff had successfully managed to calm patients down when agitated or aggressive.
- We were given examples of how patients were treated with compassion. We saw evidence from external organisations detailing how staff had been respectful towards patients and staff during transfers, speaking to them courteously. Feedback from referring and receiving organisations stated that the service was professional, respectful and provided excellent care.

# Patient transport services (PTS)

One response stated “I also wanted to express how fantastic your team were through the night and this morning. They showed compassion and true care to a very distressed patient”.

## Emotional support

- **Staff provided emotional support to patients, carers to minimise their distress. They understood patients’ personal, cultural and religious needs.**
- The service had direct contact with the patient for a short period. We were given examples of how staff completing the transfer endeavoured to ensure that the patient was not provoked or distressed by the staff or journey. For example, if the patient was identified as being aggravated by males, a female crew would be booked. This enabled the service to ensure that any patient was accompanied by the most appropriate staff. The service also considered the type of vehicle required and adjusted this to accommodate the individual's needs. For example, those not deemed to be high risk were transported in luxury vehicles.
- We also saw that cultural needs were considered, with timings of transfer and staff’s ability to communicate in languages other than English being taken into consideration when booking. This meant that efforts were being taken to ensure that patients had the correct support for the transfer.

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

- **Staff supported and involved patients when possible in the transfer process.**
- Where possible the team would involve patients in the transfer between locations. We were given examples of patients being assisted to pack and prepare for transfer and being involved in discussions about the destination and duration of the journey.
- Where necessary carers were also provided with information relating to the transfer and journey.
- The service did not collect feedback from the patients or their relatives but did collect feedback from the referring and receiving organisations. We saw 46 feedback forms from external organisations who had used the service. All were positive.

## Are patient transport services responsive to people’s needs?

Outstanding



We rated it as **outstanding**.

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

- **The service planned and provided care in a way that met the needs of the patient group. It also worked with others in the wider system and local organisations to plan care.**
- **The individual needs of the patients was central to all planned transfers.** The service ensured that they had a risk assessment as part of the referral process and used this to tailor the crew and vehicle to meet the individual needs.
- Although the service did not provide any direct patient care, they were prepared for any eventuality. There were clear plans on actions to be taken and staff were well informed on what should and could be done to maintain a patient’s safety. For example, if a patient under a forensic mental health section required a stop en-route to the destination, the team liaised directly with the local police service to discuss the patient needs. If necessary, detouring the transfer via the police station to facilitate the patients' needs.
- The service worked seven day a week and was able to offer immediate support for patient transfers. The service had crews available out of normal business hours who could provide immediate support to referring organisations. Staff confirmed that most of the work was pre planned.
- The service offered transfers for patients across the country. We were given examples of transfers undertaken which included transfers between London and Scotland. Staff told us that most transfers were short distance, however, when transfers were provided over longer distances, additional risk assessments were required to ensure that there was enough staff and breaks. Staff would liaise with the local authority, police service or mental health hospital if necessary to facilitate longer distance transfers.

# Patient transport services (PTS)

- We were told and saw that some patients were transported regularly, where possible, the same crews were deployed to these bookings to ensure continuity of care. We were told that some patients specified which staff they wanted for the transfers based on previous experience.
- The facilities provided by the service met the needs of the individuals using the service. Vehicles were provided according to the risk. For example, high risk patients were transported in caged vehicles.

## 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 using the service.**
- The service responsible for booking the transfer were required to provide a clear outline of the patients' needs prior to picking the patient up. Due to the service not having access to the patient prior to the transfer, they relied upon the accurate assessment of needs by the referrer. The service then catered the service being provided based on the assessment provided.
- The service was inclusive of patients protected characteristics, and those who were vulnerable. Staff spoke openly about how the service was planned to protect patients and staff from potential harm or risk. For example, all patients under 18 years were accompanied by a minimum of two escorts, in addition to the driver.
- We saw that vehicles used would be determined by the type of transfer. Only patients who were detained, or those who were potentially dangerous or at risk of absconding were transferred in secure vehicles. All other transfer were completed using executive model vehicles. We were told that staff ensured patients comfort for the journey, ensuring patients had access music (as a distraction) or air conditioning.
- We saw that the service had access to staff who spoke several languages which enabled patient's communication needs to be addressed. A log of languages spoken by staff was held in the main office, and we saw that 85% of staff were multilingual and spoke over 10 different languages. Staff felt that ensuring a member of staff who spoke the patient

language helped to calm the patient and ensured that they were informed of what was happening. Staff reported that there had been no occasions where they had been unable to provide a member of staff who spoke the patient's main spoken language.

- We were told that patient assessments were generally accurate, and the level of service requested met the needs of the transfer. However, we were given one examples of when the assessment had not met the patient's needs. One patient had been risk assessed as requiring one escort for transfer, and when the ambulance arrived, they became agitated and required additional support from the hospital staff. This incident was recorded and shared amongst the team as an example of how to manage difficult situations.
- We were given examples of how the service had implemented changes to the transfer based on the patient's condition during transportation, for example, one patient used a credit card from their wallet to self-harm. The crew took immediate action and notified the destination of the incident, and reported the event as an incident. We saw that this incident was reported prior to the reporting period, but details of the incident were shared amongst the team and used as a scenario for learning.
- The service provided breaks and stops as able, according to the risk assessments and the level of transfer being provided. Stops were only permitted if it was deemed safe and the patient was very low risk.
- Soft cuff and hard cuff restraints were available for staff to use when appropriate. We saw that patients were assessed for their use, and approval granted by the referring organisation prior to any use. Hard cuff usage was monitored with a register of use for each piece of equipment. Equipment had unique identification numbers which enabled tracking.
- Staff received training in the awareness of those who required additional support, such as those living with dementia or those with a learning disability. We were told that staff considered individuals needs for each transfer, and ensured that they kept patients informed.

## Access and flow

# Patient transport services (PTS)

- **People could access the service when they needed it, in a way that suited them. Technology was used innovatively to ensure that people had access to timely access to treatment, support and care.**
  - The service was accessible 24 hours daily and was able to dispatch a team to assist with a transfer at any time. Referrals were initially by telephone call, which over night was taken by one of the directors. Details were taken with regards to the type of transfer required, (whether high or low risk), and the transfer locations. All telephone referrals were confirmed in writing, via email. The service required the referring organisation to provide a manager's authorisation, a risk assessment and a job reference number prior to accepting a transfer. This ensured that all transfers were approved and agreed to prevent the crew arriving at a destination to find the transfer had been booked incorrectly.
  - Once the booking was completed, the service was able to identify the number of staff required. We were told that the service always provided a driver and one escort. For high risk transfers, additional escorts were required.
  - Crews were allocated according to the type of vehicle required and the distance from the pickup. Where possible, the nearest crew was allocated to the job to ensure they arrived at the pick up location in time. An application was used to identify the nearest vehicle.
  - The service completed on average seven transfers per day. We saw that a high number of bookings were requested for Fridays and to manage this, the senior management team scheduled more crews to be available. The service reported no cancellations for the year proceeding the inspection.
  - At the time of inspection, the service did not have a service level agreement with providers, and worked on an individual job basis. However, the senior management team told us that they were beginning to see the same organisations referring patients following previous bookings.
- We saw that there was a complaints policy in place which clearly outlined the process for investigating and responding to concerns raised. Staff told us that they would discuss all transfers and identify any areas for learning, however they had not received any complaints.
  - The service collected feedback following each transfer, from the referring and receiving location. This enabled the service to identify if the process had gone well and feedback to staff. Feedback was encouraged by the staff and this was used to inform decision making regarding the service and shared with the team.
  - We saw feedback from several organisation and all stated that the service had been punctual and professional. All feedback was positive, referring to an “excellent service”, staff were reported as “being professional, polite, appropriate to both patients and staff”.
  - The service had not received any complaints between October 2018 and October 2019.

## Are patient transport services well-led?

Good



We rated it as **good**.

### Leadership of service

- **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.** There was not a senior clinician as a member of the board.
- Service leadership consisted of three managers who worked alongside the small team to provide a bespoke service to patients requiring transfers. Each lead had a clear role and responsibility, for example, one was responsible for finance and another compliance/performance. The leads were passionate about providing a high-quality service and had extensive experience within mental healthcare. The service did not have a chairman or clinical director.

### Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received. The service had a process for managing complaints, however they had not received any complaints from October 2017 to October 2019.**

# Patient transport services (PTS)

- There was a gap in the clinical oversight of the service, as there was not a designated lead clinician to support the service with clinical expertise and support for service developments.
- Staff told us that leaders were accessible and provided support when necessary.
- The leadership provided clear priorities for ensuring that the service provided was compassionate, inclusive and effective. Leaders were based in the head office which meant that they were active in the daily management of the service. They ensured that staffing was appropriate for each transfer and checked risk assessments provided in advance to ensure that the service could meet the needs of the patient. Staff were clear on their roles and responsibilities and how to report to leaders.
- All staff told us that their priority was providing a quality service which met the needs for vulnerable patients. Staff were positive about working for the organisation.
- Although the team was small, there was evidence to support team development. One member of staff had been developed into a coordinating role, having previously been responsible for managing bookings.
- There was a focus on staff and patient safety, with the senior management team ensuring that all staff were supported appropriately for any transfer. Staff were able to access a manager to escalate any concerns 24 hours per day. We were told that staff could raise concerns if they needed to and were not concerned of any recompense as a result. Staff felt valued and appreciated by the service leads.
- There was a clear support network across the team, with open discussion about developments and individual views were considered. The senior management team were respectful of each other, and clearly worked well together.

## Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and a plan to turn it into action. The vision and plan were focused on sustainability of services and aligned to the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The service had a clear vision for what it wanted to achieve, and it was clearly displayed. There was a focus on patients care and all staff referred to the vision when talking about their service. The vision had been developed through discussion with the wider team. The vision was 'to provide a safe and reliable ambulance service at the point of need'.
- Due to the size of the service, there was not a formal strategy to support the vision, however, leaders had a clear plan of what needed to be done to ensure that a good service was delivered.
- Staff we spoke with, were aware of the vision, and how their role was integral to achieving it.

## Culture within the service

- **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.**

## 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.**
- There were effective processes and systems in place to support the delivery of a quality service, and these were reviewed regularly. There were monthly team meetings and senior team meetings. Meetings followed a set agenda which included incidents, team training and review of risks.
- Staff had clear lines of responsibility and understood who they reported to and what they were responsible for.
- Staff were familiar with the Mental health Act 1983 and were able to demonstrate their role in managing patients with mental health conditions in partnership with the referring organisations.

## Management of risk, issues and performance



# Patient transport services (PTS)

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**
- There were systems in place to monitor performance and enable the identification of any areas for improvement. A robust audit programme was in place, with the team working towards a finalised audit calendar. The senior management team had overview of all audits completed and were able to make comparisons and identify any trends. Any areas for improvement were highlighted and actions taken to address these. For example, we saw that trends were discussed at the team meetings.
- There was a risk register which was reviewed at all senior management meetings and updated as and when any changes occurred. We saw that risks included those relating to the patient group and staff safety. Old risks had included the age of vehicles and training; however, we saw that these issues had been addressed with new vehicles and a robust training database.
- There was a clear business continuity plan, and staff were able to give examples of when this may be used. For example, in the event of a vehicle breakdown. The service had specialist business provision with a recovery service which expedited assistance.
- As the service was developing and growing in size, the senior management team had agreed to ensure that all processes were robust and effective. For example, the audit calendar had been redesigned, the safeguarding lead was planned to complete additional training, and there was a plan to formalise the services risk assessment process.

## Information Management

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

- The service collected little data which was used to inform the transportation of patients. This was stored where possible electronically, and all staff had password access to the information. Information that was kept in paper format was held securely.
- All information gathered by the service was used to identify performance and areas of development. For example, feedback forms gathered key information about specific jobs, staff and vehicles enabled the senior management team to look at providing new vehicles and additional training as necessary.
- All staff were familiar with and had training on general data protection regulation (GDPR). They were able to give examples of how information was managed and shared if necessary.

## Public and staff engagement

- **Leaders and staff actively and openly engaged staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The service collected feedback from the referring and receiving organisations. There was a feedback template which asked for a score determining how satisfied they were with the professionalism, timeliness and attitude of the staff in addition to free text areas for other comments. We saw that all feedback rated the service as excellent, with free texts stating, “Your staff worked really well with us and showed professionalism and patience”.
- The team promoted their work through posters, talking with staff and liaising directly with managers within mental health organisations.
- We were told that the service took every opportunity when picking up and dropping off patients to speak to staff and inform them of the services provided. We were told that most bookings were arranged following positive feedback from organisations and through word of mouth contacts.
- The service worked closely with the referring organisation to ensure the patients’ needs could be addressed during the planned transfer.
- The service used social media to get instant messages out to the teams.

# Patient transport services (PTS)

## Innovation, improvement and sustainability

- **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.**
- The service had grown considerably over the previous 12 months and was in the process of developing further. The service did not provide transportation for patients with a physical illness and was subject to a niche market. As the service was becoming known across different organisations, the number of transfers requested was increasing. The senior management team saw that the service would continue to grow, and

they would need to make decisions about the number and type of staff being employed in the future. The service had already employed a manager to coordinate the administration and ensure processes were robust.

- The service promoted its dedication to reducing their carbon footprint and use of paper. Where possible, we were told the service provided a crew as near to the pickup location as possible and where possible, the service was managed through electronic databases and systems.
- The service used a business system provided by a national bank to support the human resources (HR) management of staff. This provided the senior managers with support for managing staff.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should consider clinical expertise as part of the board, providing clinical advice for development.
- The provider should consider ensuring that staff have access to a manager with a higher level of safeguarding training.
- The service should consider completing their own risk assessments as part of the assessment phase of transport bookings.