Primary Ambulance Services Limited

Primary Ambulance Services Limited - Operations Centre

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location went down. We rated it as inadequate because:

- Staff did not receive and keep up to date with their mandatory training. Managers did not monitor mandatory training and did not alert staff when they needed to update their training. Staff did not receive training specific for their role on how to recognise and report abuse. The service could not provide assurance it controlled infection risk consistently well. There were limited systems and processes in place to ensure regular maintenance of ambulance vehicles and equipment. The service still had limited processes in place to manage patient safety incidents. We could not gain assurances that staff and managers effectively recognised incidents, reported and investigated them appropriately.
- There was no evidence that the service provided care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance. Managers did not monitor agreed response times or the effectiveness of the service. Managers did not make sure staff were competent for their roles nor appraise staff's work performance or hold supervision meetings with them to provide support and development.
- Leaders did not have the skills and abilities to run the service consistently. While they understood and managed the priorities and issues the service faced, there were gaps in safety management. The service had no written vision or strategy. Leaders did not operate effective governance processes. Systems were not in place to manage performance effectively. Managers did not identify and escalate relevant risks and issues, nor identify actions to reduce their impact. The service did not collect reliable data or perform analysis.

However:

- Staff told us they treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inadequate 	Our rating of this service went down. We rated it as inadequate. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Primary Ambulance Services Limited - Operations Centre

Primary Ambulance Services Limited - Operations Centre is operated by Primary Ambulance Services Ltd. The service opened in 2009. It is an independent ambulance service based in South Ockenden, Essex providing patient transport services to the public and private sector. The service primarily serves the communities of the London and Essex area.

The service is registered to provide the following regulated activity:

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

The provider employed 13 members of staff, 10 were on zero hours contracts. Staff were care assistants, drivers, management team and administration staff. The fleet consisted of two vehicles and between 1 January 2021 and 31 December 2021, the service provided 442 patient journeys. The service provides transport to adult patients only.

The service was previously inspected in April 2019 and was issued with three requirement notices and rated requires improvement.

At this inspection several regulatory breaches were identified. We served the provider a notice of decision, under Section 31 of the Health and Social Care Act 2008, to suspend the service from 27 January 2022 until 10 March 2022. We also issued five requirement notices.

How we carried out this inspection

We carried out a short notice announced comprehensive inspection of the service on the 25 January 2022. We spoke with four members of staff, reviewed patient transport booking records, personnel files for five members of staff and policies and procedures for the service.

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

Our inspection Team

The team that inspected the service comprised a CQC lead inspector, another CQC inspector and a specialist advisor. The inspection team was overseen by Zoe Robinson, Head of Hospital 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:

Summary of this inspection

- The provider must ensure that incidents are monitored, reported and investigated and that appropriate guidance and support is available to staff. (Regulation 12(2))
- The provider must ensure that there are robust processes in place to ensure the monitoring and oversight of vehicle checking, servicing and cleanliness. (Regulation 15(1)(2))
- The provider must ensure safe recruitment practices are followed and that all staff have an appropriate Disclosure Barring Service (DBS) check, appropriate references, and appropriate employment checks. (Regulation 17(2))
- The Provider must ensure that they have an induction programme that prepares staff for their role. (Regulation18(2))
- The provider must ensure that all staff receive mandatory training. (Regulation 18(2))
- The provider must ensure there is an effective and documented system in place for managing and reviewing staff competency. (Regulation 18(2))
- The service must ensure staff are always trained to the appropriate safeguarding levels. (Regulation 13(2))
- The service must ensure that relevant risks are identified and overseen. (Regulation 17(2)).
- The provider must ensure that an effective governance framework is in place. (Regulation 17(2))
- The service must implement an overarching safety and audit system to monitor the quality of the service. (Regulation 17(2))
- The service must ensure infection prevention and control standards are implemented consistently and with documented evidence. (Regulation 12(2)).
- The service must ensure new staff have safe driving checks. (Regulation 12(2)).

Action the service SHOULD take to improve:

- The provider should ensure that feedback from service users is monitored and information used to improve the service. (Regulation 17(2))

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Inadequate	Insufficient evidence to rate	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Insufficient evidence to rate	Requires Improvement	Inadequate	Inadequate

Inadequate

Patient transport services

Safe	Inadequate
Effective	Inadequate
Caring	Insufficient evidence to rate
Responsive	Requires Improvement
Well-led	Inadequate

Are Patient transport services safe?

Inadequate

Our rating of safe went down. We rated it as inadequate.

Mandatory training

The service did not always provide mandatory training in key skills to all staff and did not make sure everyone completed it.

Staff did not receive and keep up to date with their mandatory training. The service arranged a twice yearly continual professional development day where all staff attended, and mandatory training was delivered. However, over the last two years the study days had been cancelled due to the COVID-19 pandemic.

At the time of our inspection no mandatory training was being delivered to staff.

Managers did not monitor mandatory training and did not alert staff when they needed to update their training. The managing director told us that all staff had substantive roles within the NHS and other organisations and would have completed their mandatory training there. However, there were no systems or processes in place to ensure compliance with mandatory training.

The service had a training policy in place which outlined mandatory training requirements, however, the policy was not implemented or embedded in practice.

Safeguarding

Not all staff understood how to protect patients from abuse. Staff knew how to report abuse but did not always work with other agencies to share information.

Staff did not receive training specific for their role on how to recognise and report abuse. Staff we spoke told us that they did not receive safeguarding training in their current role. There was no evidence of safeguarding training being completed in the last two years.

The service had a safeguarding policy in place which had been reviewed September 2020. The policy detailed the different types of abuse and included those with complex and learning disabilities. However, the policy was not fully implemented nor embedded in practice. For example, the policy stated that all staff were required to receive an annual safeguarding training.

The service had a named safeguarding lead who was trained to level three in safeguarding for children. However, there was no recent evidence of adult safeguarding training at any level for the safeguarding lead. This was not in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018).

Following our inspection, the managing director provided adult safeguarding training certificates at level two, for three members of staff. The date on the certificate showed that all three members of staff had completed their training following our inspection.

Staff could give examples of how to protect patients from harassment and discrimination. They were able to give an example of how they reported a safeguarding concern to the safeguarding lead.

Staff knew how to identify safeguarding concerns and who to inform. However, there was no process in place to ensure safeguarding concerns reported to the safeguarding lead were being investigated and escalated appropriately.

The service had a recruitment and selection policy and employment checks to prompt safety. However, this was not fully implemented and embedded in practice. For example, staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. If a member of staff declared any convictions on their application form, a DBS risk assessment must be completed by the line manager. This was not being done and therefore not in line with the service's policy for recruitment and DBS checks.

Cleanliness, infection control and hygiene

There were limited systems and processes in place to monitor standards of cleanliness and hygiene.The service could not provide assurance it controlled infection risk consistently well.

The vehicle was visibly clean, including equipment. Clean linen, hand sanitiser and decontamination wipes were on board the vehicle. However, the storeroom where consumables were stored was visibly dusty and cluttered.

Personal protective equipment such as gloves and aprons were available in the ambulance vehicle. Spill kits for the cleaning of body fluids including blood were available.

The service used single use sheets and blankets that were disposed of after use.

The service's base location provided staff access to vehicle and equipment cleaning facilities, including mops, buckets and running water.

There was no evidence to show that vehicles had been routinely cleaned at regular intervals prior to and after shift.

The service maintained monthly deep cleaning of ambulance vehicles and records demonstrated deep cleans had taken place at recommended and regular interval. Deep cleaning of the vehicles was done inhouse and there was no evidence that staff had received any formal training in the process of deep cleaning. There was no system in place to monitor the level of cleanliness. There was no detail as to what cleaning agents were used.

Infection, prevention and control (IPC) training was provided on the service's continual professional day (CPD). However, as there were no CPD study days over the last two years, staff did not receive any IPC training.

The service had an Infection prevention and control policy, dated September 2020, in place. The policy was not in line with current government and best practice guidelines for COVID-19 (Infection prevention and control for seasonal respiratory infections in health and care settings - 30 November 2021). The service did not have any COVID-19 policy and risk assessment in place. Therefore, we were not assured that the service had effective processes to assess and prevent the risk of the spread of infection.

Environment and equipment

There were limited systems and processes in place to ensure regular maintenance of ambulance vehicles and equipment.

The service had two ambulance vehicles. At the time of our inspection, the main vehicle was in the garage for repairs and the second vehicle which was normally the reserve vehicle was operational. We carried out visual checks of the vehicle that was operational and found several visible defects. There was rust to the door sealings and on the ramp. The vehicle's side door did not close without significant force. The sidestep was difficult to deploy and close. The rear door hinge was broken, and the back door did not close unless it was manually lifted. Therefore, we were not assured that the vehicle used by the service was fit for purpose and suitably maintained.

The service did not have effective systems in place to maintain oversight of ambulance vehicle servicing and maintenance. There was no evidence of an up to date vehicle service in the last 12 months for the ambulance vehicle.

The ambulance vehicles had an up to date Ministry of Transport (MOT) certification and current vehicle road tax.

Staff were required to carry out daily safety checks of the vehicle. The service used vehicle check sheets which were completed by drivers before every shift. We reviewed vehicle check sheets for the month of January. The visible defects we identified on the vehicle were not identified or recorded as an issue. In addition, the reverse warning lights had been reported as faulty on seven occasions in January. We did not see evidence that steps had been taken to fix the fault. This meant that the process in place for ensuring vehicles are safe on a daily basis was not effective.

The service used an external company to check all electrical equipment and ambulance equipment. On the day of inspection, the provider couldn't show us evidence of up-to-date service checks or service records. Following the inspection, we were provided a service report for equipment service completed in September 2021 which included a list of items serviced, their condition and whether they passed or failed the check.

Staff disposed of clinical waste safely. The service had a contract with an external company to dispose of clinical waste. There was a clinical waste bin at the depot, which was locked appropriately. There were sharps bins available on the vehicles.

Fire extinguishers were available in the vehicle, office and storeroom and had undergone maintenance checks to ensure they were safe to use.

When vehicles were not in use all keys were secured safely. There was a key safe opened by a key code located in the storeroom.

Assessing and responding to patient risk

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

The service did not have an exclusion or inclusion policy at the time of our inspection. The office administrator and the managing director told us that they accepted journeys on an ad-hoc basis from five local authorities and a clinical commissioning group, mostly for transfers from care home to care home. The office administrator liaised with the organisation booking the journey to ensure they were able to provide the staff and vehicle required for the journey. The informal exclusion criteria the service worked to was that they did not transfer bariatric patients or children.

The service recorded all the patients details on a patient booking form. Patient records we reviewed showed that the service recorded any specific issues likely to affect the patient during the transport.

Risk assessments were carried out over the telephone at the point of booking. This information was recorded on the patient booking form. The form recorded information such infection risk including COVID-19 status, whether the patient required oxygen, the service user's mobility and any equipment required for their transfer. The form also included the service user's do not attempt cardiopulmonary resuscitation (DNACPR) status. This form was given to the driver.

Staff told us that risk assessments were carried out at the point of contact with the service user. Any additional information was added to the patient transport record form and the control room was notified.

At the time of our inspection the service did not have a policy in place relating to management of a deteriorating patient. We spoke with two members of staff and asked what actions would be taken if a patient's health deteriorated during transfer. Both members of staff reported that they would contact the control room and if required divert to the nearest accident and emergency department or call 999 for support. Following our inspection, the service provided a patient deterioration policy and guidelines which was created on 3 February 2022.

Staffing

The service had enough staff to care for patients, but we were not assured they always had the right qualifications, skills, training and experience to keep patients safe from avoidable harm. Managers did not provide an induction for new staff.

The service had enough staff to keep patients safe in line with transport agreements. The service had 12 ambulance crew, of which two worked on a full-time basis and 10 on a zero-hour contract. The service had low turnover and sickness rates.

The manager could adjust staffing levels daily according to the needs of patients. There were no fixed rotas or shift patterns for staff. When a booking was made staff would be contacted to see who was available to carry out the individual journey.

The service did not use agency staff to cover any vacant shifts. The managing director covered any short-term staff sickness or put out a request for existing staff to cover a shift.

The service had an induction and training policy dated December 2019. There was no evidence that staff had completed an induction programme as stated on the policy. Staff who recently started with the organisation told us that they had not had an induction.

The service had a recruitment policy that included requirements for references, background checks and employment history checks. However, the provider did not consistently follow this practice. We looked at the recruitment records for four members of staff and found gaps in documentation for each. For example, two people did not have a documented reference check history.

Managers did not routinely carry out safe driving checks on new or existing staff. The managing director told us that one member of staff was a qualified driving assessor and would complete a driving assessment with new staff. However, this was not documented. This meant the provider could not be assured of the driving skills and standards of individual members of staff.

Records

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

Staff recorded key patient information from the initial booking process on the patient booking form. These records included information on any specific patient needs such as communication, mobility needs or the existence of a do not attempt cardiopulmonary resuscitation (DNACPR) order.

Records handled by staff related only to the safe transport of patients such as the time of collection and drop-off and notes relating to any events during the journey. Notes were stored in the office and when staff collected patients, they kept records with them in the cab of the ambulance. This meant risks relating to confidentiality were minimised.

The service received patient referrals through a secure email or telephone. Records relating to these were stored securely.

Medicines

The service did not store or administer medicines, however it used medical gases.

The service did not store, prescribe or administer any medicines. Where patients were transported with their own medicines, these remained the responsibility of the individual and stayed on their person or in their bag.

The service carried medical gases, such as oxygen to support patients that were prescribed medical gases. There was a policy in place to provide guidance for the safe transportation of medical gases. In the vehicle that we inspected we found that the oxygen cylinder was stored in a safe and secure manner.

Spare oxygen cylinders were stored appropriately in a storage room with good ventilation. The cylinders were kept in a cage which was locked with a padlock and appropriate signage in place. The key was kept in a key safe which could be accessed via a keypad code.

The managing director told us that staff had received medical gases training. However, there was no evidence of this in the staff personnel folders. We requested the training compliance rate after our inspection however the service did not provide this data so we could not be assured that this training had been undertaken.

Inadequate

Patient transport services

Incidents

The service had limited processes in place to manage patient safety incidents. We could not gain assurances that staff and managers effectively recognised incidents, reported and investigated them appropriately.

The service had an adverse incident reporting and management policy dated September 2020. The policy stated that an adverse incident form would be used to report any incidents or near misses. Staff we spoke with were not aware of this form. The managing director told us that the form had not been implemented. Therefore, we could not gain assurances that the policy had been implemented and embedded in practice.

Staff did not report incidents clearly and in line with the service's policy. At the time of our inspection we asked the managing director if any incidents were reported in the last 12 months. We were told none had been reported. However, when we spoke to staff, they told us that they had reported a safeguarding concern to the managing director in December 2021. Following the inspection, we were provided with the information of the safeguarding concern that was escalated to the organisation that booked the transfer. This meant we were not assured that incidents were recorded, investigated or any learning shared with staff.

There were no never events reported by the service in the last 12 months. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic 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.

There was no formal process in place to share learning from incidents. the managing director and staff told us that they would share information informally. We could not gain assurances that there were effective systems or processes in place to share learning from identified incidents.

Are Patient transport services effective?

Inadequate

Our rating of effective went down. We rated it as inadequate.

Evidence-based care and treatment

There was no evidence that the service provided care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.

The service had up to date policies to plan and deliver high quality care according to best practice and national guidance. However, these were not implemented and embedded in practice. Staff were not able to easily access these policies. Therefore, we were not assured that care was being delivered according to best practice and national guidance.

The managing director did not maintain an audit trail of changes to policies and procedures and did not ensure they were implemented and embedded in practice. Staff we spoke with were not aware of the policies and procedures that were in place.

The service did not have a dedicated policy in relation to the Mental Capacity Act. The Act was referenced in the services safeguarding policy, but there was no specific guidance for staff to follow. This meant we were not assured that staff had the required skills to meet the needs of some patients.

Nutrition and hydration

The service did not routinely provide food and drink to patients as the transfer journeys were generally over a short distance. However, staff told us that patients were welcome to bring their own refreshments.

Response times

The service did not monitor agreed response times so that they could facilitate good outcomes for patients.

The service did not monitor agreed response times to check that these were being met. The office administrator arranged patient pick-up times in advance and provided estimated drop-off times, which were subject to change based on traffic or other local conditions.

Staff recorded key times during a journey, including arrival time at the pick-up location and the start and finish time of each journey. Staff communicated delays with the office administrator.

Competent staff

The service did not make sure staff were competent for their roles. Managers did not appraise staff's work performance or hold supervision meetings with them to provide support and development.

The service could not provide evidence that staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw first response emergency care level 3 (FREC3) certification for the employee records we looked at, however other elements of mandatory training were absent or out of date. There was no system or process in place to measure staff skills and competencies.

Managers did not give all new staff a full induction tailored to their role before they started work. The service had a training and induction policy in place. However, this was not implemented and embedded effectively in practice.

Managers did not support staff to develop through yearly, constructive appraisals of their work. At the time of our inspection staff did not receive annual appraisal or formal one to ones with a line manager. Following our inspection, the managing director told us that they were starting formal appraisals for all staff.

The service had staff who performed the role of clinical educators but there was no evidence that they were qualified to support the learning and development needs of other staff.

Managers did not make sure staff attended team meetings or had access to full notes when they could not attend. The managing director told us that due to the COVID-19 pandemic staff meetings were not held for the last two years. There was no evidence that the service was trying to utilise virtual meetings.

Managers did not identify staff training needs and give them the time and opportunity to develop their skills and knowledge. Systems and processes were not in place to monitor staff training needs and mandatory training compliance. The service did not have a process in place for staff to discuss their training needs with their line manager so that they could be supported to develop their skills and knowledge.

Inadequate

Patient transport services

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients.

Staff described effective handovers with care home staff when they took patients to other providers for appointments or continuing care. The office administrator contacted those who booked the transfer if there was a delay with the transfer of a patient.

Staff we spoke with told us they collected patients from local care homes regularly and had developed positive working relationships with these services.

Health promotion

The service did not offer any additional health promotion advice as part of its patient transport service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service did not provide formal training for staff in relation to the mental capacity act (MCA). We spoke with two members of staff and they both demonstrated a good understanding of the act and how it applied to the service they provided to their patients.

The service did not have a dedicated policy in relation to the Mental Capacity Act. The Act was referenced in the services safeguarding policy, but there was no specific guidance for staff to follow.

Staff demonstrated a clear understanding of consent processes in the context of patient transport services.

The service did not give staff training in the Deprivation of Liberty Safeguards (DoLS).

Are Patient transport services caring?

Insufficient evidence to rate

As we did not observe any patient interactions during this inspection, we were unable to rate caring.

Compassionate care

Staff spoke about patients with compassion and kindness, stating they respected their privacy and dignity, and took account of their individual needs.

Staff described how they were discreet and responsive when caring for patients. Staff said they took time to interact with patients and those close to them in a respectful and considerate way.

Patients and their loved ones said staff treated them well and with kindness. The managing director said that the service received compliments and feedback from patients and their relatives which were consistently positive.

Inadequate

Patient transport services

Staff described how they ensured patient's privacy and dignity during transfer. For example, they covered patients with blankets when moving them to and from ambulances in order to maintain their dignity.

Staff built relationships with patients who regularly used the service, which provided consistency.

Emotional support

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

Staff told us they gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Staff we spoke with had patients' wellbeing and best interests at heart and understood they could be transferring patients for treatment that was challenging or upsetting.

Understanding and involvement of patients and those close to them

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

Staff told us they spoke with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us they encouraged feedback in any means convenient for the individual, including e-mail, contact form, telephone or letter.

Are Patient transport services responsive?

Requires Improvement

Our rating of responsive went down. We rated it as requires improvement.

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.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service provided non-emergency transfers between a range of locations, including care homes and hospitals. Journeys could be booked in advance or on an ad-hoc basis.

The service did not operate a waiting list. Crew and vehicle availability was established in advance in line with service level agreements of commissioning providers with additional capacity for unplanned bookings.

Inadequate

Patient transport services

The service ensured those booking transport understood the criteria for referral including that staff did not provide any clinical interventions and patients must be medically stable. Where information in a booking was incomplete or inaccurate, staff assessed if it was safe to transport the patient as planned.

Managers did not monitor if there was a delay in transfers and therefore, we were not assured if the service took any actions to minimise transfer delays.

Meeting people's individual needs

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

Staff established each patient's needs in advance. This included if they would be carrying oxygen, if they needed specific support or equipment during a journey. At the time of our inspection the service did not transfer bariatric patients and children. Staff told us that this exclusion criteria was shared at the point of booking.

The vehicle was wheelchair accessible and the service provided wheelchairs, carry chairs or stretchers.

The service transferred one patient at a time, which meant the service could be personalised to meet the patients' needs.

The managing director told us that they encouraged staff to take an online dementia awareness training. We asked to see records of this, but they were not available. However, staff were able to describe adaptations that may be required when transporting a person living with dementia, this included encouraging family members or carers to escort patients to provide additional reassurance and comfort where necessary.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. For patients with communication difficulties or who did not speak English as a first language, staff had access to a telephone-based interpreting service.

Access and flow

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

Bookings were mainly made on an ad-hoc basis a few days in advance for both local authority transfers and private transfers.

The service took the booking via email or telephone. Booking information was then transferred to the patient transport request form.

The service did not have an exclusion policy at the time of our inspection. However, we were told that the service did not accept bookings for bariatric patients or children. The managing director told us they accepted journeys on an ad-hoc basis from local authorities for care home to care home transfers or private bookings for routine hospital appointments. The office administrator was responsible for liaising with the organisation booking the transfer prior to accepting the journey to ensure that they had staff and vehicle available for the journey.

Staff told us that any potential delays were communicated with patients or the booking organisation.

Inadequate

Patient transport services

Managers did not monitor or audit journey times. This meant potential areas of improvement were not identified and actions taken to improve the service.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The service had an up to date complaints policy in place, which outlined the processes of acknowledging complaints, investigating them and the timeline for a response.

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

There were no posters or printed cards in the vehicle advising patients how they could make a complaint about the service. However, staff told us that they encourage patients and their relatives to give feedback via their website or send an email to the service.

The service received no complaints in the last 12 months.

Are Patient transport services well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate.

Leadership

We were not assured leaders had the skills and abilities to run the service consistently. They did not understand and manage the priorities and issues the service faced, there were gaps in safety management and governance. They were visible and approachable in the service for staff.

At the time of our inspection the managing director was in the process of applying to be the registered manager for the service. The managing director was responsible for all leadership aspects of the service and was supported by the office administrator who coordinated the bookings, responded to staff queries and overall governance aspect of the service.

Leaders had failed to address the concerns from the previous inspection and there was continued noncompliance. There were gaps in oversight of safety management, performance management, and governance. For example, they did not adhere to the provider's own safe recruitment policy and there were unmitigated safety risks in the vehicle. Governance practices did not ensure the service mitigated risks effectively.

Staff spoke positively about the senior team and said they were approachable and supportive.

Vision and Strategy

The service had no written vision or strategy.

The service did not have a formally documented vision or strategy for future development. The managing director was clear that the aim of the business was to provide a service to patients and ensure the business was financially viable in the future.

Staff we spoke with said the managing director always encouraged them to provide good care to patients, but they were not aware of any service vision.

Culture

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

We spoke with two members of staff who told us they really enjoyed working for the service. They told us the managing director was easy to get along with and the service had a family feel to it.

Staff were not afraid to discuss any concerns with the manager and found them very approachable. Staff told us that if they had any issues the managing director was responsive and listened to their concerns.

The service had an up to date whistle blowing policy. In the last 12 months prior to our inspection, CQC had received one whistle blowing concern from the service's staff team in relation to out of date consumables and lack of items in the kit bags. This concern was shared with the service and assurance was provided by the managing director.

Governance

Leaders did not operate effective governance processes.

The service had no formal governance process. The service did not demonstrate it had a formal system in place to manage risks that had been identified and actions taken to mitigate risks and audits were not undertaken. For example, there were no audits in place to ensure the provider's safe recruitment policy was always applied. This meant the managing director was unaware of the range of gaps we found in the recruitment records.

We reviewed several polices which were up to date, however these were not fully implemented or embedded in practice. For example, if a member of staff declared any convictions on their application form, a DBS risk assessment must be completed by the line manager. This was not being done and therefore not in line with the service's policy for recruitment and DBS checks.

The service had no formal audit process. The service collected data, for example vehicle daily checks and cleaning schedules. There was no formal process for reviewing this or to demonstrate how this had been used to improve quality.

Incidents were not being reported or investigated in line with the provider's policy. There was a lack of understanding of what constituted an incident. We were not assured that the incident reporting process was embedded in practice.

Management of risk, issues and performance

Systems were not in place to manage performance effectively. Managers did not identify and escalate relevant risks and issues, nor identify actions to reduce their impact.

The service had no overarching risk register and had not recorded any specific risk in relation to the quality of its service. Following the inspection, a copy of a risk register was provided. The register documented seven risks, all relating to equipment and the vehicles. These risks did not have a review date or who was responsible for the actions to mitigate the risk.

The issues we noted with the vehicles maintenance and condition had not been identified by the management team. The managing director did not identify any of the risks we highlighted in relation to the gaps in the safe recruitment process. This was due to not having formal governance and audit processes in place to enable monitoring risk and safety or to make improvements within the service. This was an area of concern we raised at the April 2019 inspection for which a requirement notice was issued.

There were limited systems in place to monitor vehicle maintenance and servicing. This meant that we were not assured that there was oversight of vehicle upkeep. This was an area of concern we raised at the April 2019 inspection for which a requirement notice was issued.

On inspection we asked the managing director and office administrator to provide the number of patient transport journeys undertaken in the 12 months prior to our inspection. They could only provide the figures for January 2022. However, following the inspection we were provided with a list of journeys that took place between January 2021 and December 2021.

The managing director did not have any oversight of whether or not policies and procedures were implemented and embedded in practice. For example, the incident reporting policy was not being followed, as incidents were not reported, investigated or learning shared. The service did not have an inclusion/exclusion policy or a policy for the management of the deteriorating patient. These policies were required to enable staff to carry out their role safely and effectively. This was an area of concern we raised at the April 2019 inspection for which a requirement notice was issued.

The service did not have systems in place to monitor staff training and competency compliance. Therefore, the managing director did not have oversight of staff training requirements and renewal dates for training or competencies. This was an area of concern we raised at the April 2019 inspection for which a requirement notice was issued.

The service had a business continuity plan to deal with any emergency likely to affect the running of the business, for example poor weather conditions.

The service collected patient feedback however we didn't see evidence of this being used to monitor the quality of the service or to implement improvements where necessary.

The provider held liability insurance for employers and the public and medical malpractice insurance.

Information Management

The service did not collect reliable data or perform analysis.

The service had limited understanding of operational performance and did not monitor metrics such as numbers of journeys completed on time or factors that contributed to delays.

Policies and procedures were not easily accessible. Staff we spoke with didn't know how to access any of the policies or procedures. On the day of inspection, the provider's network was down, and the managing director was unable to access any information for most of the day.

Engagement

Managers did not openly engage with patients, staff, the public and local organisations to plan and manage services.

Inadequate

Patient transport services

The service did not have planned engagement with the commissioners of the service. Instead the service's office administrator took booking requests on an ad-hoc basis from the local authorities.

We were not assured that staff engagement took place on a regular basis. The service did not hold regular meetings with staff in the last two years. At the time of our inspection there was no established process to provide staff with information although the managing director and the office administrator told us that they communicated with staff informally, ad-hoc and those communications were not documented.

Staff described feeling respected and valued in their role. We spoke with two members of staff who confirmed that the office administrator made regular checks to ensure staff welfare whilst working remotely. They told us that they felt supported and were able to contact the managing director at any time.

Systems and processes to engage with the public were limited. The service did not actively seek feedback from patients but had a dedicated email where patients and their relatives could send their feedback.