

Ambulance Response Services Ltd

Twinwoods Ambulance Station

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Summary of findings

Overall summary

This was the first time we rated this service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients. The service managed safety incidents well.
- Staff provided good care and treatment. The service monitored response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services.

However:

- Care records were not audited to assess compliance with their completion.
- There was no clear process to identify the types of patient that could be transferred within the patient transport service.
- The service did not have a strategy for achieving the service's vision.
- The service's recruitment policy was not consistently followed.
- The service did not formally engage with staff and there was not an effective process in place for sharing learning from incidents and complaints with all members of staff.
- The risk register was not always reviewed within the timescales set by the service.
- The service did not systematically review performance data and use it to make improvements to the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	This was the first time we rated this service. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Twinwoods Ambulance Station

Twinwoods Ambulance Station is operated by Ambulance Response Services Ltd. The service opened in April 2015. It is an independent ambulance service based in Bedfordshire providing patient transport services for the public sector. The service carried out journeys transporting patients from hospital to home or other care providers. The service also carried out high dependency journeys, transporting patients between hospitals. The service worked with local commissioners to provide a service working alongside local GP surgeries, whereby they would visit patients who were unable to attend their local surgery. The service also provided event cover; however, this was not a regulated activity, and was therefore not included in our inspection.

The service did not provide transport to patients detained under the Mental Health Act 1983.

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 service employed 29 members of staff. There was a mixture of permanent staff and bank staff. The fleet consisted of 30 vehicles and between 2 November 2021 and 1 November 2022 the service carried out 7,223 patient journeys.

The registered manager for this service had been in post since April 2015.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 2 November 2022. We have not previously carried out a ratings inspection of this service at this location. We spoke with 7 members of staff, reviewed patient transport booking records, personnel files for 5 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.

Outstanding practice

We found the following outstanding practice:

- The service worked with local commissioners to provide a service working alongside local GP surgeries, whereby they would visit patients who were unable to attend their local surgery. This initiative supported patients to avoid hospital attendance where possible, which in turn, supported the wider healthcare system.

Summary of this inspection

Areas for improvement

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

Action the service MUST take to improve:

- The service must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. (Regulation 17(2))

Action the service SHOULD take to improve:

- The service should ensure the recruitment policy is always followed. (Schedule 3 Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity)
- The service should ensure there is an effective process in place for sharing learning from incidents and complaints with all members of staff. (Regulation 17(2))
- The service should ensure the risk register is reviewed within the timeframes set by the service. (Regulation 17(2))
- The service should develop a strategy for achieving the service's vision. (Regulation 17(2))
- The service should consider re-introducing formal team meetings to ensure information is shared with staff. (Regulation 17(2))






Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

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

Are Patient transport services safe?

Good 

This was the first time we rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Mandatory training included infection control, manual handling and basic life support training. Mandatory training completion was 100% for all permanent members of staff at the time of our inspection.

Bank staff were required to provide evidence that they were up to date with their mandatory training. Regular bank staff were given access to the eLearning platform used by the service.

The mandatory training was comprehensive and met the needs of patients and staff. Staff received a 5-day induction when they started working for the service. The service provided an annual refresher to ensure staff were up to date with their mandatory training. The training was mostly provided face to face, and the service also used an eLearning platform.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were contacted and booked onto training when their renewal was due.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff received mandatory training at level 2 for adults and children. The completion rate for safeguarding training was 100% for both adults and children.

Paramedic staff provided evidence to the service that they received safeguarding training at level 3 for adults and children.

Patient transport services

At the time of our inspection, the safeguarding policy did not set out how the service determined what level of safeguarding training staff required. Information received following our inspection showed that the policy had been updated to reference the intercollegiate document Adult Safeguarding: Roles and Competencies for Health Care Staff 2019, which was best practice. The updated policy clearly documented what level of safeguarding training staff were required to have.

At the time of our inspection, it was not clear what level of safeguarding training was provided at the service. Information provided following the inspection clarified that staff received training at level 2 for adults and children. Following our inspection, the registered manager and two other members of the service management completed safeguarding training at level 3 for adults and children, as well as level 4 training for adults.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up to date policy in place for safeguarding adults and children. The policy was comprehensive and provided staff with relevant information including the safeguarding procedure.

Staff described, for example, what action they would take to protect patients if an appropriate package of care was not in place following a patient's discharge from hospital.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of the service's safeguarding process and gave examples of when they had raised concerns. Safeguarding forms were kept on the vehicles which staff completed when they needed to make a safeguarding referral.

The service had a recruitment policy and Disclosure and Barring Service (DBS) policy. Staff had 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, a manager completed a review. Evidence that we reviewed demonstrated that if a member of staff declared any convictions this would be reviewed and assessed by a manager.

Cleanliness, infection control and hygiene

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

Vehicles and equipment were visibly clean. Vehicles were in good condition. Clean linen, hand sanitiser and decontamination wipes were on board the vehicles.

Personal protective equipment such as gloves and face masks were available in the vehicles. Spill kits for the cleaning of bodily fluids were also available in the vehicles.

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

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service's cleaning records showed regular cleaning of the vehicles. Vehicles were cleaned on a daily basis and after every patient transfer.

Deep cleans of the vehicles were carried out every 6 weeks at a minimum. They were carried out more frequently if required. Deep cleans were completed by designated staff at the service.

Patient transport services

The service had an infection prevention and control policy in place, dated May 2022. The policy referred to national guidance and vehicle cleaning was carried out in line with the policy. Staff used a checklist when carrying out cleaning activities. Our review of the cleaning checklists demonstrated that equipment and items that were defective was well documented, and appropriate actions were taken to address any matters of concern.

The service had an up to date COVID-19 policy in place. The policy had been reviewed to ensure it provided up to date guidance for staff to ensure the safety of patients and staff.

Environment and equipment

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

The service had several vehicles which were kept at the registered address for the service. We carried out visual checks of 6 vehicles and found them to be clean and in a good state of repair. The vehicles had up to date Ministry of Transport (MOT) certificates, service and tax records. The vehicles were fit for purpose and in a good state of repair.

Staff were required to carry out daily safety checks of vehicles before use. These were documented and identified whether equipment was in good working order and whether there were any defects. Staff could record any equipment or vehicle faults. We saw evidence that staff reported and escalated any faults. There was a garage on site where vehicle repair or maintenance was carried out.

The service used an external company to check all electrical equipment and ambulance equipment. Vehicles contained equipment such as a defibrillator, blood pressure monitor, stretcher and carry chair. Equipment that we checked during the inspection was clean and within date for testing.

Staff disposed of clinical waste safely. The service had a service level agreement with the local authority to dispose of clinical waste. Sharps bins were available on the vehicles. They were locked and stored appropriately.

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 was available to the whole population. The service could transport bariatric patients, children and informal mental health patients. The service had a criteria for transport document, however this did not outline the types of patients who could use the service, but stated that the criteria was set by the commissioners or booking agent.

The criteria for transport document outlined a criteria for high dependency unit (HDU) transfers, which stated the patient must be unable to travel on a normal patient transport service journey due to medical requirements, such as requiring high flow oxygen (above 6 litres) and cardiac monitoring or suction.

The service had an exclusion criteria for the work it carried out with local GP surgeries. It outlined the types of patient that were not suitable for this service. There were a number of exclusions which included end of life patients requiring pain assessment, intimate examinations and anyone under the age of 12 years old.

Whilst there were some criteria in place, we were not assured that there was a clear process to identify the types of patient that could be transferred within the patient transport service.

Patient transport services

The service carried out risk assessments ahead of patient journeys. The service recorded all the patient details on the patient booking form. Patient records we reviewed showed that the service recorded any specific issues likely to affect the patient during the transfer. Risk assessments were carried out at the point of booking by the control staff who made the booking, and the information was recorded on the patient booking form. The form recorded information such as time of pick up, pick up and drop off location and who logged the booking. There was other information captured at the point of booking which included COVID-19 status, relevant conditions, any medication, patient's equipment needs during transfer and whether they were accompanied.

Staff informed us that risk assessments were carried out when they received handovers before transporting patients. Staff completed patient record forms (PRF's) in detail and included any additional information that was relevant to the booking.

The service had an up to date policy in place relating to the management of a deteriorating patient. Staff were able to describe what action they would take in the event of a patient deteriorating. In extreme circumstances, staff would call 999 for support and follow their advice. This was in line with the service's policy.

Staffing

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

The service had enough staff to keep patients safe in line with transport agreements. The service employed 18 permanent staff, including control staff and the management team. The service employed 11 bank members of staff. Staffing groups were made up of paramedics, emergency medical technicians and emergency care assistants. Most staff were also employed by other local ambulance services. The service had a vacancy for a clinical manager post, which the service was trying to recruit to.

Rotas were managed electronically and were aligned to the demands of the service. Staff could access the rota using their handheld electronic device. Staff could apply to work additional shifts and the service had regular bank staff who could support with unfilled shifts. If the service was unable to complete a booking, they would not accept the booking.

The service had an induction process for new staff. New members of staff on a permanent contract underwent a 5-day face to face induction which included all relevant orientation and training. New starters were required to work as an additional crew member with an experienced crew for one shift before being part of a crew for the first time. Bank staff were required to show evidence of their training and received a service specific orientation.

The service had a recruitment policy that included requirements for references, background checks and proof of identification. We reviewed the recruitment records for 5 members of staff and found required documentation was in place. For example, we saw Disclosure and Barring Service (DBS) documentation, appropriate identification checks and a declaration of fitness to work.

Records

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

Patient transport services

Ambulance crews received patient booking information to their handheld electronic devices. The information was concise and was reviewed by staff before conveying patients. Crews received information with patient details and specific needs of those patients, for example, any mobility issues. Updated information or changes to the patient's booking could quickly be communicated to staff members via the device.

Ambulance crews completed patient record forms. We reviewed 10 patient record forms which were completed by hand. The forms included information about patient transfers such as the patient's presentation on examination and whether any events or delays occurred. The time of pick up, drop off and time spent with the patient were recorded electronically.

We reviewed 10 patient record forms and found in 3 of those records that it had not been documented whether or not the patient had capacity. At the time of our inspection, patient record forms were not audited. We discussed this with the registered manager who explained that this role would be carried out by a clinical manager, however there was a vacancy for this post at the time of our inspection. Information provided by the service following our inspection stated that a member of staff had been identified to audit a sample of patient record forms on an ongoing basis to provide assurance.

The service identified people with do not attempt cardiopulmonary resuscitation (DNACPR) forms in place either at the point of booking or when staff received handovers prior to transporting patients. This information was recorded on the patient record forms.

Records were stored securely. Patient record forms were completed by hand and kept in a folder in the cab of the vehicle. On return to the service's registered address, the forms were scanned and stored electronically, and the hard copies were kept in a locked cupboard. The computer was password protected and only the managers had access to the electronically stored files and the cupboard where the hard copies were kept.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. A patient group directive (PGD) was in place for tranexamic acid which authorised paramedics to prescribe and administer this medicine if required. The service did not use or store controlled drugs (which are medicines that require an extra level of safekeeping and handling).

Paramedic staff carried and administered medicines to patients. If patients had their own medicines, they remained the responsibility of the patient during a transfer. Medicines available for patient transport service (PTS) transfers included paracetamol and ibuprofen. Other medicines included adrenaline and glucogel, which were only used during event work. All medicines we reviewed were appropriately stored and in date.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored safely and securely. The contents of drugs bags were logged on the electronic system used by the service using the security tag number. The registered manager received a daily drugs report from the electronic system so they could ensure stock was replenished when required. They could also see when any medicines were due to expire. Any out of date medicines were returned to the pharmacy. The service used a local pharmacy to order medicines, and medicines were audited on a monthly basis.

Patient transport services

The service used traceable tamper-evident tags to seal grab bags to ensure medicines were available when needed and fit for use. We reviewed a sample of medicines in the medicine storeroom. All the medicines we reviewed were recorded appropriately and within the date of expiry.

Medical gases were stored appropriately in a locked cage with full cylinders separated from empty cylinders. In the vehicles we reviewed, we found that the oxygen cylinders were full and stored securely. Staff were appropriately trained to administer medical gases through the First Response Emergency Care (FREC) training pathway.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents.

Staff raised concerns and reported incidents in line with the service's policy. The service had a serious incident policy in place to guide staff in the process of reporting incidents. The policy included the process for reporting incidents. The service had an incident recording portal. The service reported 27 incidents over the last 12 month period. The incident recording portal also included safeguarding referrals and complaints.

Staff knew what incidents to report and how to report them. Staff were aware of the incident reporting process and were able to provide examples of incidents that they had reported. Incident reporting forms were available on the vehicle and staff knew where to find them.

Staff understood the duty of candour. Staff demonstrated awareness of the requirements of duty of candour and when it needed to be applied. The service's policy included duty of candour, and the need to be open and honest when things went wrong.

Managers investigated incidents. Any recent incidents were discussed in management meetings. The registered manager informed us they shared feedback with staff involved when learning had been identified. Feedback was not routinely shared with all members of staff and team meetings with all staff did not take place at the time of our inspection. Therefore, we were not assured that there was a process for sharing learning with all members of staff.

Are Patient transport services effective?

This was the first time we rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidance information which referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Staff knew how to access guidance. Staff could access all the service's policies on their handheld electronic devices. This meant that policies could be accessed by staff while working remotely.

Patient transport services

At the time of our inspection, care was not routinely monitored to ensure it was delivered in line with evidence-based guidance. However, information provided by the service following our inspection stated that a member of staff had been identified to audit a sample of patient record forms on an ongoing basis to ensure staff provided care and treatment based on current national guidance and evidence-based practice.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

Due to the nature of the service provided, food was not routinely offered to patients. However, in the event of long journeys, staff would allow sufficient comfort breaks to ensure patients could have their nutritional and hydration needs met.

The service ensured all vehicles were equipped with 'winter packs'. These included drinks and instant hot meals in the event of becoming stranded in a vehicle.

Response times

The service monitored response times so that they could facilitate good outcomes for patients.

The service did not have agreed response times as commissioners had not set any key performance indicators for the patient transport service. It was a requirement of the work the service undertook with local GP surgeries to ensure patients were fit to wait for up to 4 hours.

The service monitored response times for journeys completed under contracts with local commissioners. There were no agreed response times, but managers monitored response times to understand performance. The service achieved good outcomes for arriving at the pick up location within 90 minutes of the requested collection time. Overall compliance with this response time metric was 90% between August 2022 and October 2022.

Staff recorded key times during a journey. This included the time the job was issued to the crew, the time the crew were on route to the job, arrival time at pick up, the time pick up was cleared, arrival time at drop off, and the time drop off was cleared. This allowed the managers to monitor performance and keep track of any delays.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw the relevant certification documents in all employee records we looked at. Mandatory training was in date for all members of staff.

Managers gave all new staff a full induction tailored to their role before they started work. Staff received a 5-day induction to the service, which was followed up with annual mandatory training.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff informed us they received annual appraisals and were supported to address any additional training needs they had. All members of staff had continued professional development (CPD) folders which they updated throughout the year and reviewed during their appraisal.

Patient transport services

Staff were supported to complete First Response Emergency Care (FREC) training at levels 3 and 4. FREC is a nationally recognised qualification for those working in ambulance services. The training gave staff an opportunity to develop their skills and supported their career progression.

Managers had not run an all staff meeting for approximately 2 years. The registered manager told us it was difficult to ensure all staff could meet while the service was so busy. Managers informed us information was shared with staff via email or via the service's closed social media page.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked well with other agencies to establish all the relevant information they needed in order to accept a booking. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.

Managers had positive relationships with commissioners and had regular discussions with them.

Staff gave examples where they had coordinated with other providers to support patients to achieve a positive outcome. For example, they told us about an occasion where they worked with local commissioners and healthcare providers to move 2 beds from one location to another, which ensured that patients who required a hospital bed received one.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood the relevant consent and decision making requirements of the Mental Capacity Act 2005. Staff were required to complete training in the Mental Capacity Act which was incorporated into the safeguarding training.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff we spoke with understood how to support patients to make informed decisions. Staff obtained consent verbally or inferred for all transfers.

Staff could describe and knew how to access the capacity to consent policy. The policy included detailed information about the Mental Capacity Act. The policy provided specific guidance for staff to follow and made reference to national guidance.

Staff understood Gillick Competence and Fraser guidelines. Safeguarding training included Gillick competence and Fraser guidelines to ensure staff had awareness of potential risks to children and how to support them.

Are Patient transport services caring?

Patient transport services

Good 

This was the first time we rated this service. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, 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. Staff told us they treated all patients with respect. Staff told us they transported patients without judgement to ensure they compassionately engaged with patients in their care.

Patients said staff treated them well and with kindness. The managers told us the service received compliments and positive verbal feedback from patients. Feedback we reviewed from patients was consistently positive, stating staff were extremely professional and went the extra mile.

Other patient feedback we reviewed stated that staff showed exemplary care and kindness and made what could be a stressful journey a pleasant experience.

Stakeholder feedback described that the service ensured patients were shown respect, dignity and compassion at all times.

Staff followed policy to keep patient care and treatment confidential. Patient record forms were stored securely.

Emotional support

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

Staff 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.

Stakeholder feedback that was shared with us following inspection described that a crew was on their way to a patient but were stood down because the hospital wanted the patient to be admitted. The crew contacted the stakeholder involved because they wanted to check on the patient. They also offered to arrange the ambulance that had been requested by the hospital in order to support the patient and minimise any distress they were experiencing.

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. All vehicles we inspected were equipped with communication cards to help patients with additional needs.

Patient transport services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged patients and relatives to provide feedback and the service had a number of methods of collecting feedback. There were feedback forms kept on the vehicles. Feedback could also be collected electronically on staff handheld electronic devices. Patients and their families could also share feedback with the service via email.

Are Patient transport services responsive?

Good 

This was the first time we rated this service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. For example, the number of bookings helped determine how many staff would be required on a shift.

The service accepted bookings electronically or over the telephone. The service operated 7 days per week. The service completed journeys at weekends to accommodate the needs of patients they supported.

The service provided non-emergency and high dependency transfers between a range of locations, including hospitals and care homes. The service also worked alongside local GP surgeries to visit and review patients who were unable to attend their local surgery.

During the COVID-19 pandemic, the service responded to the changing needs of the population and worked with local commissioners and GP surgeries to provide a vaccination service to patients who were unable to leave their homes.

Meeting people's individual needs

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

Staff established each patient's needs in advance. This included if they required oxygen, if they needed specific support or equipment during a journey.

Some vehicles were wheelchair accessible, and allowed patients to be transported securely in comfort of their own wheelchair. Stretchers were available for high dependency transfers. The service used equipment for the safe transfer of children. The service also had suitable equipment to transfer bariatric patients.

All vehicles we reviewed contained picture cards staff could use to aid communication with patients. These could be used with patients who had a hearing impairment or a learning disability, for example.

Staff told us they would access telephone interpreting services if patients required information to be shared in a different language.

Patient transport services

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed. The service recorded waiting times and we saw evidence that performance data was reviewed in management meetings. However, review of performance was not consistent throughout all management meetings, which meant there was not a systematic process in place for monitoring performance data on a regular basis to make improvements to the service.

The control room had a screen which showed a live report of bookings. This meant that managers and control room staff could review timeliness of transfers at any time throughout the day.

Feedback from stakeholders stated that the service consistently ensured all requests for transport were met.

Most bookings for patient transport services were managed through contracts with local commissioners. Some of the booking agents who regularly used the service had access to the service's electronic booking system, which meant they could place bookings directly with the service. Bookings could also be made via email or telephone.

Bookings with the GP service were taken via the telephone on weekdays between 10am and 4pm. Enquiries could still be made after this time.

Learning from complaints and concerns

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

The service clearly displayed information for patients about how to raise a concern. Information about how to complain was kept on board the vehicles. The service's website also provided information on how to contact the service via email, telephone or letter.

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. It also included a grading system which advised staff on the seriousness of a complaint. Staff were aware of the process for dealing with complaints.

Information provided by the service showed that the service received 1 complaint in the last 12 month period. This was in relation to an event booking, which is not a regulated activity. However, it enabled us to review the complaints process, which was in line with the service's complaints policy. The registered manager informed us they shared feedback with staff involved in complaints when learning had been identified. However, learning was not routinely shared with all staff.

Are Patient transport services well-led?

Requires Improvement 

This was the first time we rated this service. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Patient transport services

The service had a managing director who owned the company. The service was led operationally by the registered manager who was a trained pre-hospital emergency practitioner and had significant relevant experience of working in ambulance services. There were 4 members of staff in management positions who supported the registered manager. There was an executive assistant, control room manager, fleet manager and compliance manager. The registered manager was responsive to feedback throughout the inspection process. Following our inspection, the registered manager informed us that they had undertaken a leadership course.

Staff we spoke with were clear about the roles and responsibilities of the leaders of the service. Operational staff informed us they had regular contact with the registered manager. They told us that the registered manager was visible, approachable and supportive.

Vision and Strategy

The service had a vision for what it wanted to achieve, but no strategy to turn it into action.

The service's vision was to deliver a high quality and professional service to hospitals, medical practices, NHS Trusts and private users.

The service had a guiding principle that they wanted all staff to consider whether they would trust the organisation to provide a service to their own family. Staff we spoke with were aware of the patient focused values of the service.

Culture

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

Staff spoke positively about working for the service. They reported good relationships with colleagues including the managers of the service. Staff told us they felt supported by the managers and told us they felt able to raise any concerns with them.

The registered manager described positive working relationships with staff. Managers cared about the welfare of staff and wanted them to feel valued within the organisation. Managers provided all substantive staff with a £50 shopping voucher in 2022 as a thank you for their hard work throughout the year.

Managers and staff prioritised providing safe and responsive care for patients. Stakeholder feedback we received following the inspection stated that the registered manager and the service as a whole had a high level of dedication to patient safety, patient care and working in a productive team environment.

Governance

Managers did not always operate effective governance processes throughout the service.

The service management met regularly to discuss the service. The meetings were held via video conference and the meetings were recorded. Brief minutes were held on the service's electronic system. We reviewed minutes from the last 3 meetings which took place on 9 September 2022, 14 October 2022 and 28 October 2022. Prior to that there was no meeting recorded since 13 May 2022. Meetings followed a set agenda, which included fleet, training/compliance, control, recruitment and any other business.

Patient transport services

There were no team meetings with all members of staff at the time of our inspection, however there was evidence in the management meeting minutes we reviewed that information about any changes or updates was shared with all staff via email.

The service did not have a process to systematically review performance and use the data to improve the service. The service had an audit policy which detailed the audits carried out, which included policies and procedures, vehicles, health and safety, fire and equipment. The audits did not cover all areas of compliance, the policy did not specify when the audits took place and there was not an effective process in place for the review of audits to track whether actions had been completed or to share findings with staff to improve overall compliance.

Managers ensured policies were comprehensive, up to date and reflected changes in national guidance to help improve staff member's understanding and knowledge.

Staff knew and understood their roles and responsibilities and who they could go to for advice and support. There were clear processes for escalation which meant staff were supported in understanding their main duties.

Staff recruitment systems and processes did not always ensure that staff were suitable to employ. Staff files for substantive staff had appropriately completed paperwork. For example, we saw photo identification, fitness to work documents and two references. However, we found that the service did not document a record of the interview for bank members of staff, though all other checks were in place. We discussed this with the registered manager, who informed us they held an informal interview with bank staff. They informed us interviews would be appropriately documented in future.

Management of risk, issues and performance

The service did not have robust systems and processes in place for the identification and review of organisational risk.

Managers had a risk register where they recorded risks to the service. Risks were due to be reviewed annually or in the event of any changes to risks, however 5 out of 12 items on the risk register were out of date for review, which was due in May 2021. These items included ambulance cleaning, drugs supply and training. Audits of ambulances and medicines were undertaken which provided assurance and staff training was up to date at the time of our inspection. Risks were scored depending on the degree and likelihood of harm, and actions taken to mitigate risks were documented. However, meetings to discuss and review the risk register were not documented.

Managers monitored service performance through the information recorded on the service's electronic booking system and data collected by staff using their handheld portable devices. We saw evidence that aspects of service performance was reviewed in management meetings, however, the service did not systematically review performance data and use it to make improvements to the service.

The service had an up to date business continuity plan. This provided instruction for staff to manage and communicate unexpected events. For example, in the event of a flood or a fire which could impact on the business being able to provide its usual service.

The provider had appropriate public liability insurance in place.

Patient transport services

Information Management

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

The service used an electronic data collection system. Managers used the electronic system to help retrieve quality data to understand service performance, and make decisions about jobs and journeys. The information systems were integrated and secure. The service was not required to submit performance data submissions to external organisations. Managers had a good understanding of performance from the information that was collated. However, we were not assured that performance data was reviewed systematically and used to make improvements to the service.

Staff used their handheld electronic devices to obtain live, accessible job and patient information. The service used an application which was available to all staff working remotely on their work phones. Managers could share updates via the application which were immediately available to staff.

Staff understood information governance and the importance of securely storing patient information. Patient report forms were completed as paper records, copied to an electronic version and stored securely. Patient information was only accessible to the managers once it was stored.

Engagement

Leaders and staff engaged with patients and local organisations to plan and manage services.

We were not assured that staff engagement took place on a regular basis. The service did not hold formal meetings with staff at the time of our inspection. Information was shared with staff via a newsletter, the service's closed social media page and email. Staff informed us that they had frequent ad-hoc communication with managers.

Vehicles contained information for patients about how to share feedback with the service. Staff informed us that they actively encouraged patients to provide feedback about their care. Managers reported that they offered staff a financial incentive to seek patient feedback. Patient feedback we reviewed was consistently positive about the care they received and timeliness of their journeys.

Managers and staff engaged with local organisations and developed positive working relationships. Managers sought feedback from stakeholders they worked with. The stakeholder feedback we reviewed was positive and reported good satisfaction with the service's performance.

Staff collaborated regularly with local providers to ensure they worked together to safely care for patients. Staff engaged with local health providers to share appropriate information to help provide suitable care for patients and improve the service.

Learning, continuous improvement and innovation

The service explored different ways of working

The service worked with local commissioners to provide a service working alongside local GP surgeries, whereby they would visit patients who were unable to attend their local surgery. This initiative supported patients to avoid hospital attendance where possible, which in turn, supported the wider healthcare system. Outcome data supplied by the service following our inspection showed that 48% of 310 patients they attended between 3 October and 29 November resulted in hospital avoidance.

Patient transport services

The service used an electronic system that provided real time records of all business activity, incidents, feedback and complaints, as well as an effective audit trail for vehicle and equipment servicing. This was an improvement since our last inspection.

Staff told us they were committed to working for the service and would like to see it continue to be successful in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• The recruitment policy was not always followed.• Patient record forms were not audited.• There was not an effective process in place for sharing learning from incidents and complaints with all members of staff.• The service did not ensure the risk register was reviewed within the timeframes set by the service.• The service did not systematically review performance data and use it to make improvements to the service.• There was no strategy for achieving the service's vision.• The service did not hold formal team meetings with staff.