Cornwall Ambulance Service Limited

Cornwall Ambulance Service Headquarters

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Overall summary

We had not rated this service before. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, but it was not always completed to the provider's target. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. The service did not have agreed response times but monitored and had, excellent response times. New evidence-based technologies are used to support the delivery of high-quality care. Staff are highly experienced and competent. The excellent performance is recognised by the commissioners of the service. Outcomes for people who use services are positive, consistent and regularly exceed expectations. The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high quality care. Managers, staff, teams and community services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. There is a holistic approach to planning people's treatment or transfer to other services, which is done at the earliest possible stage.
- Feedback from people who use the service, those who are close to them, and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceed their expectations. There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Staff recognise and respect the totality of people's needs. They always take people's personal, cultural, social and religious needs into account. Staff are fully committed to working in partnership with people and making this a reality for each person. People are always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity is consistently embedded in everything that staff do. People feel really cared for and that they matter. People value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support.
- People's individual needs and preferences are central to the delivery of the tailored services. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The services are flexible, provide informed choice and ensure continuity of care. Technology is used innovatively to ensure people have timely access to treatment, support and care. There had been no complaints, only compliments, for the service delivered.
- The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and acts to address them. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with commissioners to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not ensure staff completed training according to the target set in the training policy. This included recognising and responding to patients with mental health needs and learning disabilities.
- Records relating to people employed did not include information relevant to their employment in the role including information relating to the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Outstanding ☆	We had not rated this service before. We rated it as outstanding because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, but it was not always completed to the provider's target. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. • There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. The service did not have agreed response times but monitored and had, excellent response times. New evidence-based technologies are used to support the delivery of high-quality care. Staff are highly experienced and competent. The excellent performance is recognised by the commissioners of the service. Outcomes for people who use services are positive, consistent and regularly exceed expectations. The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high quality care. Managers, staff, teams and community services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. There is a holistic approach to planning people's treatment or transfer to other services, which is done at the earliest possible stage. • Feedback from people who use the service, those who are close to them, and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceed their expectations. There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Staff recognise and respect the totality of people's needs.

Summary of findings

They always take people's personal, cultural, social and religious needs into account. Staff are fully committed to working in partnership with people and making this a reality for each person. People are always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity is consistently embedded in everything that staff do. People feel really cared for and that they matter. People value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support.

- People's individual needs and preferences are central to the delivery of the tailored services. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The services are flexible, provide informed choice and ensure continuity of care. Technology is used innovatively to ensure people have timely access to treatment, support and care. There had been no complaints, only compliments, for the service delivered.
- The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and acts to address them. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with commissioners to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not ensure staff completed training according to the target set in the training policy. This included recognising and responding to patients with mental health needs and learning disabilities. This was in the process of being addressed by the provider.

Summary of findings

- Records relating to people employed did not include information relevant to their employment in the role including information relating to the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

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Summary of this inspection

Background to Cornwall Ambulance Service Headquarters

Cornwall Ambulance Service was registered in April 2020. Unit 10 in Roche, Cornwall is the location for the management of the regulated activity. The service was established as a solution for an identified gap in healthcare service provision and provides 2 services.

The first service was set up in October 2021 and is contracted until 31st March 2024. When a transfer or hospital admission is required, but does not require an emergency ambulance, this transport service provided inter-facility transfer (home to hospital or hospice) and healthcare professional admissions (such as a GP requesting a non-urgent patient conveyed to hospital for admission) urgent ambulance. The patients had already been triaged by the commissioner of the service and relevant risk assessments were already undertaken and seen by experienced clinicians from the commissioner. If a patient needed escalation of care, the provider's ambulance would convey them to hospital.

The service provided 492 urgent patient transport journeys between healthcare establishments and admissions to hospital requested by healthcare professional since 21 March 2022 to 14 March 2023. The service does not provide routine patient transport services, for example, taking patients for dialysis or hospital appointments.

The second service is an urgent falls response. Patients who fall are categorised as a lower priority emergency than road traffic accidents, heart attacks or strokes. Due to current unprecedented demands on NHS emergency ambulance services, patients may be left lying on the floor for a prolonged time. This service provides an urgent response to patients who fall, with fast assessment and treatment in the patients' home or community. The urgent falls response (a paramedic in an ambulance car) is available from 8am until 2am, 7 days a week. This alleviates pressure on the emergency ambulance service and meets the needs of patients who do not require an emergency ambulance but are not suitable for routine patient transport services. The urgent response falls car had attended 1,319 patients since March 2022 to 14 March 2023. This is a pilot programme from March 2022 until March 2023.

The provider is contracted to a local community interest company (a GP owned provider organisation delivering some NHS contracts across Cornwall, including Cornwall 111 Integrated Urgent Care Service) to provide both services. The provider works across Cornwall. The ambulance and falls car are dispatched through a control centre based and run by the commissioners of the service who triage, and risk assess calls and send jobs directly to the provider.

The provider also provides a mobile hot clinic for Covid testing and vaccination and training in basic and advanced life support. Neither of these are regulated activities.

The provider is registered to provide the following regulated activity:

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

The location has a registered manager in post since 2020. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The provider employs 6 permanent staff and 41 bank members of staff.

This is the first inspection of this service since registration in 2020. The provider currently has 2 falls ambulance cars and 3 ambulances. Work is unpredictable as none is booked or planned in advance.

Summary of this inspection

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

We inspected this service using our comprehensive inspection methodology. We conducted the short notice announced inspection on 14 March 2023.

How we carried out this inspection

The inspection team of this location comprised a CQC inspector and a specialist advisor with expertise in ambulance services. During the inspection, we spoke with 7 members of staff. We reviewed documents and records kept by the provider and inspected the premises and vehicles.

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

Outstanding practice

We found the following outstanding practice:

- The provider had fast response times to attending patients who had fallen. Paramedics could quickly see and treat patients without the need to convey to an emergency facility. The service was responsive to patient's needs by preventing all patients being conveyed to emergency facilities, helped to reduce patients suffering 'long lies' after falling and relieved pressures on accident and emergency services for local hospitals and ambulances.
- Staff had access to electronic GP notes and had a direct electronic referral to the community services for extra support for patients when required. This enabled a follow up and referral for a patient who had fallen, to the community nursing team directly. This was unique and good practice as normally the referral would go through the GP.
- The falls paramedic used a specialised chair to help and support the patient up on their feet. This new style piece of equipment was safe, easy to use, comfortable for the patient and involved no effort from the paramedic who assembled and lifted the patient up in less than a couple of minutes. This equipment was not widely used and represented outstanding practice.

Areas for improvement

Action the service SHOULD take to improve:

- The provider should operate effective recruitment processes and undertake relevant checks relating to the requirements under Schedule 3. When brought to the attention of the provider, it was rectified immediately.
- The service should ensure staff complete training according to the target set in the training policy. This includes recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Patient transport services

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

Is the service safe?

Good

We had not rated this service before. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff but not everyone completed it.

Staff received but did not always keep up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. All staff had statutory training to complete and mandatory training was assigned according to role requirement. There were 10 statutory and 7 mandatory training subjects and the provider had a high compliance target of 90%. Out of the 17 subjects, only general data protection regulations and manual handling met, or exceeded, the compliance target. In the latest training report, the overall compliance for statutory and mandatory training was 84%. When staff statutory and mandatory training was out of date, the provider told us staff were prevented from working until it was updated.

From July 2022, all healthcare providers were required to give staff training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. To date, only 2 clinical staff had completed this training. The provider told us this training was to be incorporated in the training review in March 2023 and implemented throughout the organisation.

Managers monitored mandatory training and the electronic system used alerted staff when they needed to update their training. Failure to meet or exceed the minimum mandatory training standards was on the provider's risk register. Training compliance was a standing agenda item on the monthly governance meeting and a report produced for monitoring purposes.

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.

Patient transport services

Staff received training specific for their role on how to recognise and report abuse. All paramedics were trained to level 3 safeguarding. However, only 75% of clinical staff had completed their level 3 training. This was highlighted in the safeguarding meetings and was being addressed. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies, such as the local council, to protect them. The service had an effective policy for safeguarding and was clear on staff responsibilities and contact numbers for notification of safeguarding incidents.

The provider had a safeguarding lead, educated to level 4 safeguarding. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding forms were on all company electronic devices which all staff had access to. The provider had made 9 safeguarding referrals from March 2022 to March 2023 and no safeguarding concerns had been made against the provider.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment. The provider had a comprehensive infection control policy.

Staff cleaned ambulances, cars, and equipment after patient contact. Ambulances received cleaning after each patient and regular deep cleaning.

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.

Staff conducted daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for patients. This included a new style manual lifting chair allowing a paramedic to safely pick up a fallen patient from the floor into a sitting position with a turning handle on the side of the seat. This allowed the falls response car to be crewed by a single paramedic.

All vehicles were subject to daily safety checks which were recorded electronically. Further external checks were made, ambulances every 8 weeks and the ambulance cars every 10 weeks. All vehicles had current MOTs, service records and correct insurance. The service checked drivers' licences yearly for penalty (endorsement) points.

The service had a comprehensive fire risk assessment.

Staff disposed of clinical waste safely and the process was clearly documented in the infection control policy.

Assessing and responding to patient risk

Outstanding ☆

Patient transport services

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff completed risk assessments and observations of vital signs for each patient on arrival at the scene. Staff knew about and dealt with any specific risk issues. The provider had an operational note for managing deteriorating patients for staff to follow. If a patient was found to be frail, a Rockwood Frailty Score (tool used to estimate an individual's degree of frailty on a scale of 1 (very fit) to 9 (terminally ill), patients who score a 5 or higher were considered frail) was also used. This was important for patients who had fallen as this score could be used to get more support for the patient, for example, a district nurse or GP visit.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Handovers were prolonged at hospitals, impacted by the current climate of high demand of emergency departments. The paramedics cared for patients on site in the ambulances at hospitals whilst waiting to handover to emergency staff.

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 staff a full induction.

The service had enough highly qualified staff to keep patients safe. The service employed 31 paramedics, 1 healthcare assistant, 2 ambulance technicians, 2 nurses and 6 administrative staff. The falls car was always crewed by a paramedic. Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. No work was refused due to lack of staffing.

The service had low vacancy and low sickness rates. The manager could adjust staffing levels daily according to the needs of patients. The service had its own bank staff working adhoc hours. Managers made sure all bank staff had a full induction, completed all mandatory training, and understood the service before deployment.

Records

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

Patient notes we reviewed were comprehensive and all staff could access them easily. They were stored securely electronically and were encrypted. When patients transferred to a new team, there were no delays in staff accessing their records including 'Do not attempt cardio-pulmonary resuscitation' orders. The provider had access to electronic GP records. This meant they had full information about the patients they attended.

The provider was registered with the Information Commissioners Office (the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals).

Medicines

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

Patient transport services

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

Staff completed medicines records accurately and kept them up-to-date. A key system was used for signing out of keys to access specific locked cabinets for medicines. There was a process to sign out controlled medicines involving two signatories from qualified staff. There were regular audits for use of controlled medicines.

Staff stored and managed all medicines and prescribing documents safely. All medicines were securely stored in a locked metal cabinet inside a locked internal room within the location. Medicines were ordered from a local supplier and minimal stock was kept on site to ensure costs were kept low and usage was closely monitored. This reduced the risk of any medicines being lost or misplaced. There were monthly audits of medicines and a process to identify expiry dates of medicines.

Medical gases were stored securely in a metal cage with clear labelling used for full and empty cylinders. A local supplier was used for exchanges and replacements. The provider had a comprehensive medicines management policy (including management of medical gases) and a policy for the management of controlled medicines.

The Human Medicines Regulations 2012 outlines patient group directions (PGDs) requirements for prescription only medicines administered by paramedics or nurses not on the exemption list (schedule 17). The provider did not have their own PGDs, they used the PGDs from their commissioner, who managed them on their behalf under schedule 17. The provider was currently developing their own PGDs which could be signed off by their own medical director.

Staff followed national practice to check patients had the correct medicines when they were moved between services.

Incidents

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

Staff knew what incidents to report and how to report them on the provider's electronic system. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had no serious incidents requiring investigation. The Director of Governance was trained in root cause analysis investigation technique and investigated incidents thoroughly. The provider actively participated in investigation incidents with other organisations and was actively involved in a Coroner's investigation.

Staff understood the duty of candour. Staff received feedback from investigation of incidents when they requested it. The provider had a low volume of incident reports, but all incidents were investigated, and lessons learned noted. There was evidence of learning communicated to staff. The provider produced a quarterly incident report for discussion at the governance committee meeting. From January 2022 to January 2023 there were 50 incidents and near misses reported and were a mixture of clinical and operational issues.

The provider was registered to receive government patient safety alerts.

Outstanding ☆

Patient transport services

Is the service effective?

Outstanding ☆

We had not rated this service before. We rated it as outstanding.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Patients' physical, mental health and social needs were assessed and met. Their care, treatment and support were delivered in line with legislation, standards, and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies to achieve effective outcomes.

The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. For example, the falls car had an advanced piece of equipment not widely used in the NHS. It was a new style, portable, manual lifting chair allowing a single paramedic to safely pick up a fallen patient from the floor into a sitting position with minimal manual handling effort.

We reviewed 10 policies and found they were up to date and based on current national guidance. The policies were all clearly recorded when they were to be reviewed, were fit for purpose and readily available for all staff to consult.

The provider did not transport patients who were, or about to be, sectioned under the Mental Health Act 1983.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. This included any long waits for patients at the local NHS hospital emergency department.

Pain relief

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

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after it was identified they needed it, or they requested it. Qualified staff prescribed, administered, and recorded pain relief accurately.

Response times

Outstanding ☆

Patient transport services

Outcomes for people who use services were excellent. The service monitored response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

There were no key performance indicators for response times for either the inter-facility transfers or the falls response service. Performance for the falls response service was discussed at regular contractual performance meetings with the commissioners they were under contract to. The patient's suitability for transfers or admission and the urgent falls response, was triaged and risk assessed by the commissioner of the service before the job was offered to the provider.

For the falls service, the provider supplied 2 vehicles for falls, 7 days a week from 8am to 2am. One car covered East Cornwall and the other, West Cornwall. Cars were staffed with a paramedic and had access to the provider's own ambulance (not the NHS ambulance service) if the patient was injured and required transfer to hospital. Initially, the falls car was available from 8am to 6pm. However, this was increased to 2am as the service identified there were less resources at night and the same amount of people falling. For the inter-facility transfer and healthcare professional admissions urgent ambulance service, the provider supplied a double crewed ambulance 7 days a week from 12pm to 10pm.

Managers monitored the effectiveness of care and treatment. Quality and outcome information was used to inform improvements in the service. The commissioner of the service did not have key performance indicators for the provider to achieve. The provider produced their own report measuring performance of both services which was discussed at contractual performance meetings and the providers board meeting.

The provider produced their own report measuring performance of both services. From 1 December 2022 to 28 February 2023, the urgent falls car attended 609 call outs. Of these, 98 (16%) of patients were conveyed to a hospital or urgent care centre. This meant 511 (85%) of patients were seen and treated at home with relevant care pathways followed and referrals to other services made as required and kept out of local hospital emergency departments or urgent care centres. This meant the service was very responsive to patients needs by; preventing all patients being conveyed to emergency facilities, helped to reduce 'long lies' after falling and relieved pressures on emergency ambulances and accident and emergency services in hospitals.

From 1 December 2022 to 28 February 2023, the inter-facility transfers and healthcare professional admissions urgent ambulance had an average response time of 16 minutes to get to the patient, an average of 29 minutes on scene and an average of 1 hour 3 minutes waiting time to drop the patient off at the local hospital emergency department or urgent care centre.

Managers and staff conducted some audits to check improvement over time. The provider had an audit policy and conducted some audits. An audit programme had not yet been fully established due to the work being part of a pilot study and uncertainty of whether the work would continue past 31 March 2023.

Managers shared and made sure staff understood information from the audits. Feedback was provided to individual clinicians with points for improvement and/or praise. This provided an improvement in documentation standards and was a result of shared learning following an incident.

Competent staff

Outstanding ☆

Patient transport services

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Managers appraised staff's work performance to provide support and development.

Staff were highly experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role and a 'buddy' shift with a current member of staff before they started work.

Managers supported substantive staff to develop through yearly, constructive appraisals of their work. Appraisals were mandatory for substantive staff and offered as a voluntary appraisal for staff who were on zero hours contracts. Some staff had an appraisal while others declined preferring to have their appraisal with their substantive employer. All appraisals for substantive staff were up to date and the provider had a mechanism for checking this.

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

Managers identified any training needs for their staff and were planning to hold continuing professional development days for staff, for example, wound closures and using antibiotics. This gave them time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role, for example, a member of staff had attended 'management of anticoagulation'. Staff competence of delivering patient care was assessed by senior staff as an 'observation spot check'.

Multidisciplinary working

All managers and staff were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to people who use services. 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. There was a holistic approach to planning people's transfer, transition to other services or conveyance to hospital. This was done at the earliest possible stage. When attending a patient, staff had access to a direct electronic referral to the community services for extra support for patients when required. This included the district nursing service and GP.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support, especially for falls, and could also refer patients to community services for further support.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Outstanding ☆

Patient transport services

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. This was well documented in the patient record.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. This was contained in the provider's consent policy which was easily accessible.

Is the service caring?

Outstanding ☆

We had not rated this service before. We rated it as outstanding.

Compassionate care

Feedback from people who use the service, those who are close to them, and stakeholders was continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceed their expectations.

People were truly respected and valued as individuals. There was a strong, visible person- centred culture. Staff were highly motivated and inspired to offer care which was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff recognised and respected the people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs. Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. People thought that staff went the extra mile and the care they received exceeded their expectations.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patient feedback was excellent and said staff treated them well and with kindness. For example, a patient complimented the service for their fast response after a fall as when she had fallen previously, she had waited 10 hours for an emergency ambulance.

Other feedback included *'Had a fall this afternoon, the paramedic was very good and used the lifting chair. What a marvellous invention. Stop all manual lifting for all paramedics. Did full check on me which was very reassuring . Lovely*

Person for her work. Thank you.' And '*I am writing a few lines to sing the praises of the crew who attended to me, they were both very courteous, respectful, informative and helpful at all times and are a credit to your services.'* Also, '*just wanted to thank the crew who took me from Bodmin hospital to Treliske A&E. They were so very kind and considerate to me. They were also cheerful and helped tremendously to cheer me up in what was a worrying situation for me. They stayed with me throughout my visits to various departments for treatment, keeping an eye on things and making sure I was OK. I can't praise them highly enough. I am so grateful for their kindness to me.'*

Staff followed policy to keep patient care and treatment confidential.

We observed staff displaying understanding and respect individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

We observed a patient receiving care and treatment from the falls paramedic and noted the patient was at risk of a future fall and was very vulnerable. The electronic referral system on the paramedic's smart tablet enabled a follow up and referral to the community nursing team directly. When the care and treatment had finished, the paramedic also made the patient a hot drink and ensured they were comfortable.

We also observed a visit when a patient who had fallen and was unable to get up. The paramedic administered Entonox (pain relieving gas) as they had already taken strong pain relief. A specialised chair was used to help and support the patient up on to their feet. This new style piece of equipment was safe, easy to use, comfortable for the patient and involved no effort from the paramedic who assembled and lifted the patient up in less than a couple of minutes. This equipment is not widely used by NHS ambulance services.

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. People who used the falls service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. We observed staff were compassionate and caring towards patients and listened intently whilst they explained what had happened to them when they fell. We observed how staff empowered people who use the service to have a voice in their care. They showed creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.

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.

People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated to other services as required. They left written information after attending a patient, about what to do in the event of any deterioration and who to contact.

Outstanding ☆

Patient transport services

We observed people felt really cared for and that they mattered. Staff were exceptional in enabling people to remain independent. People valued their relationships with the staff team and felt they often went 'the extra mile' for them when providing care and support.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Feedback was very positive, especially about the falls service with staff going above and beyond what was expected of them. For example, a patient who had fallen was conveyed to an urgent care centre and the paramedic waited and took the patient home.

Staff supported patients to make informed decisions about their care.

Is the service responsive?

Outstanding ☆

We had not rated this service before. We rated it as outstanding.

Service delivery to meet the needs of local people.

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

Managers organised services so they met the needs of the local population. The involvement of the commissioners and the local community was integral to how services were planned and ensured services met the needs of local people and the communities served. The service offered was an innovative approach to a gap in healthcare provision. It provided integrated person-centred pathways of care involving other service providers.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests. The crews waited (when able) and conveyed the patient home. The falls paramedic could see, treat, and discharge or refer onwards patients as necessary (See Response Times in Effective domain).

Facilities, vehicles, and premises were appropriate for the services being delivered. The staff had state of the art equipment to help patients safely off the floor with one person. The ambulances were fully equipped for emergency situations.

The service had systems to help care for patients in need of additional support or specialist intervention. The staff could refer patients onwards, for example, to the district nursing team or book a GP appointment whilst attending a patient.

The service relieved pressure on NHS accident and emergency departments, urgent care centres and the NHS emergency ambulance service. The paramedic in the falls car could see, treat and discharge patients who had fallen, following an established care pathway. The service had systems to care for patients in need of additional support or specialist intervention.

Meeting people's individual needs

Outstanding ☆

Patient transport services

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff identified and met the information and communication needs of people with a disability or sensory loss. Handheld electronic devices recorded and shared this information with others when required. The patient's consent was always obtained.

There were pathways available for staff to refer callers to other transport services. For example, if a patient who had fallen required transfer to hospital, if the falls car was not appropriate, the paramedic could call on the providers own ambulance to transfer the patient.

Staff understood the differing needs of patients which influenced the care they received. Paramedics could make referrals for extra support for patients who needed it or a follow up visit to ensure they were managing.

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

The service had a zero tolerance for violent or aggressive patients. Staff were aware they should report any incidents and request help if needed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment. Technology was used innovatively to ensure people have timely access to treatment, support and care. For both services, the patients had already been triaged, relevant risk assessments completed and assessed by experienced clinicians from the commissioner before being allocated to the provider. If a patient who had fallen needed escalation of care, the falls paramedic could access the provider's ambulance to convey them to hospital. Response times were well managed (see Response Times in Effective).

Due to the continuing high demand within emergency care departments, handovers were delayed but this was out of the provider's control. Staff supported patients when they were transferred to hospital or between services. The paramedics cared for patients in the ambulances at hospitals while waiting to handover the patient to emergency staff.

Regular monthly performance meetings were held with the commissioners of their contract to discuss performance but there were no key performance indicators.

Learning from complaints and concerns

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

Outstanding ☆

Patient transport services

People knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues. Staff understood the policy on complaints and knew how to manage them. The provider had not had any complaints about their service since establishing the business. The provider had a comprehensive complaints and compliments policy.

Is the service well-led?

Good

We had not rated this service before. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders and managers had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.

Vision and Strategy

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

There was a clear vision and a set of values including quality and sustainability despite the short-term nature of the contracted work. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed by the management team and external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

Services were planned to meet the needs of the relevant population. Progress against delivery of the service was monitored and reviewed through regular contract meetings with the local community interest company they worked for.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt supported, respected, valued and were proud to work for the organisation. The culture was without doubt centred on the needs and experience of people who used services.

Patient transport services

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action was taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within the organisation.

There were cooperative and supportive relationships among staff.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with contractors were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

Recruitment practices did not meet the requirements imposed by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed the files of 5 staff employed by the provider. The recruitment files for staff were incomplete as a full employment history had not been recorded and there were no references in any file, this did not provide satisfactory evidence of conduct in previous employment. When this was brought to the providers attention, they immediately began to rectify the situation.

The provider had an effective business continuity plan with action cards for staff to refer to.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The organisation had assurance systems and performance issues which were escalated through clear structures and processes. The process to report current and past performance for patient transport services was strong.

Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was ‘on their worry list’. Potential risks were considered when planning services, for example, continuation of the falls contract past the pilot end stage date of March 2023. These were well documented on the provider’s risk register.

There were no examples of where financial pressures had compromised care.

Information Management

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

Quality and sustainability both received coverage in relevant meetings. This was of particular concern to the provider as the falls contract was ending. Staff had access to information. Although there were no clear service performance measures, the provider reported and monitored their own performance to their commissioners monthly. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care. This was evident in the joined-up approach in order for crews to refer to other community services immediately.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

The provider was registered with the Information Commissioner's Office.

Engagement

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

There were very positive and collaborative relationships with the community interest company (CIC) who commissioned the service, to build a shared understanding of challenges within the system and the needs of the relevant population and to deliver services to meet those needs. The CIC considered they had '*a very transparent, patient-focussed strategic partnership' with the provider*'. They had only received positive feedback about the service from their own frontline teams, service users and other organisations, particularly in relation to the falls service.

The provider faced issues with commissioning as their contract was a short-term pilot until 31 March 2023. The decision to extend was still being considered by the commissioners. The commissioner felt the provider showed *'a sign of the quality of this provider collaborative ….* (The provider) *continue to deliver very effective patient care, with excellent response times in such a commissioning environment.'*

The provider met demand within their own capacity.

Learning, continuous improvement and innovation

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

Leaders and staff aspired to continuous learning and improvement including participation in recognised accreditation schemes. They also provided internal and external training.

Outstanding ☆

Patient transport services

The provider was hoping to develop an effective development programme for staff to progress and study for new qualifications. This was subject to the renewal of the contract.

Staff could request developmental study sessions relevant to their work. The provider paid for these developmental sessions and staff were given time to attend. Mandatory and statutory education was usually completed in working time. Staff were already highly experienced which produced a highly motivated and educated workforce.