QAS Ambulance Limited

QAS Ambulance Limited

Quality Report

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	

Summary of findings

Letter from the Chief Inspector of Hospitals

QAS Ambulance Limited is an independent ambulance service provider based in Manchester. QAS Ambulance Limited is registered to provide patient transport services and treatment, disease or disorder. QAS Ambulance Limited offers ambulance transport on an 'as required' basis and provides pre-planned transport. Ambulance services are provided to NHS Trusts, NHS air ambulance services and repatriation organisations.

We inspected this service using our comprehensive inspection methodology. We carried out a scheduled comprehensive inspection on 30 January 2018. The service had one registered base and a separate station to park ambulance vehicles which we inspected.

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

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

The main service provided by this service was patient transport.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Staff were knowledgeable about how to report incidents to ensure the safety of people using the service.
- The service ensured a minimum of two staff were allocated to each patient transfer depending on risk and need. The staffing levels and skill mix of the staff met the patients' needs.
- All vehicles and the ambulance station were visibly clean. Systems were in place to ensure vehicles were well maintained. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.
- All equipment necessary to meet the needs of patients was available.
- Services were planned and delivered in a way that met the needs of the local population. The service took into account the needs of different people, such as bariatric patients or people whose first language was not English. Journeys were planned based upon their requirements.
- We observed good hand hygiene, and infection control processes.
- The service had a system for handling, managing and monitoring complaints and concerns.

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

- Staff were not up to date with training in the duty of candour. The duty of candour is a legal requirement for staff to be open and transparent.
- Pre-employment checks for staff were not in place prior to staff commencing employment undertaking employment. This included fit and proper persons assessments for directors.

Ellen Armistead

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		The main service was patient transport services. **We inspected but did not rate this service, however we found:** • Staff knew how to report incidents, deal with complaints, recognise and report a safeguarding concerns in relation to adults and children. • Vehicles we inspected were visibly clean and serviced appropriately. Equipment was serviced and appropriate for patient use. • Staff described a positive working culture and a focus on team working, saying they could approach the management team at any time to report concerns. They got positive feedback when they had done a job well. **However we also found:** • Staff were not up to date with training in duty of candour. The duty is a legal requirement for people to be open and transparent. • Pre-employment checks for staff were not in place prior to undertaking employment including fit and proper persons assessments for directors.

QAS Ambulance Limited

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to QAS Ambulance Limited

QAS Ambulance Limited is operated by QAS Ambulance Limited. The service registered with CQC on 19 April 2013. It is an independent ambulance service based in Manchester. The service primarily serves the communities of Manchester. However, patients are transported across the UK as required. The service predominantly provides patient transport services to adults and also provides bariatric transport with four of the five vehicles equipped with bariatric equipment. Bariatric equipment is designed to be stronger, sturdy, and larger to suit the needs of obese people.

The service provides medical patient transport services to NHS trusts including an air ambulance service.

- The service is registered to provide the following regulated activities: Transport services, triage and medical advice provided remotely and;
- Treatment of disease and disorder.

This was the first inspection of QAS Ambulance Limited.

The service did not have a registered manager in post at the time of the inspection. The current manager of the service was in the process of registering with Care Quality Commission as the registered manager. He successfully registered shortly after our inspection.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection (North West).

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

QAS Ambulance Limited were established in 2013 by the current managing director. The provider offered adult patient transport services 24 hours a day, 365 days a year from its ambulance station in Manchester. They supported general non-emergency patient transport journeys, including hospital discharges and patient transfers, amongst others. The majority of the provider's activity occurred between 8am and 10pm Monday to Friday with some adhoc evening and weekend working.

During our inspection, we spoke with two directors, general manager, and one patient transport driver. We were unable to speak with any patients. We conducted random spot checks on two ambulances and inspected cleanliness, infection control practices and stock levels of equipment and supplies. We looked at four patient records and reviewed other documentation including policies, staff records, training records and call log sheets.

The CQC has not completed any special reviews or investigations of this service. Activity (September 2016 to September 2017)

We requested information in relation to the number of patient transport journeys undertaken from the period of February 2017 to January 2018. The provider informed us that from January 2017 to January 2018, there had been 747 patient journeys.

Track record on safety

- There had been no never events reported by the organisation.
- There were no serious clinical incidents or serious injuries reported by the service.
- There were no complaints.

Summary of findings

The main service was patient transport services.

We inspected but did not rate this service, however we found:

- Staff knew how to report incidents, deal with complaints, recognise and report a safeguarding concerns in relation to adults and children.
- Vehicles we inspected were visibly clean and serviced appropriately. Equipment was serviced and appropriate for patient use.
- Staff described a positive working culture and a focus on team working, saying they could approach the management team at any time to report concerns. They got positive feedback when they had done a job well.

However we also found:

- Staff were not up to date with training in duty of candour. The duty is a legal requirement for people to be open and transparent.
- Pre-employment checks for staff were not in place prior to undertaking employment including fit and proper persons assessments for directors.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service had an accident and incident reporting policy. The policy described how accidents and incidents should be reported. It made reference to a company incident reporting form and that all incidents were to be reported immediately.
- Staff were required to report incidents by calling the office to log the incident. The office recorded the incidents via a paper record. Vehicles did not contain accident and incident reporting forms. From June 2016 to December 2017, the service had not recorded any incidents. No near misses were recorded.
- The provider informed us that if any incidents did take place, they would carry out an investigation to find out the cause and to prevent recurrence of a similar incident. Any any lessons identified in the investigation would be shared with the wider staff team.
- Staff we spoke with were able to describe the procedures for reporting incidents. They stated they were confident to report any accidents, incidents or near misses. Staff who worked remotely told us they would speak with the on call duty manager.
- The service reported no never events in the last 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Vehicle accidents and equipment defects were recorded on a separate defect report. We saw examples of minor accidents, which managers had discussed with staff.
- The service had a duty of candour policy (2016). Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for a registered person to ensure staff act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Staff did not receive training in duty of candour. Despite their lack of training, the general manager told us staff would be open and honest with people if things went wrong and would immediately seek support if a patient experienced avoidable harm.

Cleanliness, infection control and hygiene

- Two of the ambulances we looked at were uncluttered and visibly clean. The ambulance station was tidy and well organised. There was no excess equipment so the areas were not cluttered, making them easy to clean.
- There was an infection control policy. Crews were required to ensure their vehicle was fit for purpose, before, during and after they had transported a patient. Decontamination cleaning wipes were available on all ambulances and we were informed that staff cleaned surfaces, seats and equipment after each patient use.
- The crew assigned to the ambulance each day completed the day to day cleaning of the vehicle. We found the daily cleaning sheet record on all ambulances had been completed consistently but cleaning standards had not been audited.
- The provider cleaned all vehicles on site once a month, including any deep cleans, using appropriate detergent. The staff team informed us that they could wash the vehicles at the local NHS trust site if required, to deal with any unforeseen vehicle soiling.
- Records showed that ambulances had gone through a regular deep clean once a month. This included all fixtures and fittings internally including seats, interior lighting, grab rails, flooring and foot wells.
- Cleaning materials and chemicals were available for staff use. Different coloured mops and buckets were available for different areas. Advice as to which mop should be used in which area was prominently displayed to prevent cross infection. The station room was divided into clean and dirty areas by signage.
- Staff followed infection control procedures, including washing their hands and using hand sanitiser gel after patient contact.
- Hand washing facilities were available at the ambulance station.

Patient transport services (PTS)

- We saw no evidence of infection, prevention and control audits or hand hygiene audits within the service. This meant the service could not be assured staff were compliant.
- There were arrangements with the local hospitals for the disposal of used linen and restocking with clean linen.
- The service followed operational procedures in relation to infection control. Staff told us that if a patient was known to be carrying an infection, they were not transported with another patient. The ambulance would be cleaned afterwards in accordance with infection control policy and procedures.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection between staff and patients. We observed staff wearing gloves when cleaning equipment on vehicles. Crews carried a spill kit on their ambulances to manage any small bodily fluid spillages such as blood or urine, and reduce the cross infection risk to other patients.
- Staff did not routinely manage clinical waste. However, clinical waste bags were carried on each ambulance and full bags were disposed of at the hospital or at the ambulance station. The ambulance station had facilities for depositing and disposing of clinical waste through an external contractor.
- Staff were provided with sufficient uniforms, which ensured they could change during a shift if necessary. Staff were responsible for cleaning their own uniforms. Uniforms that had been heavily contaminated were disposed of as clinical waste.

Environment and equipment

- The premises were clean and tidy with adequate space to safely store the ambulances. In addition, the unit had a suitable office space for taking bookings and there were facilities for staff, cleaning and separate storage areas.
- The keys for the ambulances were stored securely. There was secure access to the station building and within that to the offices. Staff attended the office to collect the designated ambulance keys. All ambulances were locked when unattended.
- Managers told us that all drivers had their driving licence and eligibility to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence of these checks. Ambulances were covered by a current Department of Transport safety test certificates as required and a central log was kept at the station.Managers also ensured newer ambulance vehicles were covered by a first Department of Transport safety test certificates after one year as required in law. Records showed that drivers had the correct licence category.
- QAS Ambulance Service had five ambulances for the transport of patients. Systems were in place to ensure that all ambulances were maintained, serviced, cleaned, insured and taxed appropriately. The service had a contract with an auto recovery service to support any ambulance breakdowns.
- Where ambulances were off road awaiting repair, this was clearly displayed on the vehicle to prevent staff from using the ambulance. Ambulance defect report forms were held on each ambulance, which included a description of the fault or defect, action taken to resolve, and further action required. Staff informed us they reported any defects directly to the managers. We saw completed records during our inspection.
- There was a system for reporting equipment defects and staff had received appropriate training to use equipment safely. Some of the ambulances had on-board wheelchairs available for patient use. These were stored securely with fasteners. Equipment had been safety tested; stickers showed when the equipment was next due for testing and records were available to support their suitability for use. The seatbelts and trolley straps were in working order in the two ambulances we checked.
- Ambulances were not equipped with tracking devices. A mobile phone was provided in each ambulance where staff received messages from the on call duty manager.
- The two ambulances we inspected were fully equipped, with disposable single use equipment which was stored appropriately and was within the manufacturer's recommended expiry dates.
- Patients with mental health needs were not transported by QAS Ambulance Service.

Medicines

Patient transport services (PTS)

- Emergency medicines were not carried on the patient transport services ambulances and staff did not administer medicines. Patients or their accompanying carers were responsible for administering their own medicines whilst in transit. Patient transport staff would ensure medicines provided by the hospital for patients to take home would be stored securely in a bag on the ambulance.
- Oxygen cylinders were carried on the vehicles. An appropriate health care professional had to prescribe the oxygen so staff could administer it or the patient had to have a home oxygen order form in place. We saw completed documentation when staff had administered oxygen to patients.
- Medical gases were managed properly. The service kept medical gas cylinders in a locked cage in a location outside the office area. Storage of medical gases was secure and there were signs to alert staff and visitors to the flammable nature of the gases. Full and empty cylinders were appropriately segregated.
- Oxygen cylinders were appropriately stored on the ambulances. Oxygen stock was replaced frequently by a medical gas company.

Records

- Drivers received work sheets at the start of a shift, which were completed by the on call duty manager and included the basic details of the journey to be completed. These included collection times and addresses. Patient specific information such as relevant medical conditions, mobility and if an escort was travelling with the patient, patient's health and circumstances were assessed by the NHS Hospital trust and this information was given to PTS drivers during the handover process.
- The service had a records management policy.
- The local NHS hospital trust provided ambulance crews with patient details such as 'do not attempt cardio pulmonary resuscitation' DNACPR information and any special notes or instructions, which stayed with the patient. The booking process meant people's individual needs were identified and took into account the level of support required, the person's family circumstances and communication needs.
- Patient information was stored in the driver's cab out of sight, which maintained patient confidentiality.
- Records were held securely in the station office. Storage was in locked filing cabinets and in a secure post box and through password protected computer systems.
- Staff personnel files were stored off site. We were told only the administration staff and managers had access to these files. This ensured the confidentiality of staff members was respected.

Safeguarding

- Reliable systems, processes and practices were in place to protect adults, children and young people from avoidable harm and abuse. The service had appointed the general manger as the safeguarding lead for vulnerable adults and children . All safeguarding concerns were reported to the duty manager. There were safeguarding alert forms available for staff to complete to record safeguarding concerns, which were handed to the duty manager.
- The safeguarding lead was aware of their responsibility in making a safeguarding alert to the responsible local authority safeguarding team and aware of the legal requirement to notify the CQC.
- Out of the seven files we checked, all six members of staff had completed level two safeguarding training. The provider informed us that safeguarding training was being booked for the outstanding member of staff. This member of staff was not left unaccompanied and always worked as part of a double man crew.
- There was a safeguarding policy in place which was last updated in November 2017. The policy informed staff of what to do if they suspected a child or adult at risk of abuse.

Mandatory training

- The service had a mandatory training programme. Mandatory training consisted of patient handling, infection control and personal safety which included basic life support. The majority of mandatory training was delivered through face to face training. All staff were required to complete and record their mandatory training.
- All staff had completed an in-house mental awareness course. One member of staff had completed a first

response emergency care course and five members of staff had all completed a first person on scene course. However, one member of staff had not completed their basic life support training. The provider informed that the person was in the process of being booked on the training. They also informed us the member of staff was not left unaccompanied and always worked with another member of staff who had received up to date basic life support training.

- Patient transport services staff who drove the ambulances completed an in-house driving assessment on commencement of employment and would undertake a further assessment once they felt confident to transport patients.
- Senior managers were able to review records to see the training staff had completed and when training was due for renewal.

Assessing and responding to patient risk

- Patient transport service staff requested detailed information on risks posed when transporting patients at the time of the booking. Basic risk assessment screening questions were asked at this time.
- When transporting patients, patient transport service staff would use their first aid knowledge to assess if a patient's condition was deteriorating which was also covered in their basic life support training. Staff had the skills and were knowledgeable on escalation processes to ensure the safety of patients.
- Patient transport service staff had access to clinical advice from an on call member of staff or they would divert to a hospital. The service also employed a medical director, who was an accident and emergency consultant. Staff sought advice from them as and when they required this if they had any concerns about a patient's condition. There was an escalation process in place for the management of deteriorating patients and staff were clear in following this policy.

Staffing

- The service employed seven patient transport service staff including the general manager. The general manager was in the process of registering with the CQC as the registered manager of the service.
- The registered manager lead the service with the support of the three directors. All seven members of staff employed were permanent employees.
- The general manager allocated staff to vehicles based on their skills and experience. The general manager maintained a log of all planned shifts on a weekly basis. This enabled the provider to keep accurate staffing records for employee costs and plan shift rotas in advance to provide effective staff cover. It also ensured that staff attended patients who had the correct skills and training. Shortfalls in cover were shown on this system and staff could request to work additional shifts. The diarised rostering tracked sickness and holidays. If a short notice booking was received, the service would not accept it if they could not supply two staff. We were informed that staff were allocated time for rest and meal breaks by the registered manager.
- At the time of our inspection, the registered manager explained they had few issues with staff sickness or retention, due to the casual nature of the work. The general manager always built capacity into the shift rotas based on the contract demand to allow for any sickness absence and ensure staff cover was in place at all times.
- There was a process in place for the ambulance crews out of hours and in case of emergencies. They had a direct number to the duty manager on call. Staff we spoke with knew how to escalate concerns when working out of hours.

Response to major incidents

- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and would generally include the involvement, either directly or indirectly, of large numbers of people.
- As an independent ambulance service, the provider was not part of the NHS major incident planning. However management staff informed us they would be utilised to transport patients home if the NHS hospital trust had a major incident.

- The provider assessed that current means of communication for instance mobile phones, land lines and other telecommunication was robust enough to allow partner agencies to make contact during a major incident.

Are patient transport services effective?

Evidence-based care and treatment

- The service had a set of up to date evidence based policies and procedures in place. They were used to guide staff in their daily work. Policies were accessible as a hard copy for staff to readily access and on the computer system.
- The policies and procedures referred to best practice guidance including the department of health and the Joint Royal Colleges Ambulance Liaison Committee.
- Ambulance crew members had access to an app on their phones, which was based on guidance from the Joint Royal Colleges Ambulance Liaison Committee clinical guidelines for pre-hospital care. Pocket books were also available.
- The NHS ambulance trust set or assessed patient's eligibility to travel on patient transport in line with the guidelines in the Department of Health 'Eligibility criteria for patient transport services' document. QAS Ambulance services complied with this criteria.

Assessment and planning of care

- The patient transport service provided non-emergency transport for patients who required transferring between hospitals, transfers home or to another place of care. During the booking process, basic journey information was gained regarding the collection address and discharge destination.
- Staff did not transport a patient if they felt they were not equipped to do so, or the patient needed more specialist care. Patient transport service staff were not clinically trained, but did seek advice from clinical staff at the hospital as necessary, or the manager on call for the service. If a patient was observed or assessed as not well enough to travel or be discharged from hospital, any decision regarding moving the patient would be discussed with the hospital or home prior to moving decision not to take them.
- Where necessary, health professionals accompanied patients on the journey to or between hospitals to ensure they were transported safely and according to their individual needs.
- If distance or rural journeys were scheduled, the journey would be pre-planned with stops for toileting, refreshment food and drink Bottled water was available for patients as required during a journey.

Response times and patient outcomes

- From February 2017 to January 2018, there had been 747 patient journeys. All journeys were categorised as 'same day' bookings. The level of activity was increasing each month and managers reviewed data in relation to themes and trends to ensure the correct level of provision was provided.
- Staff called the on call duty manager to report any difficulties, so the manager on call was always aware of any issues that maybe causing delays.
- Where booking staff recognised that they did not have the staff capacity or vehicles at the correct locations to accept a job, they would refuse it and could suggest the referrer contact the local NHS ambulance service or other providers. The provider told us this rarely happened.

Competent staff

- All new patient transport service staff were required to undertake a set induction programme plus a workbook that refreshed and tested knowledge on safeguarding, manual handling, infection control and health and safety. Personnel files showed staff had completed the induction training.
- All staff were required to complete an in-house driving assessment on commencement of employment which was carried out by the by the manager. This included an observation of their driving skills. However, the service had no arrangements in place for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor, who had not undertaken a training course. The management team told us, that if they had a concern about the standard of a crew member's driving they would address any poor practice. Any additional staff training or refresher training may then be identified.

Patient transport services (PTS)

- An appraisal system was in place. Out of the seven members of staff, appraisals had been carried out for six members of staff. The outstanding member of staff was the managing director who also worked as a patient transport driver. The management told us they would be looking at one of the other directors completing an appraisal for this member of staff.

Coordination with other providers and multidisciplinary working

- Staff at the local NHS hospital trust reported good working relationships with patient transport service staff and the general manager of the service. We observed effective co-operation between different providers to coordinate patients' transport around their care, treatment and discharge.

Access to information

- Relevant information was obtained from hospital staff and entered onto the patient journey forms. These included collection times and addresses.
- A 'live' satellite navigation system was provided to ensure vehicles were reaching jobs as requested. Staff confirmed this was an effective system and acted as a safety mechanism.
- Feedback from the hospital was that handovers between the patient transport service staff and hospital staff were detailed, professional and appropriate. The management team reported they had a good working relationship with the hospital staff as they generally visited the same wards and departments on a regular basis.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service did not have a policy covering the Mental Capacity Act. However, all staff had received training in Mental Capacity and on speaking with four members of staff they demonstrated that they knew the principles of the mental capacity act.
- Verbal consent to treatment was recorded on patient record forms.

Are patient transport services caring?

Compassionate Care

- We did not observe any direct patient care as we did not travel with the crews during this inspection.
- Following the inspection, from telephone numbers given to us by the provider, we were able to speak with three patients and one relative. The patients we spoke with told us the staff were sensitive and kind. They particularly noted how staff had spoken with them, explaining what was happening at each stage of the journey.
- We spoke with one relative who told us the crew was waiting outside at the end of the patient's appointment and how the crew reassured the patient and kept them comfortable.
- Staff took the necessary time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff described how they maintained patients' privacy and dignity.
- We did not see any evidence of dissatisfaction with the service from relatives we spoke with, or other individuals who had used the service.
- Wherever possible vulnerable patients, such as those living with dementia or a disability, could have a relative or carer with them while being transported.
- All staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients.

Understanding and involvement of patients and those close to them.

- Patients were involved in decisions about their care and treatment. Patient transport service staff gave clear explanations of what they were going to do with patients and the reasons for it. Staff told us they checked with patients to ensure they understood and agreed.
- Patients described having confidence in the staff providing their care, and patients were involved as much as possible when planning their journey to and from the hospital.
- Staff provided clear information to patients about their journey and informed them of any delays. Information the three people we spoke with showed that staff respected relatives and carers of patients and were aware of their needs. A relative we spoke with reported that information was explained in a way they could understand to enable them to support their relative.

Patient transport services (PTS)

Emotional support

- A patient informed us that staff checked on their wellbeing, in terms of discomfort, and emotional wellbeing during their journey.
- Staff understood the need to support family or other patients should a patient become unwell during a journey.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The main service was a patient transport service which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or referrals from care homes and private individuals.
- The service had two core elements, pre-planned patient transport services, and 'ad hoc' on the day services to meet the needs of patients. Most bookings were on the day bookings. Workloads were planned around this.
- Patient transport services were provided to local NHS acute hospital trusts, an air ambulance trust and a clinical commissioning group. The service supported them to meet demand by having regular telephone conversations. The provider informed that meetings were held with senior managers and commissioners of the service to ensure the provision of the service remained satisfactory.
- The managers worked an on call rota and managed all bookings on a 24 hour basis. Patient transport service staff worked core hours from 8am to 10pm.Were journey were booked in advance, shifts were allocated a week in advance to staff.
- On the day bookings were responded to quickly via telephone. For the ad hoc on the day bookings, the on call duty manager identified which drivers were available. We observed effective communication between Patient transport service staff and management staff as part of service planning.

Meeting people's individual needs

- Patient transport service staff ensured patients were not left at home without being safe and supported. Some patients were discharged from hospital and had a package of care to be arranged at home. If the support person or team had not arrived when the patient came home, patient transport service staff called the hospital to find out where they were. Staff told us that patients would not be left alone. Staff would stay with patients until either the care team arrived, or the patient was safe in the care of their family or carer.
- Staff told us that, at the time of booking, the question was asked if the patient required a relative or carer to support them. Staff told us this service was put in place to meet the patient's individual needs and level of risk. This ensured that an appropriate ambulance was allocated to ensure seating arrangements were suitable.
- The ambulances had equipment to support bariatric patients. Staff confirmed they were competent to use this equipment, which was generally planned in advance so staff were aware of the patient's needs.
- The provider told us that they were able to access support for patients with communication difficulties or whose first language was not English through a telephone based interpreting service and staff also accessed Google translate by using their personal phones. Some of the trusts provided their own interpreting service as well as sending their hospital staff on the journey to translate.
- If long journeys were scheduled, the journey would be pre-planned with stops for toileting and refreshments. Ambulances held bottled water to provide for patients as required during a journey.

Access and flow

- Patients could access their care in a timely way. The provider was able to ensure that resources were where they need to be at the time required. From taking a booking to providing the ambulance service, the provider informed they aimed to be there within the hour.. This was monitored by the on call duty manager. If a journey was running late, the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.

Patient transport services (PTS)

- Patient transport requests were received on an intermittent rather than a contractual basis and the service responded at short notice. Long journeys or night transfers were required to be pre-planned.

Learning from complaints and concerns

- Staff knew how to advise a patient if they wished to complain and written information of how to make a complaint was present on the ambulances.
- The service had a system for handling, managing and monitoring complaints and concerns and outlined the process for dealing with complaints initially by local resolution. Where this did not lead to a resolution, complainants were responded to within 10 working days.
- The service had not received any complaints from patients within the last 12 months.

Are patient transport services well-led?

Leadership / culture of service

- The leadership team consisted of managing director, two additional directors and a general manager who was in the process of registering with the Care Quality Commission as the registered manager for the service. The managers looked after the welfare of the staff and were responsible for the planning of the day to day work.
- The service had a clinical director, who was an accident and emergency department consultant. Their role and responsibility was to advise the service on clinical matter. We were informed that the clinical director did not have scheduled days at the station but they provided advice and information as and when required.
- The managing director went out on transfer cases as required. This allowed them to maintain their practice as a patient transport service staff member.
- We saw records which showed that some staff had additional qualifications. The managing director had completed a first response emergency care qualification as an additional qualification.
- Staff told us that team meetings were not held, mainly due the challenge of getting a staff team together. Staff usually met individually with the managing director if needed. There were limited opportunities for staff engagement and to make suggestions on how the organisation could improve the services.
- The managing director told us learning was cascaded to staff. All staff members had a work email account. Noticeboards in the ambulance station displayed staff briefings, education updates, alerts regarding equipment and information on staff wellbeing.
- Staff told us that all the managers were supportive and approachable.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.

Vision and strategy for this this core service

- The mission and vision of the organisation was evident on the company's web site: 'We pride ourselves in providing dedicated services throughout both the UK and continent. No matter the distance or complications in travel, our team is highly skilled and experienced.' The management team and staff spoken with told us their priority was to provide the best possible service to patients across the country.
- We saw staff displaying these values during the inspection.
- The management team we spoke with had a good understanding of the commercial aspect of patient transport services, ensuring they remained competitive. This was demonstrated by the service trying to secure new contracts.

Governance, risk management and quality measurement

- In a recent audit of the service areas of non-compliance or areas for improvement had been identified and the action to be taken to make improvements. Examples included introducing the continuous professional development system and additional training. Although, a formal risk register was not in place at the time of the inspection, the service had assurance through the

current audits that had taken place that risks were being tracked, managed or mitigated. However, we found that there was a lack of audits regarding infection control and vehicle cleaning.

- There had been no operational meetings to discuss the running of the organisation in 2017. Staff told us that team meetings were not held, mainly due the challenge of getting a staff team together. They usually met individually with the managing director if needed.
- Recruitment systems did not ensure that robust pre-employment checks for patient transport service staff were in place prior to undertaking employment. Proof of identification and references were not sought for seven members of staff.
- Fit and proper persons assessments were not in place. For example, checks on the directors qualifications, competence, skills and experience, proof of identity, a full employment history, information about any physical or mental health conditions relevant to a person's capability were not in place.
- All ambulance staff had valid enhanced DBS checks. We were able to see evidence that a check with the DBS had been carried out prior to staff commencing duties.
- A written diarised rostering system was used to plan shifts and ensure staff adhered to the European working time directive.

Public and staff engagement

- The service's publicly accessible website contained information for the public about what the service was able to offer.
- The provider informed us they had not completed any patient surveys but they were introducing these. The provider's website had opportunities for the public to give feedback about the service.
- Staff were able to access information such as duty rotas, policies and procedures electronically.

Innovation, improvement and sustainability

- There was genuine positivity about the future of the service with a desire for the service to expand.
- Senior managers considered the sustainability of the service during contract negotiations.
- Ambulance crew members had access to an app on their phones, which was based on guidance from the Joint Royal Colleges Ambulance Liaison Committee clinical guidelines for pre-hospital care. Pocket books were also available.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure that staff undergo checks prior to undertaking employment to ensure they only employ 'fit and proper' staff who are able to provide care appropriate to their role.

Action the hospital SHOULD take to improve

- The provider should consider providing staff with training in duty of candour.
- The provider should consider implementing infection prevention and control audits.
- The provider should consider introducing team meetings.
- The provider should review its strategy for the identification and management of risks.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Care Quality Commission Regulations 2014 (Part 3) How the regulation was not being met: The provider had not ensured staff were properly vetted prior to undertaking employment including fit and proper persons assessments. This was breach of regulation Regulation 19 (2)(a)(b)(3)(a)(b)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors Care Quality Commission Regulations 2014 (Part 3) How the regulation was not being met: The provider had not ensured directors were properly vetted prior to undertaking employment including fit and proper persons assessments.