

Ambulance Solutions Limited

Ambulance solutions Limited HQ

Quality Report

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

Ratings

Overall rating for this
ambulance location

Good



Patient transport services (PTS)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Ambulance Solutions Limited HQ is operated by Ambulance Solutions Limited. The service provides a patient transport service for adults within Essex.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 21 October 2019.

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

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

The main service provided by this service was patient transport.

We rated this service as **Good** overall.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service made sure staff were competent for their roles.
- Staff understood how to protect patients from abuse. They assessed risks to patients, acted on them and kept good care records.
- The service had suitable premises and equipment for the range of services it provided and controlled infection risk well.
- The service had processes in place to manage safety incidents and learned lessons from them.
- Staff provided good care and had access to good information. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families and carers.
- The service actively sought patient feedback and made it easy for people to give feedback.
- The service planned care to meet the needs of local people and managers monitored the effectiveness of the service. People could access the service when they needed it.
- Leaders ran the service well using reliable information systems and supported staff to develop their skills. Staff were clear about their roles and accountabilities. They felt respected, supported and valued and were focused on the needs of patients receiving care.

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

- The provider should conduct the vehicle deep process in line with policy.
- The provider should keep records of staff meetings.

Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Good



Why have we given this rating?

Patient transport services was the largest proportion of activity.

The service had suitable premises and equipment for the range of services it provided and controlled infection risk well.

Staff kept records of patients' care and treatment and completed risk assessments for each patient.

Staff had received training on how to recognise and report abuse. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Staff cared for patients with compassion and provided emotional support to patients to minimise their distress. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients care.

Managers planned the service to meet the needs of local people and monitored the effective of the service.

Staff were clear about their roles and accountabilities. They felt respected, supported and valued and were focused on the needs of patients receiving care.

Ambulance solutions Limited HQ

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Ambulance solutions Limited HQ

Ambulance Solutions Limited HQ is operated by Ambulance Solutions Limited. The service was registered for the provision of patient transport services in February 2019. It is an independent ambulance service which provides patient transport services in Southend-on-Sea,

Essex. The service primarily serves the communities of the South and Mid-Essex. The service also provides events medical services, which is not within the scope of CQC registration.

The service has had a registered manager in post since February 2019.

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 Fiona Allinson, Head of Hospital Inspection.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 21 October 2019.

Facts and data about Ambulance solutions Limited HQ

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited Ambulance Solutions Limited HQ base. We spoke with eight staff including; patient transport drivers and management. We spoke with one patient and two relatives. During our inspection, we reviewed 13 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time since their

Detailed findings

registration in February 2019. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

The service had three patient transport vehicles and the service operated from 7am to 10pm daily to provide patient transport for hospital attendances and patient discharges from local hospitals.

Activity (February 2019 to September 2019)

- In the reporting period March 2019 to September 2019 there were 740 patient transport journeys undertaken.

14 patient transport drivers worked at the service.

Track record on safety

- Zero Never events
- Clinical incidents 11 no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- Zero serious injuries







Zero complaints

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

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

Information about the service

Ambulance Solutions Limited HQ is operated by Ambulance Solutions Limited. The service provides a patient transport service for adults within Essex.

Summary of findings

We found the following areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and 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.

Patient transport services (PTS)

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

- The service completed the vehicle deep cleaning process every 12 weeks, which was not in line with the providers policy which set out this process should be completed every six to eight weeks.
- The service did not have defined set of organisational values.

Are patient transport services safe?

Good



We rated safe as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The provider used an external organisation for the provision of a comprehensive mandatory training. Mandatory training covered 37 modules including but not limited to: safeguarding children level three, infection prevention and control, basic life support and moving and handling.
- Managers monitored the completion of mandatory training and sent reminders to staff a month before their training was due to expire. Staff we spoke with confirmed they received these notifications to remind them to complete mandatory training updates.
- Records we reviewed showed 88% of staff had completed mandatory training in line with the providers requirements. This was in line with the provider's target completion rate of 85%.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed safeguarding children training level two and three which formed part of the mandatory programme. The staff compliance rate for this training was 88% which was in line with the provider's target of 85%. The training covered topics such as sexual exploitation and female genital mutilation (FGM). The mandatory training programme also included safeguarding adults level two and three.
- The service had a named safeguarding lead, the safeguarding lead had completed safeguarding adults training to level four and safeguarding children to level four. The named safeguarding lead provided advice and support through a service level agreement.
- The provider had a safeguarding adults policy in place which set out staff roles and responsibilities at all levels

Patient transport services (PTS)

in safeguarding people from abuse. The document referenced national and local guidance and legislation. The policy had trust board ratification, within the review date and had version control.

- The provider had a safeguarding children and young people at risk policy in place which set out staff roles and responsibilities at all levels in safeguarding people from abuse. The document referenced national and local guidance and legislation. The policy had trust board ratification, within the review date and had version control.
- Staff reported any safeguarding concerns to the office in line with the provider's safeguarding policy. The process for staff was to complete a form, which was sent to the office for action. Managers supported staff to complete safeguarding referrals which were sent the relevant safeguarding authority. We reviewed safeguarding forms and found managers had actioned these within 24 hours. Managers provided feedback to staff when they completed safeguarding referral forms.
- Staff we spoke with knew their responsibilities in relation to safeguarding and raised concerns in line with policy. Staff gave example of safeguarding concerns they had raised, for example a patient in sheltered accommodation with social care in place found in a neglected state.
- The provider completed disclosure and barring service (DBS) checks for all staff every three years. Managers kept records of staff DBS checks with the reference numbers for these checks. Records we reviewed showed that all staff had completed these checks within the last three years.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The provider had an infection prevention and control policy in place which set out the responsibilities of staff at all levels. The policy was within the review date and referenced legislation and national guidance. The provider also had an Infectious diseases policy which provided specific advice to staff about managing healthcare associated infections such as *Clostridium difficile* (C-difficile) and Methicillin resistant *Staphylococcus aureus* (MRSA).

- Staff received infection prevention and control (IPC) training. This formed part of the provider's mandatory training programme.
- All clinical areas we inspected, including ambulances and the vehicle cleaning area, were visibly clean and free from clutter.
- We inspected three ambulance vehicles and found these were visibly clean. The vehicles had hand sanitising gel dispensers and a range of personal protective equipment, such as disposable gloves and aprons. Personal protective equipment ensures staff safety and reduces the risk of cross infection.
- Staff cleaned the vehicles after each shift and recorded this on the vehicle log form. We reviewed seven vehicle cleaning documents, which were completed by the crew each time they cleaned something, such as the stretcher or mattress. All documents were signed and completed correctly.
- The service used a fogging system to deep clean vehicles. All vehicles received a deep clean every 12 weeks, or more regularly following contamination. We checked the vehicle deep cleaning records and found all vehicles had had a deep clean within the last 12 weeks. Vehicle Cleaning Policy last reviewed in May 2019, stated that the infection prevention and control manager was responsible for deep cleaning each vehicle every six to eight weeks. Stickers within the vehicles showed that vehicle deep cleaning was completed every 12 weeks. We raised this with the managers who told us that 12 weeks was the maximum tolerance of deep cleaning. The clinical lead told us that they would review the process so it was in line with policy.
- In the event that staff had concerns about healthcare associated infections, staff completed a full wipe down after the journey and uniform change if appropriate. The vehicle was taken out of service until a deep clean was completed.
- Each vehicle was Adenosine Triphosphate (ATP) test swabbed before and after each deep clean, in order to ensure the deep clean had been effective. ATP testing is a process of quickly measuring actively growing microorganisms.
- Staff had access to hand washing and vehicle washing facilities within the base. We saw signs which provided information about colour coded mop heads and cleaning solutions staff needed to use for each area of the vehicles.

Patient transport services (PTS)

- We saw that staff wore the correct clean uniform on shift which they laundered in line with the provider policy.

Environment and equipment

- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The services had processes in place to track vehicle servicing and MOTs to ensure vehicles were maintained in line with manufacturer's guidance and legislation. The service used web-based, software to log information for MOT and tax due dates. The software sent a reminder by email and text prior to the expiry of MOT and road tax. Documentation we reviewed showed all vehicles were compliance with road tax, MOT inspections and insurance cover. Managers also had a record displayed on the office wall as a visual referral. Staff showed us "Vehicle Check App", where crews completed vehicle checks electronically and could report any incidents, such as vehicle damage. Crews had access to take a photo of any issues via the app, which was sent immediately to the company email mailbox. Some staff completed vehicle checks electronically, although most staff used paper checklist until they were familiar with the electronic checklists.
- The provider used an external company to service vehicles, complete MOTs and any defect repairs. Local staff were responsible for ensuring vehicles were serviced on time, reporting defects during or after their shift to ensure repairs were timely.
- The provider had a vehicle breakdown procedure in place. Staff we spoke with told us that if a vehicle breaks down, they contacted the office and an available crew was sent, or if not, a spare vehicle was sent from the yard.
- Staff completed vehicle check lists at the start and the finish of their shifts. We reviewed 12 vehicle check lists and found 11 were completed correctly. For the staff member that had not completed the vehicle checklist correctly, the management team had taken action and discussed this with the staff member.
- The service leased their vehicles through a service level agreement, the leasing company held the responsibility for the maintenance of the vehicles. We inspected three vehicles and found minor damage, broken mirror casing on one vehicle which was taped. Another vehicle had water leak around the rear door seal, this vehicle had been returned following a repair for the same issue.

Managers confirmed that both faults had been escalated to the vehicle repair service. One of the managers received a telephone call to confirm a replacement vehicle had been sourced and was due the day after our inspection. All of the vehicles we inspected were booked in for full service November 2019.

- We found fire extinguishers in rear of two vehicles that did not have a date of the last service. Although all vehicles had a second fire extinguisher within the cab, all of these were within the expiry date. We raised our concerns about the fire extinguishers with managers. We received confirmation that the service had replacement fire extinguishers the day after our inspection. Managers had added fire extinguisher checks to the vehicle service spreadsheet to prevent the recurrence of fire extinguishers being out of date.
- Staff checked equipment and consumables on the vehicles at beginning of shift, such as oxygen, automated external defibrillator (AED) and chairs. Staff completed additional checks of equipment during downtime, for example on wait and return patient journeys. Staff we spoke with told us they escalated concerns to the management team if equipment checks were not completed.
- We reviewed 32 consumable single use items including oxygen masks, suction catheters and spillage kits. All items were stored appropriately and within the expiry date. The three vehicles we reviewed were well stocked, and all single use consumables were within their expiry dates.
- The base had appropriate fire extinguishers within the buildings and working fire alarm systems. We saw that the premises had a fire safety inspection prior to our inspection with a certificate of compliance issued.
- The service had a service level agreement for the collection of clinical waste. Managers we spoke with told us the service had routine collections for clinical waste and could request additional collections if required. We saw that staff managed waste appropriately with two locked clinical waste bins and a domestic waste bin within the garage area of the base.

Assessing and responding to patient risk

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

Patient transport services (PTS)

- The provider had an inclusion and exclusion criteria in place to ensure patients could be safely transported. Eligibility screening was undertaken through a series of questions at the point of transport booking. Staff assessed the booking against a flow chart and identified where an additional risk assessment was required. Staff we spoke with told us that they always had the decision to accept calls and managers did not apply pressure to accept journeys.
- We observed a journey that was cancelled before arrival due to deterioration of the patient prior to collection. Staff we spoke with told us that, if crew felt a patient was unsuitable for discharge or did not want to go, they would escalate to hospital staff and to their managers.
- The service conveyed bariatric patients following a risk assessment. Most bariatric patients were conveyed in their own chair, however stretcher carried up to 200kg in the upright position and 300kg if fully down. Managers ensured risk assessments were completed in advance of a bariatric patient transfer. Risk assessments we reviewed included a check list to confirm patients' weight is within the range for their equipment and to confirm access in and out of properties to help managers plan the method, route, equipment and staff numbers required to complete the journey safely. Staff received moving and handling training which included bariatric patient transfers and the correct use of equipment.
- The service had bariatric wheelchair with a weight limit of 200kgs. The chair was up to date with servicing and safety checks. The maximum weight limit for the vehicles was 500kg for patients who used their own wheelchair. Staff received alerts on the electronic job system for bariatric patients. Staff we spoke with told us that they contacted bariatric patients, to speak to them directly to confirm requirements as staff had found some booking information was incorrect when bookings were made by a third party.
- Staff ensured patients had access to call for help before they left the patients' home. Staff we spoke with told us they always made sure they left patients at home with their careline pendants and called the careline to make them aware the patient had returned home.
- The service had processes in place in the event of deteriorating patient. Managers we spoke with told us that staff were expected to pullover safely and contact an emergency ambulance for assistance. This process was set out in the provider's deteriorating patient policy.
- Staff completed face-to-face basic life support training, which formed part of the mandatory training programme. Staff we spoke with confirmed they had completed this training within the 12 months.
- The service did not transport children under the age of 18 years. The service had ordered equipment for the transport of children in the event they were required, such as a child travelling with an adult patient.
- The service tracked all vehicles by satellite navigation, so managers knew where all vehicles were at all times. Staff could send messages via the system in event of emergency. Outside of normal office hours the phones were diverted to manager's mobile phone, which was always answered. Managers we spoke with told us that if they had concerns that a crew had not returned to the base they could check their live location.

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.
- The service employed 14 permanent patient transport staff. Managers produced staff rotas weekly which took into account staff availability and planned journeys. All additional bookings were accepted within capabilities of workload for respective day.
- Three members of staff had episodes of long-term sickness since the service was registered in February 2019. Managers reported that no staff members had short-term sickness within the same time period.
- The service had a low turnover rate. No staff members had left the service since February 2019. However, the service had active recruitment processes in place to provide a more flexible workforce.
- The service did not use agency staff to cover any vacant shifts. Managers covered any short-term staff sickness or put out a request for staff to cover a shift.
- The service completed repatriation work and out of county moves for patients moving to accommodation nearby family members. The service provided hotels for staff, when journeys were over six hours. Double crew completed long journeys, and this meant staff shared driving where possible.

Patient transport services (PTS)

- The service ensured staff had time for meal breaks. Staff we spoke with told us they got time to take breaks in between journeys.

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.
- The provider had systems and processes in place to record patient information and staff had access to this information in a timely way. Staff completed paper booking forms for planned patient journeys. The booking information included the patients' pick-up address and the drop off address, patient mobility needs and any additional information such as patients living with dementia.
- Staff completed paper journey forms, where they recorded information such as pick-up time, drop off time and other additional information. We reviewed 13 completed patient journey forms and saw that all forms were completed, signed and dated. One of the forms we saw staff had added information about patient feeling sick during the transfer due to the motion of the vehicle.
- The service kept patient records securely within locked filing cabinets. Managers kept paper records within locked filing cabinets in the office which was locked when managers left the office. We observed that the draws were locked during our inspection.
- Staff placed completed patient journey sheets in a locked wall mounted letter box in the garage at the end of their shift if the office was closed. Managers emptied the post box each morning for review and filing.

Medicines

- The service used systems and processes to safely store medicines.
- The provider had a medicine policy in place for staff to follow. The policy set out the expectations of staff at all levels for the delivery of oxygen therapy during transport for patients prescribed oxygen or in the event of an emergency.
- Patients were responsible for their own medicines. The service did not stock medicines on the vehicles. Staff we spoke with told us that they checked prescriptions for hospital discharge to make sure they were for the right person.

- The service carried oxygen on all vehicles for patients that were prescribed oxygen. We checked six oxygen cylinders stowed on three vehicles and found the cylinders were secured appropriately and within the expiry date.
- The service had locked storage cages for oxygen cylinders. The storage cages were in the garage with clearly labelled sections for full and empty oxygen cylinders. We reviewed the medical gases register which showed when each cylinder was signed out and returned. We saw 13 entries and all entries were completed correctly.

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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service had an incident reporting policy in place which set out the roles and responsibilities of staff at all levels, to ensure all incidents and near miss events were reported and investigated for learning. The policy was within the review date and referenced national guidance and legislation.
- Staff reported 11 incidents or near miss events from February 2019 to August 2019. The main theme of incidents reported were for vehicle faults. Incident logs demonstrated that managers took immediate action to ensure vehicles were repaired before they were returned to active service. The incident log showed that no vehicle issues affected patient journeys.
- Managers investigated all incidents reported by staff. The incident reporting log provided information about the investigation and outcome. Managers we spoke with told us they provided feedback to individual members of staff following a reported incident and provided wider learning for all staff through bulletins and staff meetings. Staff we spoke with told us that they received email alerts and communications, including clinical alerts, following incident learning.
- Managers discussed incidents during the monthly managers meetings. We reviewed the operational meeting minutes from May 2019 to July 2019, which

Patient transport services (PTS)

demonstrated managers discussed learning following incidents. The incident log showed the incidents reported were for vehicle issues only, and no clinical incidents were reported

- We reviewed the 'Operational Safety Bulletin' for August 2019 and saw a wheelchair strap fault was reported. Managers had removed the item from service and a replacement was ordered.
- The provider had a duty of candour policy in place. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had a designated manager for the oversight of the duty of candour. Staff received training about the duty of candour during their induction. The service had not had any incidents that required staff to complete a duty of candour process since their registration in February 2019.

Are patient transport services effective?

Good



We rated effective as **good**.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service had a range of policy and procedural documents in place for staff to follow. All policies and procedures were within the review date and referenced relevant legislation and national guidance. Staff had access to policies at the base and electronically via the staff only area of the provider website.
- We reviewed a range of policy documents such as but not limited to, deteriorating patients, managing the conveyance of patients and do not attempt cardiopulmonary resuscitation (DNACPR) and sudden death in adults and children. All policy documents were inclusive to all patient groups such as patients with protected characteristics.
- Managers reviewed the completion of vehicle checklists for the oversight of vehicle cleanliness and arrange any

defect repairs. The service monitored the effectiveness of the deep cleaning process although, the frequency of deep cleaning was not always in line with the provider's policy.

Nutrition and hydration

- Staff made sure patients had access to adequate food and drink during long transfers.
- The service had a supply of bottled water which was available for patients in each of the vehicles we inspected.
- The service did not provide food, although, staff would ensure patients had food packs on long journeys.
- Staff we spoke with told us they would never leave any patient without any food either in the patient's own home or on a long journey. They would escalate these issues to managers or hospital and complete a safeguarding referral.

Response times/Patient outcomes

- The service monitored, response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- The service did not have any key performance indicators set by their commissioners, however the service monitored collection and drop off times for all patient journeys. Managers monitored journey times and compiled monthly reports which included cancelled journeys. The reports provided information about the reason for cancelled journeys.
- Information provided by the service showed that, the service received 390 patient transport bookings from June 2019 to September 2019. Of these bookings, 23 journeys were cancelled, the reasons for cancellations were monitored by managers. We saw reasons for cancellation were mainly due to hospital appointment cancellation or patients not well enough to travel.
- The service had 23 delayed arrivals from June 2019 to September 2019, of these, 12 were due to traffic, five were attributed to previous job delayed, three were caused by the crew, one for incorrect booking details and two for other reasons not specified.
- The service used customer feedback information to monitor their patient outcomes. Managers we spoke with told us they used patient feedback as an additional quality measure and used this information to make improvements if required.

Patient transport services (PTS)

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All new staff received an induction which included the completion of mandatory training modules. The service required all new staff to complete a probationary period where manager monitored the staff members' performance and suitability for their role.
- The provider had a staff induction policy and checklist in place to set out the roles and responsibilities of staff at all levels in the induction process. The policy was within the review date.
- The provider completed staff driving licence checks every six months and completed driver assessments. All new staff received a driver assessment and additional training if this was required.
- The clinical lead conducted observations whilst staff were operational and compiled reports for manager assurance. These reports were discussed during six monthly reviews and the annual appraisal process. The clinical lead addressed any safety issues at the base immediately after the observation.
- The service had completed five annual appraisals and four six-month reviews from the point of registration in February 2019 to October 2019. The service had recruited five new members of staff who had not been in the service for six months. This meant that four members of staff were due to complete the appraisal process by February 2020.

Multidisciplinary working

- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff worked with other providers to take patient journey bookings and confirm information about patients to ensure the correct equipment and crew were booked for the journey based on the information provided.
- Frontline staff worked with care homes, local NHS services and other private providers. Staff we spoke with told us they collect patients from local care homes and hospitals regularly and have developed positive working relationships with these staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff followed national guidance to gain patients' consent to travel. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The provider had a mental capacity policy and guidelines for staff to follow. The policy was within the review date and referred to national guidance and legislation. Staff were expected to complete Mental Capacity Act training and Mental Health Act training annually, which formed part of the staff mandatory training programme.
- Staff had access to patient information both through the paper booking forms and an electronic job system which flagged patients with complex needs, such as patients living with dementia. Staff we spoke with told us that they did not force patients to travel and assumed patients had capacity to make their own decisions unless they had evidence that a patient lacked capacity. Staff told us they would report any capacity concerns to the patient's hospital and the office as a safeguarding incident to ensure patients got the right support.
- The service did not provide transport for patients detained under the Mental Health Act, although the service did transport patients with mental health conditions. Staff we spoke with told us they chatted with patients to put them at their ease. One staff member gave us an example of how they put music on for one patient as this helped keep them calm.
- The provider had a guidance document in place for Deprivation of Liberty Safeguards. The document provided information for staff about the safeguards and set out the expectations of staff in relation to patients' subject to Deprivation of Liberty Safeguards.

Are patient transport services caring?

Outstanding



We rated caring as **outstanding**.

Compassionate care

Patient transport services (PTS)

- The service had a strong and visible person-centred culture. Staff treated patients with compassion, kindness and promoted their privacy and dignity, and took account of their individual needs.
- During our inspection, we were unable to observe care provided by staff to patients. However, we reviewed five patient feedback forms and spoke with one patient and two patients relatives via the telephone.
- The service actively sought feedback from service users to improve the service. Vehicles had posters which detailed the contact details for the office, for patients to provide feedback. Staff also gave patients comment cards to complete following their journey.
- Managers we spoke with told us that they were in the process of developing a new patient feedback form, as feedback from previous form was not always detailed enough.
- The feedback about the service was consistently positive. We reviewed feedback left of the provider's website, through social media and feedback forms. Patients and their relatives praised staff for their attentiveness during transport journeys. One relative wrote "Absolutely outstanding service". Another relative wrote "a can do organisation".
- Patients we spoke with were consistently positive about the service they received from staff. One patient told us that the service was "the best ambulance service I have ever travelled with". Staff listened and talked to the patient throughout the journey, they always have a smile on their face.
- Patients relatives we spoke with told us that the service was extremely caring and staff treated their loved ones with care and respect.
- Managers told us about how staff had gone above and beyond expectation in their work with service. Staff had changed light bulbs for patients and assembled a bed for a patient, who was very worried and anxious about it.
- Staff we spoke with gave us an example of how they had helped a patient get a ramp installed at their home address. One staff member explained how, with the patient's permission, they had taken photos of how they had extricated the patient with their ramp, which were sent to the local authority. As a result of staff intervention, the patient had a ramp fitted.
- Staff facilitated family and carer escorts to provide a familiar face particularly with confused patients, such as, patients living with dementia.

Emotional support

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- The service valued patients emotional and social needs. Staff we spoke with told us that the most enjoyable part of their work was talking to the patients and providing a listening ear and emotional support when patients were upset or distressed.
- Staff gave an example of how they transport a regular patient to hospital every week, and how they had built up a good relationship with the patient. Staff told us they enjoyed telling jokes to put the patient at their ease. The patient told staff "my stomach is hurting from laughing so much".
- The service recognised patients as active partners in the care they provided. Staff worked in partnership with their patients to provide transport service tailored their individual needs. The service had assisted a patient to attend a family funeral. The patient had poor mobility and was unable to travel in a car. The service supported the family to transport the patient to the funeral. A family member provided feedback about the service "they took all of the stress out of arranging transport for [family member]".

Understanding and involvement of patients and those close to them

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff we spoke with told us they chatted with patients during their journey and informed them of any traffic delays or their expected time of arrival either at home or their appointment.
- Staff kept patients and their families informed about transport pick up and drop off times. One family member wrote "[staff] kept in touch with me throughout the time the ambulance was due to pick and drop off, what a service"
- One patient we spoke with told us that the crews let them know when traffic affected their collection time or the arrival time for an appointment.

Are patient transport services responsive to people's needs?

Patient transport services (PTS)

Good



We rated responsive as **good**.

Service delivery to meet the needs of local people

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service worked with other health care providers and provided services to fulfil unmet needs in the local area.
- Managers had regular meetings with NHS providers to discuss the service provision requirements for patient transport services.
- The provider worked with a local community health service to assist their staff with patient transfers to change pressure relieving equipment or bed frames for immobile patients in their own homes. Managers we spoke with told us that community health care providers found it difficult to procure assistance with patient transfers of this nature and they received regular bookings for this service.
- The service offered patient transport services for patients that were relocating to be nearer family members. Families booked this service privately where patients were unable to travel in a family car.

Meeting people's individual needs

- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- The patient booking process captured information about patients with complex needs such as patients living with learning disabilities or dementia. Staff completed dementia awareness and learning disabilities training which formed part of their mandatory training programme. Staff we spoke with told us they regularly transported patients living with learning disabilities or dementia. They told us they encourage family members or carers to escort patients to provide additional reassurance and comfort. Staff told us they treated patients with complex needs the same way as all patients and ensured they did not talk over them and maintained communication at all times.

- Staff had access to a selection of basic flash cards on each vehicle, which were in six of the most popular languages spoken in the area covered by the provider, including Arabic and several European languages. Vehicles also had a document with contact details for translation services.
- Staff had access to a translator app on their work mobile phone to use visual translation prompts in the event the patient's first language was not English.
- The service accepted bookings for bariatric transfers following a risk assessment. Managers completed risk assessments at the patient's property to plan the access route, equipment required and the staff numbers to safely manage the transfer. Staff we spoke with knew the maximum weight for each item of equipment in the transfer of bariatric patients.
- Staff were flexible to patients' individual needs. Staff we spoke with told us they listened to patients and made reasonable adjustments where possible and safe to do so.
- The service did not routinely convey more than one patient at a time. However, the service made sure that patients with complex needs were conveyed as sole patients.

Access and flow

- People could access the service when they needed it.
- The service accepted journey arranged privately by families, private providers and the NHS. The service monitored non-emergency patient transport activity. The service had an average of two journeys per day. However, on busy days the service had up to 10 journey per day for hospital discharges.
- Information provided by the service showed that 95% of patients were collected on time from June 2019 to September 2019. The majority of delays in pick up times were due to traffic delays or crews delayed on previous jobs.
- Managers we spoke with told us the service accepted bookings for patients who relocated to be near family members. These required additional planning and risk assessments to ensure the patient was transferred safely to their new home.
- The service had an eligibility criteria in place which was last reviewed in July 2019. The eligibility criteria were rated red amber green, staff accepted patients that were assessed as green for example low risk. Patients assessed as amber required an additional risk

Patient transport services (PTS)

assessment before staff confirmed the booking to review the property access and environment. Staff did not accept bookings for patients assessed as red for example patients with highly contagious infections that required barrier nursing.

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.
- The provider had processes in place to manage complaints and concerns about the service. The service had a director who was responsible for the follow up of complaints or concerns raised about the service. The directors had processes in place to review all completed investigations and feedback provided to patients or the relatives. Managers had process in place to share learning following complaints and concerns with staff.
- The service had not received any complaints since their registration in February 2019. Patients we spoke with told us they felt able to raise their concerns with crew or to contact the office. Although none of the patients or their relative we spoke with felt they needed to complain about the care or the service provided.
- Managers confirmed the complaints process was to acknowledge the receipt of complaints within one week and investigate concerns and complaints and provided a response to patients or their relatives within 28 days.
- Managers we spoke with told us if they identified any concerns following a complaint, they would look to review their policies accordingly, with any key changes being communicated to staff in clinical and operational bulletins.
- The service displayed complaints information in vehicles. We saw complaints information in all vehicles we inspected and found patient feedback forms and complaints leaflets in folders in each of the vehicles. Staff we spoke with told us that complaints information was available in the vehicles, although they had never needed them. One member of staff gave us an example of how they had managed a complex situation where patient was not happy. They explained how initially it was a challenge, however they had managed to keep the patient calm and by the end of the journey, the patient was much more receptive.
- Staff received copies of patient feedback. Staff we spoke with told us that managers shared letters patients had written about the service and staff.

Are patient transport services well-led?

Good



We rated well-led 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.
- The provider had three directors, supported by four managers in the oversight and decision making for service.
- The service had a clearly defined management structure and all of the staff understood their roles and responsibilities. Staff knew the process to escalate concerns and who they reported to.
- Staff felt proud to work for the service and expressed how the managers were friendly and easy to get along with. Staff we spoke with praised managers and told us that managers were approachable and supportive. One member of staff told us how managers had supported them when their relative was unwell.
- The service had succession plans in place. The service had plans and training in place for one of the managers for the post of registered manager. The registered manager planned to retire in 2020.

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. Leaders and staff understood and knew how to apply them and monitor progress.
- The service aimed to provide high quality patient transport. The provider was committed to delivering a patient and client focused approach to everything they did. This was evidenced within the organisations vision and values.
- The organisational vision was underpinned by the staff values of respect, respond and supportive. The values set out that the service would respect the needs of every individual patient. Respond to the needs of patients by

Patient transport services (PTS)

adapting to the individual needs of patients during their transport journey and support patients during transport journeys. Staff understood the organisational values and demonstrated these values during our inspection.

- The service had a strategy to build the reputation of the organisation based up the vision and values. The service had increased the number of patient journey since their registration in February 2019 and was in the early stages of tendering for additional work at the time of our inspection.

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.
- The culture of the service was positive, and staff told us they felt well supported in their role. They felt confident to raise any issues or concerns with managers and that they would take their concerns seriously.
- Staff we spoke with told us they felt proud to work for the service and staff got on well together.

Governance

- Leaders operated effective governance processes, throughout the service. 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.
- The service held monthly managers meeting attended by the directors and the management team. We reviewed the minutes of the meetings held July 2019 to September 2019. They showed the areas of discussion included training compliance, risks and infection prevention and control.
- The service held staff meetings every three months to communicate key messages. These meetings were not recorded. However, managers produced regular staff bulletins which highlighted policy changes and key messages. The bulletins were displayed with the base and emailed to staff to ensure they received updates.
- The provider monitored the quality of the service provided to patients. Managers compiled reports from

bookings, journeys and cancellations to monitor their performance. The service also used patient feedback to monitor the quality of the service implement any changes required.

- The clinical manager completed vehicle observations every week. One vehicle and crew observation were completed randomly each week. Any identified issues were addressed and rectified with remedial training. The clinical manager gave us an example of how they had met a crew randomly and unannounced at a hospital to observe a journey and their processes.

Management of risks, 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.
- The service had a comprehensive risk register based on scored risk assessment, the service had no high-level risks although they had two moderate level risks. The service also included some risks with a low risk rating which would have a greater impact at a provider level due to loss of reputation, should such incidents occur.
- The service had 10 entries on the risk register, of which two risks were rated as moderate, with all other risks rated as low with mitigation in place. The two moderate risks were patient deterioration on a vehicle and death of patient in a vehicle. The service had policies in place in the event these types of incidents occurred and had mitigation in place for the risks.
- Managers we spoke with knew and understood the risk to the service and used information following incidents and patient feedback to inform risk entry reviews.
- The service monitored staff completion of vehicle checklists and vehicle cleaning processes. The service also monitored their collection times, drop off times and cancellations as a performance measure. The service did not compare their performance against similar services as this information was not widely available to private patient transport services.

Information management

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

Patient transport services (PTS)

- The service collected electronic and paper-based information to monitor safety, quality and performance. Paper records were stored securely in locked filing cabinets within the office. Staff accessed electronic records securely with individual usernames and passwords.
- The service used a satellite navigation system which staff cleared at the end of each shift to prevent an unauthorised person from accessing patient sensitive information.
- Staff had access to a secure section on website where policies, clinical reports and updates could be viewed. Each staff member had their own username and password.

Public and staff engagement

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service had regular engagement with their commissioning providers to discuss activity and to work in collaboration in meeting the needs of the local population.

- The service had a public website with information for the public and had a facility for service users to leave feedback. The service also had processes in place to gain feedback through paper feedback forms.
- Managers engaged with staff daily through the routine activities. Staff also received monthly clinical reports sent to all staff via email. The service held staff meeting every three months to discuss key messages.

Innovation, improvement and sustainability

- All staff were committed to continually learning and improving services.
- The service used information from incidents and patient feedback to inform service improvements.
- The service had sustainability plans in place. The provider had enough staff to meet service demands and had active recruitment in place to increase the number of journeys in periods of high demand. The service had succession plans in place for the planned retirement of the registered manager.
- The service had adopted electronic vehicle checklists to reduce paper storage and allow managers to review live vehicle checklists to escalate any required vehicle repairs in a timely way. The service was in a period of transition from paper checklists to the electronic checklist at the time of our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should conduct the vehicle deep process is in line with policy.
- The provider should keep records of staff meetings.