

Team J Medical Services Limited Office

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

Office is a small family run independent ambulance service, operated by Team J Medical Services. The service is a patient transport service, and is based in Dereham, Norfolk.

The service provided includes patient transport for admissions, discharges and hospital appointments, long distance repatriation and event cover.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Office provides services to patients taking part in or attending a sport or cultural event / services (e.g. repatriation) under arrangements of an insurance policy not primarily or solely intended for diagnosis and treatment (e.g. travel insurance), or under arrangements of an employer or government department. These types of arrangements are exempt by law from CQC regulation. Therefore, the services provided to patients taking part in or attending a sport or cultural event / services (e.g. repatriation) under arrangements of an insurance policy not primarily or solely intended for diagnosis and treatment (e.g. travel insurance), or under arrangements of an employer or government department were not inspected.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice, announced inspection on 26 November 2018.

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.

Services we rate

We rated it as good overall.

We found the following areas of good practice:

- Staff received annual mandatory training and completed practice emergency drills of scenarios.
- There were effective systems in place to monitor vehicle and equipment maintenance and infection prevention.
- Policies, guidelines and standing operational procedures were in line with national guidance and were all in date. Staff signed to evidence they had read them.
- During the inspection we were not able to observe any patient journeys or direct care, but noted patients completed feedback forms were positive and highlighted that staff were kind and caring.
- Although there were no incidents reported, staff described how to report incidents. The service had up to date policies for staff to refer to.

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

- Staff had not received the appropriate level of safeguarding training. We informed the managers during our inspection, they responded immediately and booked level three training during our inspection.
- The service did not record and monitor patient outcomes effectively.
- The service had completed risk assessments which were not documented within a risk register. We raised this on site and the managers developed a risk register within two days of our inspection.

Summary of findings

Amanda Stanford

Deputy Chief Inspector of Hospitals Interim (Central), 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 were a small proportion of the service's activity. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for example, events work.

Staff received mandatory training and ongoing competency updates. Patients were risk assessed and individual care plans documented. There were weekly sessions on skills training. Policies and guidelines were available and in date. Written feedback from patients was positive. Staff were motivated to improve the service and monitored progress through regular team meetings.

Office

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Detailed findings from this inspection

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Background to Office

Office is a small family run independent ambulance service operated by Team J Medical Services. The service opened in 2017. It is an independent ambulance service in Dereham, Norfolk.

The service has had a registered manager in post since 13 September 2017. The managing director of the service

works as the paramedic and the operations director works as the technician. The service had one vehicle which was an ambulance. This is the first occasion the service has been inspected.

Our inspection team


The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection was overseen by Head of Hospital Inspection, Fiona Allinson.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Requires improvement	Not rated	Good	Good	Good
Overall	Good	Requires improvement	Not rated	Good	Good	Good

Patient transport services (PTS)

Safe	Good	
Effective	Requires improvement	
Caring	Not sufficient evidence to rate	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

The main service provided by this ambulance service was patient transport services. Which offered pre-planned, non-emergency transport for patients who have a medical condition that would prevent them from travelling to a treatment centre by any other means, or who require the skills of an ambulance care assistant during the journey.

Summary of findings

We found the following areas of good practice:

- Staff received annual mandatory training and completed emergency practice drills of scenarios. For example, patient collapse or a scenario where a patient was confused and agitated.
- There were effective systems in place to monitor vehicle and equipment maintenance and infection prevention.
- Policies, guidelines and standing operational procedures were in line with national guidance and were all in date. Staff signed to evidence they had read them.
- During the inspection we were not able to observe any patient journeys or direct care, but noted patients completed feedback forms were positive and highlighted that staff were kind and caring.
- Although there were no incidents reported, staff described how to report incidents. The service had up to date policies for staff to refer to.

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

- Staff had not received the appropriate level of safeguarding training. We informed the managers during our inspection, they responded immediately and booked level three training during our inspection.

Patient transport services (PTS)

- The service did not record and monitor patient outcomes effectively.
- The service had completed risk assessments which were not documented within a risk register. We raised this on site and the managers developed a risk register within two days of our inspection.

Are patient transport services safe?

Good



Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- All staff had completed mandatory training. We observed training records which showed both staff were up to date. Training included for example, advanced life resuscitation training, manual handling, Mental Capacity Act 2005 and Mental Health Act 1983. Training was delivered by external trainers, face to face or by completing online training.
- Staff we spoke with described the training they completed to be relevant to their role.
- Driving level qualifications and revalidation dates of driving training were recorded on the staff member's personnel file. This was 100% compliant.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- The service had a safeguarding policy, a standard operating procedure and a safeguarding training guide which were accessible to all staff and clearly described safeguarding processes in line with national guidance.
- The provider's safeguarding children training was not aligned with the, "Safeguarding children and young people: roles and competencies for healthcare staff –Intercollegiate document: March 2014." Senior staff told us safeguarding training level two, online training, was completed. The intercollegiate national safeguarding document guidance sets out 'minimum training requirements' level three applies to clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns. We escalated this to them as a concern, the service was

Patient transport services (PTS)

very responsive and notified us the day after inspection that both managers were booked to complete level three safeguarding training for provider managers with the local safeguarding board in January 2019.

- Staff we spoke with during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so. The senior team had developed standing operational procedures with all the relevant agencies contact numbers, these were kept on the vehicle for staff to use when required.
- Staff had completed disclosure and barring services (DBS) checks, which ensured the safety of patients, preventing unsuitable people from working with vulnerable groups, including children.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- Systems and processes protected patients from health care associated infections.
- Staff completed infection control training, and described infection prevention control to us, such as the importance of hand hygiene and being bare below the elbow.
- The service had one transport vehicle (an ambulance) which was visibly clean, equipped with appropriate infection prevention and control (IPC) equipment including spillage kits, antibacterial wipes and personal protective equipment such as gloves and aprons for staff. The provider had cleaning schedules which were fully completed and up to date.
- The vehicle was cleaned between patients and was deep cleaned every two weeks. The service kept a record and we observed the deep clean programme was up to date.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**

- We checked the vehicle which was in good condition and well maintained. We saw a completed vehicle maintenance schedule. The vehicle had an up-to-date MOT, annual service and was insured.
- The vehicle had yellow bags for the safe disposal of clinical waste. Staff told us that any clinical waste was disposed of at a local NHS Hospital trust.
- Essential emergency equipment was available on the vehicle and was fully serviced and tested. Packages containing sterile supplies were intact and in date, we checked five random items and all were in date. Staff had been trained to use emergency equipment for example, defibrillators (a device that gives a high energy electric shock to the heart through the chest wall to someone who is in cardiac arrest).
- There was no fire extinguisher within the vehicle, we escalated this to staff who ordered a replacement during our inspection.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.**
- The service had processes to risk assess patients to ensure their safety was monitored. Staff explained that if a patient deteriorated the vehicle was fully equipped for emergencies and one of the members of staff was a registered paramedic who could treat the patient whilst blue lighted as an emergency to the nearest urgent and emergency care unit. There had been no emergency transfers within the last 12 months prior to our inspection.
- Risk assessments were carried out and individual care plans were documented for patients.
- There were protocols in place for staff to follow to meet the demands of patients with challenging behaviours. Staff explained that they would perform individualised risk assessments for patients that may have an episode of challenging behaviour during a journey. For example, a patient living with dementia becoming or a learning disability.
- Adverse weather was addressed by the directors collectively. If it was unsafe to travel, staff were stood down until the weather conditions improved.

Staffing

Patient transport services (PTS)

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- Staffing consisted of two members of staff, a husband and wife team. Journeys were booked to suit their availability, they were flexible to working times, and work patterns varied from week to week.
- We reviewed both members of staff records which demonstrated that staff training and employment safety checks had been completed in accordance with their policy.

Records

- **Staff kept detailed records of patients' care and treatment.**
- All records were managed and kept safely; they were stored in files in a locked room. This meant confidentiality was maintained and records could be reviewed retrospectively if necessary.
- Staff completed patient record forms (PRFs) following the initial risk assessment. We reviewed three PRFs, all contained patient details, observations and individual care plans. Records were dated, timed, signed and legible.
- Patients with do not attempt cardio pulmonary resuscitation (DNACPR) documentation in place had this recorded on their risk assessment.

Medicines

- **The service had systems in place to ensure the safe use and storage of medicines.**
- There was an up to date medicines management policy in place.
- Medicines that were required for emergencies, not for patient transport services were stored securely, in a locked cupboard in a locked room. The service had a system to check and record medicines stored for example oral analgesia. We randomly checked some oral analgesia which was in date. Controlled drugs were not required or used for patient transport services.

- Oxygen was not stored on vehicles when not in use. Stocks of oxygen cylinders at the time of inspection were stored securely in a vented locked cupboard. There was an up to date policy and the paramedic member of staff was trained to administer oxygen.

Incidents

- **The service were aware and could explain how to manage patient safety incidents well.**
- There were no never events reported in this service from October 2017 to November 2018. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The service had an incident policy that set out how the organisation would learn from and act on incidents reported to improve the quality and safety of the service. The policy was in date and set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.
- The service had not had any reportable incidents since it registered in September 2017, both members of staff could describe how to report an incident.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology. There were no incidents that required the remit of duty of candour to review during our inspection.

Are patient transport services effective?

Requires improvement



Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- The service had a range of corporate policies and guidelines which were available in folders in the vehicle

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for easy access. We reviewed five guidelines which were up to date and referenced to current best practice, for example General Data Protection Regulation 2016 and the Health and Social Care Act 2008.

Response times and patient outcomes

- **Managers monitored the care and treatment provided to patients whilst the journey was undertaken.**
- The service did not collect key performance indicators such as pick up and drop off times, the monitoring of delays and aborted journeys due to the small number of journeys undertaken in the last year. However, the senior team told us none of the 20 journeys were delayed.
- The senior team told us they were committed to complete all journeys and had not cancelled any booked journeys.
- The service did not monitor how many bookings were requested and how many they declined due to capacity issues.
- Staff told us they ensured vehicles had a supply of water available for patients during journeys.

Competent staff

- **The service made sure staff were competent for their roles.**
- Staff had the skills and knowledge to deliver effective care and support to patients.
- We reviewed staff training records which showed staff completed training to enable them to work in a knowledgeable and effective way.
- Staff motivated one another to have weekly scenario training sessions which maintained their competencies, for example a patient who sustained a head injury or a collapsed patient. Staff recognised the importance of frequent training sessions due to the size of service and the reduced exposure to unplanned emergencies.
- Staff reflected on their own practice and kept up to date by reading professional journals, attending study days and maintaining their professional registration.

- We observed that driving licences were checked and staff were licensed to drive the correct class of vehicle and that they did not have any driving convictions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff completed e-learning mental capacity training and described to us how they consented patients. We observed consent documented on the patient record forms we reviewed.
- The service had a policy relating to the Mental Capacity Act and Deprivation of Liberty Safeguards and staff were aware of their role and responsibilities. We were given an example of a patient who was confused and frightened in the vehicle and wanted to get out. Staff supported the patient and his relative in a safe area outside the vehicle until he calmed and was ready to complete the journey. One of the crew stayed in the back of the vehicle to provide extra reassurance for the rest of the journey.

Are patient transport services caring?

Not sufficient evidence to rate



We did not observe enough evidence to rate caring during our inspection, but areas of good practice found were as follows:

Compassionate care

- **Staff told us they cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- The service had designed their own patient feedback forms and encouraged patients to complete them.
- During the inspection we did not observe patient journeys of direct care, however written patient feedback was extremely positive in terms of patient care. We reviewed four patient feedback forms which

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were all positive. For example, one patient feedback form said “Amazing service, beautifully clean ambulance. The cleanest and tidiest I’ve ever seen. Attentive and caring team”.

- Staff said their aim was to provide all patients with kind, safe, comfortable care and this was a priority for the service. They ensured that they treated all patients with care and dignity.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff told us they were passionate about person centred care and this was reflected in their detailed risk assessments. One patient completed a feedback form which said, “Not all heroes wear capes”.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff we spoke with told us they talked to patients during the journey to reassure them. They also supported family members or friends who accompanied patients. Staff said this was what they found most rewarding, knowing they provided good care to patients.

Are patient transport services responsive to people’s needs?

Good



Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service booked patient transport journeys directly with the patient or from providers who requested to use their patient transport services. They completed 20 journeys in total from October 2017 to November 2018.
- The two members of staff within the service rostered their work time according to the journeys they accepted.

- The service had noticed an increase in bookings and planned to increase staffing early in 2019 to ensure they could continue to meet the demands on the service.

Meeting people’s individual needs

- **The service took account of patients’ individual needs.**
- Staff completed equality, inclusion and diversity training. The needs of different people were considered when providing transport services.
- Staff told us of a patient with a learning disability who found some situations stressful. The risk assessment revealed that the patient found coloured lighting calming. The service purchased coloured lighting for the back of the vehicle to use if the patient became stressed during the journey.
- The service used a language line provider for patients whose first language was not English. Their complaints leaflet could be made available in a different language when required.
- The identification of patients with complex needs, such as those living with dementia, learning disabilities or physical disabilities were identified at the transport booking stage. Staff told us patient’s requirements and preferences were discussed and where practicable adjustments were made to meet the patient’s needs whilst ensuring the safety of patients and the staff. For example, welcoming relatives to travel with the patient to give them reassurance and extra support throughout the journey.
- Staff told us they used a phone application for hard of hearing patients, which displayed your voice in text for the patient to read.
- Staff were aware of the do not attempt cardiopulmonary resuscitation (DNACPR) forms for patients transferred who were at the end of their life. They explained the process of checking the forms, to ensure they were dated and signed before transporting the patient. If the forms were not fully completed they would request that they were prior to transporting the patient.

Access and flow

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- **People could access the service when they needed it.**

- The service can be contacted 24 hours a day and received bookings by email or telephone contact directly to the managing director or the operations manager.
- Staff told us that they only accepted bookings when they could provide high quality care. They would not accept too many bookings that might compromise quality of care or patient experience.
- Staff told us that cancellations they had experienced had been on the customer's side, they had not had to cancel any bookings after accepting them. In the event of a disruption in the service, such as illness or a breakdown staff said they had contingency plans in place implemented them as necessary not to let the service users and patients down, even if it resulted in a business loss for them.

Learning from complaints and concerns

- **The service had systems in place for patients to complain and to manage complaints.**
- Information relating to how a patient could make a complaint was readily available on the vehicles.
- The service had a management of patient complaints policy, which gave detailed directions of how a patient complaint should be investigated. The service had not received any complaints from patients from the date of registration with CQC.

Are patient transport services well-led?

Good



Leadership of service

- **Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The service was a small family run business and the leadership team consisted of a medical director and an operations director, who were also the operational staff for the service.

- Both members of staff told us they worked in partnership as equals and respected one another.
- Managers were committed to professional development and ensured that their professional registration requirements were met and up to date.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**

- The service vision statement included the following information. "We pride ourselves on the provision of outstanding patient care and customer service. We ensure all our patients know that they are our top priority and that they feel safe, comfortable and well looked after in our care."
- The service was planning to expand in the next 12 months due to the increased demand. Managers were planning to recruit more staff in the near future to meet the increased demand.

Culture within the service

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Managers described a positive culture working together and were proud of the service they provided patients. They had a positive attitude to learning and told us their aim was to continually improve the service.

Governance

- **Although the service was a small family business they were committed to create an environment for clinical care to flourish.**
- Due to the size of the service there was not a governance structure. However, the service held regular monthly meetings, both managers attended and documented minutes were taken.
- We observed three sets of minutes, the standing agenda included, risk assessments, training and clinical professional development and a discussion of policies and procedures in development or being reviewed.

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- Following feedback to managers that the service was not monitoring patient outcomes, managers acknowledged that improvements needed to be made and planned to implement processes to achieve this.

Management of risk, issues and performance

- **The service had identified risks, with actions to eliminate or reduce them, and cope with both the expected and unexpected.**
- The service did not have a defined risk register at the time of inspection. The managers were aware of their risks and had evidence that all risks identified had been risk assessed. Within two days of our inspection managers had devised and emailed a risk register to us with each risk scored and assigned actions which had been completed.
- We reviewed the risk register and the risks were appropriate to the service. For example, potential equipment failure and faulty/breakdown of the ambulance.

Information Management

- **The service collected, used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service managed data in accordance with protection guidance. Managers received training and all paperwork was stored confidentially in a locked room.

- The service incident reporting system was paper based. Incident reporting forms were available on the vehicles, this enabled managers to have easy access to complete the form in a timely manner when required.
- Managers described the statutory notifications the service is required to complete. For example, if there was a serious incident or a safeguarding incident.

Public and staff engagement

- **The service engaged with patients, and local organisations to plan and manage services.**
- The service requested feedback from patients, and other organisations that used their patient transport services. Managers reported that the response rate was poor and they were reviewing how their processes to improve compliance.

Innovation, improvement and sustainability

- **Managers were committed to improving the services by improving governance processes, promoting staff training and expanding the service.**
- The service was dedicated to making improvements. Staff were passionate about professional updates and maintaining their competencies. They planned to contact the local trust in the near future to arrange update days in the trust's emergency and urgent care department.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider should ensure staff receive and maintain safeguarding training to an appropriate level.
- The provider should record and monitor patient outcomes.
- The provider should develop a risk register to incorporate completed risk assessments and ensure ongoing monitoring of risk.