

OBS Medics Ltd

OBS Medics Base

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Managers made sure staff were competent for their roles. Staff assessed risks to patients and acted on them. The service managed safety incidents well and learned lessons from them.
- The service controlled infection risk by using the appropriate personal protective equipment (PPE) in line with the service policy.
- Staff treated patients with compassion and kindness, respected their privacy and dignity. They provided emotional support to patients.
- The service delivered care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to improve services.

However:

- Managers used only a limited number of systems to monitor and improve the service's performance.
- Managers did not monitor ongoing risks to the service.
- Managers had not completed annual follow up DBS checks in line with the services policy.
- Managers did not have a formal strategy to improve the service and staff did not understand the service's vision and values.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Managers made sure staff were competent for their roles. Staff assessed risks to patients and acted on them. The service managed safety incidents well and learned lessons from them.
- The service controlled infection risk by using the appropriate personal protective equipment (PPE) in line with the service policy.
- Staff treated patients with compassion and kindness, respected their privacy and dignity. They provided emotional support to patients.
- The service delivered care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to improve services.

However:

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Summary of findings

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Summary of this inspection

Background to OBS Medics Base

OBS Medics Base is operated by OBS Medics Ltd. The service opened in April 2020. It is an independent ambulance service with headquarters located in Milton Keynes, Buckinghamshire.

The service provides patient transport services and conveys patients to and from hospitals in the Buckinghamshire and surrounding areas. The service operates 12 hours a day, six days a week (Monday to Saturday). Between March 2021 and March 2022, the service provided 6150 patient transfers.

This is the second time we have inspected and rated this service. The current CQC registered manager has been in post since April 2020 and the service is currently registered for the following regulated activity:

- Transport, triage and medical advice provided remotely.

In December 2020, we conducted routine engagement with the service. As a result of engagement, several concerns were highlighted. In response to our findings, we issued urgent conditions to prevent the service from undertaking journeys conveying children.

In February 2021, we undertook a short notice announced inspection of the service to follow up on additional concerns. As a result of this inspection we issued the provider with requirement notices in relation to regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and regulation 17 HSCA (RA) Regulations 2014 Good governance.

On 30 March 2022 we carried out an unannounced inspection of the service in order to follow up previous concerns.

How we carried out this inspection

During our inspection, we spoke with 13 members of staff including, the registered manager, the general manager, service lead and ambulance care assistants (ACAs).

We looked at the personnel records for 10 operational staff and two managers.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure that annual follow up DBS checks are completed in line with the services policy. (Regulation 17).
- The service should ensure that the cab areas of ambulances are in good order and can be cleaned in line with IPC guidance. (Regulation 12).
- The service should ensure that identified risks are monitored and ongoing mitigation is effective. (Regulation 17).

Summary of this inspection

- The service should consider introducing an internal audit schedule to monitor performance and improve services.
- The service should consider introducing a documented strategy to improve the service.
- The service should consider standardising on board observation audit forms.



Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good

Patient transport services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Requires Improvement 

Are Patient transport services safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

The service had an in date and version controlled mandatory training policy.

Staff received and kept up-to-date with their mandatory training. At the time of our inspection staff were 92% compliant with mandatory training. This exceeded the services' target of 90%.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was delivered as a mixture of online and face to face learning. Subjects included but were not limited to driver training, basic first aid, infection prevention and control (IPC) and manual handling.

As part of the care certificate, 100% of staff had received training to make them aware of the potential needs of people with mental health conditions, learning disability and dementia.

Managers monitored mandatory training compliance as part of staff three monthly performance conversations.

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.

The service had an in date and version controlled safeguarding adults policy. Although the service did not transport children, they had a separate safeguarding children policy which was also in date and version controlled.

The service carried out enhanced disclosure and barring service (DBS) checks on staff prior to them commencing employment. We reviewed 12 staff records, initial employment checks had been completed in all records (100%), however, annual follow up checks had not been completed for three staff. This was not in line with the service policy.

Patient transport services

Staff received training on how to recognise and report abuse. At the time of our inspection staff were 95% compliant with safeguarding adults and children level 2 training. This exceeded the service's target of 90%. Staff received training as part of the care certificate.

All ambulance care assistants (ACAs) had completed safeguarding adults and children training to level 2. The registered manager and the general manager for the service both held safeguarding adults and children training level 4. The registered manager was also the lead for safeguarding adults.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service demonstrated working with other organisations when staff had raised safeguarding concerns around another care provider.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All the patient transport (PT) vehicles carried an information folder where the contact details for the local authority safeguarding teams phone numbers were stored. Staff told us they would raise safeguarding concerns with the relevant local authority and the service manager.

As part of pre employment checks the service obtained two references for each staff member and carried out driving licence checks. We reviewed 12 staff records, pre employment checks had been completed in line with policy in all records (100%).

Cleanliness, infection control and hygiene

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

We did not see staff delivering patient care. However, six staff members told us they wore masks and gloves. This was in line with service's infection, prevention and control (IPC) policy.

The general manager carried out monthly onboard ambulance staff observations audits. These included looking at staff complying with wearing PPE. The service had two different forms for the onboard observations, one called On The Road Safety Observations and one called Go Observations. PPE audit was not included on both forms. On the two observations audit forms where PPE was reviewed, PPE had been worn correctly.

One member of staff was wearing nail polish at the time of our inspection. This was not in line with the service's IPC policy.

Patient areas within ambulances were clean and had suitable equipment such as seats, stretchers and wheelchairs which were clean and well-maintained. However, the cab area of three ambulances we reviewed showed wear and tear which meant staff could not clean these areas in line with IPC guidance. This was an IPC risk.

Ambulance cleaning records were up-to-date and demonstrated that ambulances were cleaned regularly. Staff wiped down surfaces in the passenger area between each patient. Cleaning records showed staff cleaned ambulances every evening when they returned to base and carried out ambulance deep cleans monthly in line with local policy.

Ambulance cleaning equipment such as mops and buckets at the base were colour coded in line with IPC guidance to prevent cross contamination.

Patient transport services

Sanitising surface wipes and hand sanitiser were available on the ambulances and handwashing facilities were available at the ambulance base.

The service had respirator masks for all ACAs and all staff had undergone fit testing to ensure the mask was well fitting and provided a good standard of protection. This was an improvement on our previous inspection (February 2021) where not all staff had undergone fit testing.

The 12 staff records we reviewed evidenced all 12 staff (100%) had been individually risk assessed in relation to the ongoing COVID-19 pandemic. This was an improvement since our previous inspection (February 2021) where not all staff had been risk assessed.

Ambulance staff were made aware of specific infection and hygiene risks associated with individual patients at the time of booking, for example MRSA or COVID-19 or *Clostridium difficile* (*C.diff*). Staff took patient temperatures before transferring them to the ambulance. This meant staff could ensure they took appropriate IPC precautions.

Staff carried spare uniform on every shift in case their clothes became heavily soiled.

Staff recorded their temperature daily before commencing their shift. Records showed all staff were 100% compliant with this.

The service stored cleaning chemicals securely in line with control of substance hazardous to health (COSHH) regulations.

Environment and equipment

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

OBS Medics base comprised of a garage which could accommodate four ambulances, two store rooms, a staff rest area with a kitchen, an office and a training room which was located upstairs.

The service had enough suitable equipment and staff carried out daily safety checks of specialist equipment. Records demonstrated staff carried out daily stock and equipment checks on ambulances before leaving the base. This included checking the batteries of the automated external defibrillator (AED).

The general manager carried out monthly onboard ambulance staff safety observations audits. These included looking at staff complying with transporting patients in wheelchairs safely among other things. The service had two different forms for the onboard observations, one called On The Road Safety Observations and one called Go Observations. The monitoring of patient and wheelchair restraint during transfer was not included on both forms. In the five observation audit records where wheelchair transfers had been reviewed, patients had been secured appropriately on four occasions and the other record was incomplete.

Three members of staff we spoke with described how they would use the lap belt to secure a patient in a wheelchair during transfer to the ambulance and then restrain the wheelchair and the patient using the clamps and seatbelts in the vehicle. One staff member said they would not use the wheelchair lap belt. We reviewed the service's transfer of patients policy. The policy was in date for review and version control. The policy did not document whether or not staff should use lap belts.

Patient transport services

At the time of our inspection, the service did not transport children. This was a condition of registration.

Records showed that all ambulances had a current MOT and service and were properly insured. The service employed a mechanic who attended the base daily to carry out minor repairs and servicing on the ambulances. Staff checked the oil and fluid levels of the vehicles as part of their routine daily checks.

The service had service level agreements (SLAs) in place with external providers for the removal of clinical and domestic waste at required intervals. The clinical waste container was secure and staff carried out appropriate waste segregation.

The service stored full and empty medical gas (oxygen) cylinders securely in separate locked cages and displayed no smoking signs throughout the base.

Staff stored consumable items neatly and there was evidence of stock checking and rotation. Five random single use consumables we reviewed were stored appropriately and were within their use by date.

The service stored all keys for the ambulances, office and storerooms securely in a code locked key cabinet.

Assessing and responding to patient risk

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

The service had a deteriorating patient policy in place which was in date and version controlled. Staff had access to this policy electronically and in an information pack held on each ambulance.

The service had an inclusion and exclusion criteria for any private bookings which were booked directly with the service. Mostly, the service transported patients who were booked by the local NHS ambulance trust.

Staff completed risk assessments for each patient. Staff visually assessed each patient and had a verbal handover with any care staff present to ensure the patient was suitable to travel prior to transfer. This included discussions around ongoing medications, patient mobility, IPC and any relevant medical history.

The service had recently introduced a patient transfer checklist for staff to document their visual assessment and verbal patient handover. However, this was not yet embedded.

Staff responded promptly to any sudden deterioration in a patient's health. Staff completed patient observations using nationally recognised early warning scores (NEWS2) if the patient deteriorated.

One staff member always travelled with the patient, which meant they could quickly recognise and respond to patients who deteriorated during their journey.

Staff knew the escalation process for deteriorating or seriously ill patients and three members of staff we spoke with described action they would take if a patient deteriorated.

We reviewed 12 staff records and saw that all 12 staff had undertaken basic life support (BLS) training.

Patient transport services

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. Staff received a full induction.

The service employed 24 operational ambulance care assistants (ACA) to carry out patient transport. The service did not employ agency and locum staff.

The service employed a general manager and two team leaders who oversaw the day-to-day running of the service.

Managers regularly reviewed staffing levels to ensure vehicles had the required skill mix and staff available in line with operational demand.

Staff completed a full day induction followed by a three month probationary period and were supernumerary for one shift before undertaking patient transport journeys with a more experience staff member.

Records

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

Patient notes were comprehensive and all staff could access them easily. Journey bookings were documented detailing pick up times and destinations as well as patient medical history and any special requirements.

Staff recorded patients' resuscitation status at the point of booking. Staff told us that where applicable, they reviewed the patient's do not attempt cardiopulmonary resuscitation (DNACPR) documents at the point of collecting the patient prior to transporting them.

Records were stored securely. Staff kept records brief and used patient initials to maintain confidentiality during transfers. We reviewed a sample of records and saw that appropriate information was included.

Staff put patient records into a secure locked box at the base at the end of each shift. Managers collected these records and stored them in line with the service's confidentiality policy.

Medicines

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

Staff followed systems and processes to administer medical gases safely. The service had a policy for the administration and transportation of medical gases. The policy was in date and version controlled.

Medical gases (oxygen) were available and used in line with local policy and staff had received training in their use. Staff files we reviewed evidenced completion of medical gases training.

Staff stored medical gases securely on ambulances. At the base location, full and empty medical gas cylinders were locked and securely stored in separate cages.

Patient transport services

Incidents

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.

Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had an incident reporting policy. The policy was in date for review.

Staff reported serious incidents clearly and in line with the service's policy. All 11 staff we spoke with knew what incidents to report and how to report them.

The service had reported no never events.

Managers shared learning about never events with their staff and across the service. All the staff we spoke with could describe the recent patient safety incident and what steps the service leaders had taken to prevent a reoccurrence.

Clinical governance meeting minutes dated 22 February 2022 confirmed service leaders had investigated incidents and shared learning from incidents. This was an improvement on our previous inspection (February 2021) where incident review processes were not embedded.

Managers understood the duty of candour. All the staff we spoke with knew to be open and honest with patients. Service managers knew the duty of candour regulation relating to serious incidents.

The service had a duty of candour policy in place. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

There was evidence that changes had been made as a result of feedback. Service leaders had introduced a checklist for staff to record initial visual assessments and verbal handover when collecting patients for transfer.

Are Patient transport services effective?

Good 

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed several policies and guidance documents available to staff. Policies and documentation referenced appropriate national guidance. For example, policies referenced The Department of Health and Driver and Vehicle Licensing Agency legislation and guidance.

Patient transport services

Staff accessed policies as hard copies at the base, in the ambulance information folder in the ambulance or remotely as electronic copies on their mobile phones.

The service had a policy for equality and diversity. The policy was in date and version controlled. Staff used the inclusion and exclusion criteria to determine which patients were safe to be transported.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. The service did not transport patients subject to the Mental Health Act 1983.

Nutrition and hydration

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

The service offered short distance transportation only. Therefore, food was not routinely offered.

Ambulance vehicles contained single use fresh drinking water in the event a patient required a drink.

Response times

The service monitored aborted patient transfers so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The service monitored patient transfers and aborted transfer rates. In January 2022 the service reported 72 aborted transfers. In response to these findings, the service introduced changes to the process for aborting patient transfers. In February 2022 the service reported a reduction in aborted patient transfers (68).

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.

Managers supported staff to develop through constructive appraisals of their work. The registered manager advised that staff performance conversations were held every three months. Records shared by the registered manager following our inspection evidenced 100% of staff had received their three monthly performance conversations.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All operational staff had completed the 'Care Certificate' within the 12 months prior to our inspection. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected if specific job roles in health and social care. Subjects included but were not limited to; safeguarding adults and children, basic life support, infection prevention and control and equality and diversity.

The service checked staff driving licences on an annual basis. We saw evidence in 12 staff files that this had taken place. In addition, the service had introduced independent driver assessments to take place in response to recent incidents.

There was a policy in place which clearly outlined mandatory training and competency requirements for all staff. The registered manager maintained oversight of staff competencies.

Managers supported staff to develop through regular supervision of their work. The general manager and team leaders carried out regular supervision of staff by completing patient transfers with them and providing real time feedback. Staff spoke positively about this.

Patient transport services

The service supported the learning and development needs of staff through the use of mentors. Each new starter had a named mentor and staff discussed future development opportunities at their three monthly performance conversations.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers had decided that quarterly whole team meetings were not effective and had introduced the attendance of an ambulance care assistant (ACA) at each governance meeting. The ACA had the role of cascading information to the rest of the team. Governance meeting minutes were displayed on the staff notice board and also emailed to each staff member.

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 regularly communicated with the NHS ambulance trust to obtain patient information prior to transferring them.

Staff liaised with hospital staff to ensure patients were comfortable for their transfer.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff gave a detailed description of how they had liaised with local authorities and other service providers in order to safeguard patients. Records confirmed this.

Consent and Mental Capacity Act

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. Staff completed training in mental capacity as part of the 'care certificate'. All operational staff had completed this training.

Staff had completed training in dementia awareness.

The service did not transport patients who were detained under the mental health act.

Are Patient transport services caring?

Insufficient evidence to rate 

There was insufficient evidence to rate this key question. Due to the ongoing COVID-19 pandemic and social distancing requirements, we were unable to directly observe the delivery of care. Evidence was gathered from speaking with staff.

Compassionate care

Staff described how they treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Patient transport services

Staff were discreet and responsive when caring for patients. Managers carried out onboard observations audits of ambulance care assistants (ACAs). Six onboard audit records (100%) we reviewed confirmed staff preserved patient privacy and dignity.

Patients said staff treated them well and with kindness. Four thank you emails from patients sent to the service manager said staff were “polite, caring and lovely”, another said they were “kind, courteous and professional”.

Emotional support

Staff told us they provided emotional support to patients, families and carers before and during their journeys to minimise their distress.

Staff supported patients who became distressed. Managers carried out onboard observation audits of ambulance care assistants (ACAs). One record detailed how staff had calmed a patient who had become distressed during the journey.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers before and during their journeys.

Staff talked with patients, families and carers in a way they could understand. Managers carried out onboard observation audits of ambulance care assistants (ACAs). Six onboard audit records we reviewed (100%) confirmed staff interacted with patients appropriately.

One patient feedback email sent to the service manager said staff had “good communication”.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. ACAs gave patients simple anonymous feedback cards which they could rate their journey as good, average or poor.

Patients gave positive feedback about the service. We reviewed 27 patient feedback cards about the service, which was 100% positive.

Are Patient transport services responsive?

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

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

Patient transport services were the main service offered by OBS Medics Base LTD.

Patient transfers were mostly to and from outpatient appointments, hospital discharges and inter-hospital transfers.

The service liaised with the local NHS ambulance service to plan and deliver patient transport services for local people.

Patient transport services

Meeting people's individual needs

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

Staff made sure patients living with learning disabilities and dementia, received the necessary care to meet all their needs. Ambulance care assistants (ACAs) had received training in dementia awareness and supporting people who were living with a learning disability.

Staff used a range of hand held resources to help patients reduce anxiety, tension and stress including tactile mittens and fidget distraction aids.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff used pictorial communication aids to support those patients who were unable to verbalise during their journey.

Staff described how they would use an electronic translation service for those patients who did not use English as a first language.

Staff had access to clear face coverings on each ambulance. This meant staff could maintain PPE and still communicate with those patients who used lip reading.

Staff displayed their names in the ambulance so that patients could alert them if needed.

The service did not routinely offer bariatric transportation (transfer of very overweight patients). Patients were assessed at point of booking, as per the inclusion criteria, to ensure only clinically safe patients could access the service.

Access and flow

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

The service operated between the hours of 8am to 8pm, Monday to Saturday. Between March 2021 and March 2022, the service provided 6150 patient transfers.

On average, four ambulance vehicles per day were provided to the local NHS ambulance service to provide transportation services.

Managers worked to keep the number of aborted transfers to a minimum. The service monitored patient transfers and aborted transfer rates.

Managers did not monitor waiting times. Managers told us this was monitored by the NHS Ambulance trust as part of their service level agreement (SLA).

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

The service had a complaints policy which was in date and version controlled. Managers investigated complaints.

Patient transport services

The service did not display information about how to raise a concern in patient areas. Service managers acknowledged that improvements were required on providing effective methods of patient feedback. At the time of our inspection, there was no information available on board the vehicles to direct patients to complaints information.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers described one complaint that the service had received. Managers had investigated the complaint and identified that staff had acted in line with policy. Managers fed back to staff.

Clinical governance meeting minutes dated 22 February 2022 confirmed service leaders shared complaint outcomes and improvements.

Are Patient transport services well-led?

Requires Improvement 

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. 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 service senior leadership team (SLT) was the registered manager (RM), the managing director (MD) and the general manager (GM) had the skills and abilities to run the service.

The RM and the MD had established the patient transport service (PTS) in March 2020 and were experienced in PTS and patient care and nursing. The GM had been in post since August 2021 and had a background in managing PTS services.

All the staff we spoke with spoke positively about the service leads telling us they were approachable and visible in the service.

Staff told us they saw at least one of the SLT every day and had twice daily contact with them by mobile phone as a minimum.

The service supported the learning and development needs of staff. Two staff had been supported to take on the mentor role. Each new starter had a named mentor and staff discussed future development opportunities at their three monthly performance conversations

Vision and Strategy

The service had an informal vision for what it wanted to achieve. The vision focused on sustainability of services. However, there was no documented strategy with no supporting implementation plan

The SLT told us they had a vision to grow the business and increase the number of ambulances on the road. However, at the time of our inspection, there were no documented and formalised business plans or timeframes in place for proposed changes and a lack of strategy underpinned by realistic objectives

Patient transport services

Not all the staff we spoke with were aware of the SLT's vision for the service.

Culture

Staff felt respected, supported and valued. The service had an open culture where staff could raise concerns without fear.

The service had a whistleblowing policy and a diversity and inclusion policy. Both policies were in date and version controlled.

All the staff we spoke with were proud of the service they provided. Telling us they felt valued and appreciated.

Managers had a strong emphasis on the safety and well-being of staff. Managers carried out twice daily welfare checks with all staff on shift. This meant staff could raise any concerns in real time.

The service had a policy of one of the SLT being on call every day outside of service hours. This meant staff could raise concerns if there was something on their mind rather than waiting until their next shift.

Staff told us they were encouraged to speak up and raise concerns and they felt confident to do so. The service used an external company to provide freedom to speak up services. Staff told us they felt confident to raise concerns internally.

Governance

Leaders operated some governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to discuss and learn from the performance of the service.

There was no formal audit programme in use throughout the service and audit records were not always consistent, for example two versions of on-board observations. However, some audits took place including aborted journeys, on board observations, infection prevention and control (IPC), medical gases, equipment and ambulance stock check records.

Senior leaders held formal clinical governance meetings monthly. The meetings were attended by the GM, the MD, the RM, team leaders and an ambulance care assistant (ACA). Meetings were minuted.

Clinical governance meeting minutes were shared with staff via email, the staff notice board and cascaded by team leaders at the start of shifts.

Clinical governance meeting minutes dated 22 February 2022 confirmed service leaders shared audit outcomes and improvements.

The service held service level agreements (SLAs) with external providers for waste disposal, human resources services and medical gasses. Managers told us these were reviewed annually.

Management of risk, issues and performance

Leaders and teams did not use systems to monitor and manage performance. They identified relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a business continuity policy which detailed actions for staff to take in the event of loss of vehicles, power, data, water etc and the recovery plan.

Patient transport services

The service had introduced a risk register. All relevant risks had been identified and escalated and mitigating actions identified to reduce their impact. This was an improvement on our previous inspection (February 2021). However, there was no evidence of any ongoing monitoring or reviewing of risks.

The service had a limited programme of internal audit to monitor quality, operational processes, and systems to identify where action should be taken, for example, the aborted journey audit.

Information Management

The service did not collect data and analyse it. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to necessary information including policies and procedures at the service's base, electronically and onboard the ambulance.

Staff stored information securely, computers were password protected and confidential patient information was protected.

The service communicated appropriately with external organisations such as the Care Quality Commission (CQC).

The service did not have clear and robust service performance measures, which were reported and monitored.

At the time of our inspection, there was very little evidence that the service used data, such as journey times, to improve performance and patient experience.

Engagement

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

The service engaged with staff. Service leads carried out a staff feedback survey (April 2021) and implemented "you said we did" changes as a result of the feedback. For example, results showed staff felt they did not get regular feedback on their performance. The service responded with by introducing regular performance reviews for staff to help feedback about performance, accountability and offer training opportunities.

Managers acted on staff feedback and had introduced the dementia kits on each ambulance as a result of staff feedback.

The service engaged with patients to assess the quality of its services using a simple feedback slip for patients to select if their journey had been good, average or poor.

The service engaged with the local NHS ambulance trust who commissioned services on a daily basis. The commissioning service had recently carried out an inspection of the service.

Learning, continuous improvement and innovation

All staff were committed to continually improving services.

Service leaders were looking to update the vehicle fleet with newer vehicles.

Patient transport services

Service leaders had introduced smart phones to improve communication for operational staff.

Service leaders were looking to introduce electronic communication systems for each vehicle to enable staff to have more information available to them to meet patient needs better.