

Mr Rob Willis

MED-PTS Ambulance Services

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

MED-PTS Ambulance Services is operated by Mr Robert Willis. The service provides patient transport services (PTS) to local NHS trusts and provides privately funded PTS on request.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 23 January 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.

The main service provided by this service was PTS.

Services we do not rate

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

We found the following areas of good practice:

- The provider had no serious incidents or never events since registering with the commission.
- Staff knew about incident reporting, what would constitute an incident and how to report it but had never had to.
- Staff completed mandatory training on induction day and then two yearly. All five PTS staff (100%) had completed mandatory training.
- Staff knew how to recognise, and respond to signs of abuse, and report a safeguarding disclosure. All five staff (100%) had completed safeguarding adults and children level 2 training.
- The vehicles we inspected were visibly clean and fit for purpose. The provider had processes in place to clean, deep clean and monitor vehicle cleanliness and there was evidence of appropriate waste segregation.
- The provider had comprehensive policies and procedures in place; all had been reviewed within the review timescales and were available as electronic copies at the headquarters.
- The provider had competency assessments in place, which were regularly reviewed, to ensure staff were competent in their role.
- Staff completed training in dementia awareness, and how to effectively manage any challenging behaviours associated with patients living with dementia.
- Staff accessed translation services for those patients who did not speak English as a first language via an online application and carried picture prompt cards to support patients with communication difficulties
- The provider was beginning to monitor individual areas of performance, for example, waiting times at the point of patient collection from ward, vehicle cleanliness, and staff training and told us they would deal with any issues as they arose. The provider recognised the risks to the business, for example, the vehicles going off the road or the loss of business, and had carried out risk assessments of each risk and had plans in place to mitigate them.
- Staff described a positive working culture and a focus on team working, saying they could approach the manager or supervisor at any time to report concerns and got positive feedback when they had done a job well.

Summary of findings

- The provider encouraged staff to seek feedback from patients. The feedback we reviewed was positive including comments about the professionalism of staff, and treating patients with dignity and respect. The provider had not received any complaints in the period between January 2017 and December 2017.

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

- The provider did not have a documented policy and procedure for staff to follow in the event of a deteriorating patient.
- Not all staff were familiar with the duty of candour regulation.
- The provider did not have documented eligibility criteria for patient transportation.
- The provider had some governance processes but had not yet fully embedded all governance processes such as auditing and team meetings.
- The provider did not undertake any benchmarking against other providers.

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

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 Why have we given this rating?

We inspected but did not rate this service. The main service was patient transport (PTS). We found:

- The provider had no serious incidents or never events and staff knew about incident reporting, what would constitute an incident and how to report it.
- Five staff (100%) had completed mandatory training and safeguarding adults and children level 2 training, staff also completed training in dementia awareness, and caring for patients living with dementia. Staff accessed translation services for those patients who did not speak English as a first language.
- The vehicles we inspected were visibly clean and fit for purpose and the provider assessed patient needs around mobility, medication needs and capacity to ensure the journey was safe to commence.
- The provider had comprehensive policies and procedures in place and was beginning to monitor individual areas of performance, for example, waiting times at the point of patient collection from ward, vehicle cleanliness, and staff training.
- The provider recognised the risks to the business and had carried out risk assessments of each risk and had plans in place to mitigate them.
- Staff described a positive working culture with a focus on team working. Staff were encouraged to seek feedback from patients and the feedback we reviewed was positive.

However,

- The provider did not have a documented policy and procedure for staff to follow in the event of a deteriorating patient.
- Not all staff were familiar with the duty of candour regulation.

Summary of findings

- The provider had some governance processes but had not yet fully embedded all governance processes such as auditing and team meetings.
 - The provider did not have documented eligibility criteria for the transport of patients.
 - The provider did not undertake any benchmarking against other providers.
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MED-PTS Ambulance Services

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to MED-PTS Ambulance Services	7
Our inspection team	7
Facts and data about MED-PTS Ambulance Services	7

Background to MED-PTS Ambulance Services

MED-PTS Ambulance Services is operated by Mr Robert Willis. The service opened in 2012. It is an independent ambulance service in Fakenham, Norfolk. The service primarily serves the communities of Norfolk.

The service provider was also the registered manager and has been in post since 2012. This was the first time we had inspected the service.

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.

Facts and data about MED-PTS Ambulance Services

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice remotely

The provider offered patient transport services (PTS) 24 hours a day, 365 days a year from its headquarters in Fakenham supporting general non-emergency PTS journeys, including hospital discharges and privately funded patient transfers.

During the inspection, we spoke with three staff including; the manager, emergency care assistant and a trainee ambulance care assistant. We reviewed six patient reviews of the service, completed by patients or family members prior to our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection

Activity (January 2017 to December 2017)

- In the reporting period January 2017 to December 2017 there were 258 patient transport journeys undertaken. Of these, 85% (218 journeys) were privately funded and 15% (40 journeys) were NHS.

Track record on safety:

- No never events
- No clinical incidents
- No serious injuries
- No complaints

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The main service provided by this ambulance service was patient transport services (PTS). The provider also provided event first aid cover but this was not in scope of the inspection.

The provider employed one member of staff directly; this was the owner who was also the registered manager. The provider employed five other staff on casual contracts, this included one emergency care assistant (ECA), two ambulance care assistants (ACA) and two trainee ACA.

The provider used an external provider on an ad hoc basis to do repairs and servicing on the vehicles.

The provider held ad hoc contracts with the local NHS trusts and operated two non-emergency patient transport service (NEPTS) ambulances from a converted garage, which served as an ambulance station and headquarters at the provider's home. The provider carried out private patient transfers for example collecting patients from airports and transporting patients to private events such as weddings.

The provider did not hold any controlled drugs (CDs) or other medication at its location. However the provider did use medical gases on vehicles and ambulance staff replenished these at the local NHS trusts.

Summary of findings

We found the following areas of good practice:

- The provider had reported no serious incidents or never events since registering with the commission in 2012.
- Staff knew about incident reporting, what would constitute an incident and how to report it but had never reported an incident.
- Staff completed mandatory training on induction day. Five staff (100%) had completed mandatory training.
- Staff knew how to recognise, and respond to the signs of abuse, and report a safeguarding disclosure. Five staff (100%) had completed safeguarding adults and children level 2 training.
- The vehicles we inspected were visibly clean and fit for purpose. The provider had processes in place to clean, deep clean and monitor vehicle cleanliness and there was evidence of waste segregation.
- The provider completed a patient booking form over the telephone to assess patient needs around mobility, medication needs and capacity to ensure the journey was safe to commence.
- The provider had comprehensive policies and procedures in place; all had been reviewed within the review timescales and were available as electronic copies at the headquarters.

Patient transport services (PTS)

- Staff completed 200 hours or one year of competency assessment. We reviewed the completed competency assessment for one staff member. The assessments were comprehensive and had been signed and dated by the assessor.
- Staff completed training in dementia awareness, and how to effectively manage any challenging behaviours associated with patients living with dementia. Staff accessed translation services for those patients who did not speak English as a first language via an online application and carried picture prompt cards to support patients with communication difficulties.
- The provider had begun to monitor individual areas of performance, for example, waiting times at point of patient collection, vehicle cleanliness, and staff training and deal with any issues as they arose. The provider recognised the risks to the business, for example, the vehicles going off the road or the loss of business, and had carried out risk assessments of each risk and had plans in place to mitigate them.
- Staff described a positive working culture and a focus on team working, saying they could approach the manager or supervisor at any time to report concerns and got positive feedback when they had done a job well.
- The provider encouraged staff to seek feedback from patients. The feedback we reviewed was positive including comments about the professionalism of staff, and treating patients with dignity and respect. The provider had not received any complaints in the period between January 2017 and December 2017.

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

- The provider did not have a documented policy and procedure for staff to follow in the event of a deteriorating patient.
- Staff had limited knowledge of the duty of candour regulation.
- The provider had some governance processes but had not yet fully embedded all governance processes such as auditing and team meetings.

- The provider did not have documented eligibility criteria for the transport of patients.
- The provider did not undertake any benchmarking against other providers.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The provider had a policy for incident and accident reporting and management. The policy was in date and due for review in January 2019. The policy gave staff clear guidance on what constituted an incident, when and how to report it and who to. The provider used a paper based incident reporting system.
- We spoke with two staff about incident reporting. Both staff knew what would constitute an incident and how to report it but had not needed to.
- The provider reported no never events or serious incidents between January 2017 and December 2017. Never events are serious incidents that are wholly preventable, where 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.
- MED-PTS had a policy on duty of candour. The policy was in date and had been implemented in December 2017. The 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 provider was aware of the regulation but had not needed to apply it.
- One member of staff we spoke with about the duty of candour regulation had very limited knowledge but said they would refer any incidents to the provider.

Mandatory training

- Staff received mandatory training in safety systems, processes, and practices.
- Mandatory training comprised of health and safety, infection prevention and control (IPC), moving and handling, basic life support (BLS), medical gases, capacity and consent, safeguarding adults and children, carry chairs and lifting aids.

- The provider was a qualified trainer and delivered training in house to staff along with arranging training from external sources. The provider also used an online electronic learning system which staff completed at home.
- The provider recorded any relevant additional training the staff member had undertaken with their main employer, for example first response emergency care training (FREC) and kept copies of their certificates in their staff record.
- Staff completed mandatory training on induction day. Information we reviewed during the inspection showed five staff (100%) had completed mandatory training within the last 12 months. The provider kept an electronic spread sheet of what mandatory training staff had completed and what date annual refresher training was due.
- The provider used an external company to provide driver training. The provider carried out an initial driver assessment as part of the staff induction process. Information we reviewed during the inspection showed five staff (100%) had completed annual driver refresher training within the last 12 months. The provider kept an electronic spread sheet of the date annual refresher driver training was due.

Safeguarding

- The provider had systems, processes, and practices in place to keep people safe from abuse.
- The provider had a safeguarding vulnerable adults policy which referenced the Health and Social Care Act 2008, and a safeguarding children policy which referenced legislation and guidance from: The Children Act 1989 and 2004. Both policies were within review date and detailed action staff should take if they suspected abuse or received a disclosure.
- The provider was the named safeguarding person for the service and had undertaken the local County Council safeguarding officer's course adults and children level three training (2016). The provider had undertaken refresher training in February 2018.

Patient transport services (PTS)

- Staff completed on line safeguarding adults and children level two training. Data supplied by the provider showed staff achieved 100% compliance with safeguarding adult and children training at level two. Staff did not transport children.
- The provider had not transported any children in the 12 months prior to our inspection but told us that if they were to transport children the child would have a chaperone in the form of a family member or carer.
- The provider used a specific form for recording adult and child safeguarding incidents as part of the referral process. The provider had not raised any safeguarding concerns in the 12 months prior to our inspection.
- We spoke with three staff about safeguarding, all of them knew how to recognise, and respond to the signs of abuse, and report a safeguarding disclosure. Staff told us they would telephone the provider for immediate advice if necessary and knew where to access local authority safeguarding contact details.
- The provider carried waste bins securely in both ambulances. Staff clearly labelled waste bins for clinical and non-clinical waste. The provider had an established agreement with a local NHS trust where staff disposed of clinical waste.
- Staff accessed clean linen on both ambulances. Staff replenished linen stocks at the local NHS trust during routine journeys.
- Ambulance staff wore appropriate uniform and were bare below the elbow to reduce the risk of infection. The provider had a stock of uniforms and replenished staff uniform when required. Staff laundered their own uniform following provider guidance.
- Staff accessed personal protective equipment such as goggles, aprons and gloves on ambulances as well as alcohol gel dispensers and disposable antibacterial wipes to promote hand hygiene and infection control.
- The provider had a sink and hot running water in the headquarters along with an alcohol gel dispenser to allow staff to maintain hand hygiene.

Cleanliness, infection control, and hygiene

- The provider had a policy for the prevention, protection, and promotion of infection control; this was in date until December 2018.
- The two vehicles we inspected were visibly clean and fit for purpose. The provider had processes in place to clean, deep clean and monitor vehicle cleanliness.
- We reviewed the daily cleaning schedules for vehicles and found staff completed routine checks and cleaning schedules thoroughly.
- Staff cleaned all vehicles at headquarters, including any deep cleans, using appropriate detergents after every shift. Staff used disinfectant wipes to clean surfaces between patients.
- We alerted the provider to a small rip in the seat used by staff in one of the ambulances. We were concerned the rip compromised the effectiveness of cleaning the seat and could pose an potential infection risk. The provider immediately took the chair out of service to be reupholstered.

Environment and equipment

- The provider used the garage at their home as headquarters, office, storage and ambulance station with both ambulances parked outside on the driveway.
- Staff maintained the storage areas to ensure they were visibly clean, tidy, well stocked, and safe from any trip or fall hazards.
- Staff accessed the headquarters using a key taken from a key safe box on the wall outside the garage. The provider told us they changed the key code on a weekly basis as part of their safety routines. Staff stored ambulance keys in a locked key safe inside the garage when not in use.
- We checked the service records in relation to the two ambulances and found the provider had service records and Ministry of Transport certification (MOT) for both vehicles in line with specified requirements.

Patient transport services (PTS)

- The provider maintained a contract with an auto recovery service to support any ambulance breakdowns. If staff found any faulty equipment, they reported this to the provider, who recorded the issue on a risk log and took action to repair or replace the faulty equipment. Provider records showed a member of staff had reported a broken piece of equipment. The provider recorded the action they had taken to repair it, the date and communicated this to staff by text message, email and face to face at the next shift.
- Ambulance staff replenished consumable stock on the ambulances and carried out stock control and rotation regularly. We reviewed five items of disposable equipment on both ambulances and found them to be stored appropriately and in date for sterility.
- Equipment for both adults and children was available, staff maintained stock to ensure it was visibly clean and in safe storage areas within the headquarters.
- Both ambulances carried a spillage kit. These were complete, within date and staff stored these correctly within the ambulances we inspected.
- We reviewed the firefighting equipment within the headquarters and on the ambulances. We found all equipment serviced within the required dates and fit for use.
- The emergency defibrillators on the two vehicles were serviced in September 2017 and ready for use.
- Vehicles carried first aid kits containing a selection of wound dressings plasters, sterile wipes, and triangular bandages. We found all equipment within the first aid kits on the vehicles we inspected to be in date and in good condition.
- An external company serviced vehicle equipment, for example, lap belts, straps, and clamps. This was undertaken in September 2017. We had no concerns regarding the safety or servicing of equipment.
- All staff received training in the safe use of lifting aids, the carry chair, and stretcher during their induction to the service. Staff training records kept by the provider confirmed this.
- The provider had a policy and procedure for the use of medical gases by staff and staff received training relevant to their roles to ensure they administered these safely.
- Records we reviewed showed all staff (100%) received training in medical gases and oxygen administration during their induction day. Provider records showed all staff had received refresher training in the last 12 month.
- We reviewed the medical gas cylinders for maintenance. We found the gas flow meters had been serviced and calibrated in September 2017. Gas cylinders were in good condition, appropriately filled and secured safely on the ambulances using appropriate straps.
- Staff replenished medical gases at the local NHS trust, so the provider did not store medical gases within the headquarters. Oxygen cylinders remained in the locked ambulances on the provider's driveway overnight. Cylinders were out of sight in line with guidance from the British Compressed Gases Association Medical Oxygen in a Vehicle 2015.
- The provider had completed a risk assessment around the transport and storage of medical gases. The risk assessment was in date and due for review in October 2018.

Records

- Staff accessed appropriate records in relation to patient transport needs. The local NHS trust staff gave the provider the details of the patient needs at the time of booking.
- Private patients completed an electronic booking form providing journey details, patient needs and medical conditions. The provider telephoned the person making the booking to further discuss the needs of the patient before agreeing to provide patient transport.
- Ambulance staff transported patient medical records with the patient. However, these always remained with the patient and never returned to the headquarters. Staff explained that during transport, they stored patient records out of site, in a locked cupboard within the ambulance to keep the records from public view. The local NHS trust usually sealed patient medical records in an envelope; this ensured patient records remained secure and out of site during journeys.

Medicines

- The provider did not use or store any medications within the headquarters or on board ambulances.

Patient transport services (PTS)

- The provider stored transport booking forms in a locked filing cabinet within the headquarters but did not store any patient records. The provider used a paper shredder to dispose of booking request forms securely on a regular basis.
- Staff completed daily running sheets including journey drop off and turnaround times, and placed these into a locked mailbox when returning to the ambulance station. The provider then gathered these to record and monitor journey data.

Assessing and responding to patient risk

- Staff used national early warning scores (NEWS) to monitor patient health during the journey. Staff followed a red flag flow chart in the event of a deteriorating patient. The flow chart captured elements of the patient's condition, for example pulse, oxygen, pain level and enabled staff to record NEWS likely to indicate sepsis, or heart failure amongst other conditions. However, the provider did not have a documented procedure for staff to follow in the event of a deteriorating patient.
- We spoke with three staff about deteriorating patients, all three knew how to respond to a deteriorating patient and escalate their concerns. Staff clearly described the actions they would take including providing first aid, calling for the emergency service or diverting to the nearest accident and emergency unit.
- The provider did not have documented eligibility criteria for assessing the suitability of patients for transportation. The provider completed a patient booking form over the telephone with the local NHS trust to assess patient needs around mobility, medication needs and mental capacity. In all cases, ambulance staff would carry out an assessment of the journey and the patient needs to ensure the journey was safe to commence.
- PTS staff carried out their own pre transport observations of the patient on the ward to ensure the patient was safe and fit to travel before agreeing to transport them.
- For privately funded patient journeys, the provider risk assessed the patient and the journey in advance using

information taken from the patient or family member at the time of booking. For example, how mobile they were, what medications they took and if they had capacity.

- Staff we spoke with during the inspection said if they had any doubts about meeting the patient needs, they would call the provider for advice before agreeing to transport the patient.
- We spoke with the staff about the use of do not attempt cardiopulmonary resuscitation (DNACPR) forms. Staff told us that trust staff would inform them if a patient had a DNACPR in place and this would be with the patient on the transport. Staff said they would support the patient in line with the DNACPR and should they deteriorate during the journey, make them comfortable and call for another emergency vehicle and hand the DNACPR details to them on arrival.

Staffing

- During the previous 12 months the provider had employed three additional staff on an ad hoc basis. This increased the number of PTS staff from three to six. The provider employed additional staff such as paramedics for event cover when required.
- The provider was the registered manager and employed five other patient transport service (PTS) staff on casual contracts, one emergency care assistant (ECA), two ambulance care assistants (ACA) and two trainee ACA.
- The provider offered patient transport services 24 hours a day, 365 days a year including evening and weekends.
- The provider had oversight of the PTS bookings and booked casual staff onto shifts based on demand a month at a time.
- The provider aligned staff to PTS bookings based on the patient acuity and the skills and experience of the staff member.
- At the time of our inspection, the provider explained they had no issues with staff sickness or retention, due to the casual nature of the work. The provider requested staff availability for a month in advance, which allowed them to create a rota and plan cover for any sickness absence and ensure staff were available to cover any bookings received.

Anticipated resource and capacity risks

Patient transport services (PTS)

- The provider had oversight of the ad hoc contractual agreements with the local NHS trusts and this accounted for 15% of the providers business during the period between January 2017 and December 2017. The provider carried out 218 private patient transfers (85%) and this was the main source of income and demand for the service.
- The provider recognised loss of income was the biggest risk to the service and had a business continuity policy. The business continuity plan was dated December 2017 and detailed action the provider would take in situations such as vehicles off the road, communication failure and staff shortages.
- The provider was looking into purchasing a third vehicle to replace one of its existing fleet that was nearing replacement.

Response to major incidents

- The provider did not offer training in major incidents, as the core service was patient transport services.
- The provider had no agreements with the local NHS trust to provide any emergency cover in the case of a major incident.

Are patient transport services effective?

Evidence-based care and treatment

- The service provided patient care in line with current legislation and best practice guidelines.
- The service had comprehensive policies and procedures in place; all had been reviewed within the review timescales and were available as electronic copies at the headquarters.
- Staff had access to aide memoires in the ambulance cabs covering up to date evidence based guidelines. Guidance included that based on Resuscitation Council Guidelines 2015, National Early Warning Scores (NEWS),
- The manager spoke with the person making the request for transport to determine if the service could meet the patient's needs before agreeing to transport the patient.

Assessment and planning of care

- At the time of our inspection, the provider had a contract with the local clinical commissioning group

(CCG) for patient discharges from the local NHS trust. The NHS trust staff liaised with the provider to arrange transport for each patient. The provider carried out assessment of care based on information provided over the telephone and ambulance staff would re-assess the patients' needs at the point of collecting the patient from the ward.

- If staff had any concerns in relation to meeting patients' needs they would contact the provider for guidance.
- The provider used a comprehensive booking form for private patient transfers. The booking form covered patient mobility, capacity, and medication requirements and do not attempt cardiopulmonary resuscitation (DNACPR) status. This meant the provider was aware of patient needs before the journey and could plan for the journey and staff appropriately.
- The provider carried fresh bottled water on its vehicles, to support patient hydration when it was safe to do so. Staff told us that patients often brought their own drinks. The provider would factor in regular comfort and meal breaks for those private patients travelling significant distances.
- Staff told us when they returned patients to their homes they ensured they had something to eat and drink before they left them where it was appropriate.

Response times and patient outcomes

- Due to the nature of the service, staff often only transported patients once and as a result did not keep records in relation to the outcomes of patient care and treatment.
- Ambulance staff kept detailed records of response times during the patient journey, this included, the vehicle call time, arrival time and departure time. The provider used these times to ensure the service was continuing to meet the needs of the contract and the patient.
- This was a small provider and at the time of our inspection the provider did not benchmark data or performance against other providers and there was no contractual requirement to do so.

Competent staff

Patient transport services (PTS)

- Data supplied by the provider showed that 100%, five of the five eligible patient transport service (PTS) staff, had received appraisals in the last 12 months. The provider kept an electronic record of the date staff had received appraisal and the date the next one was due.
- All staff entering the service completed a comprehensive induction process, including orientation within the ambulance station, key health and safety details, and specific training, for example safeguarding adults and children.
- We reviewed induction records for all five staff and saw all records contained certificates of disclosure and barring (DBS) clearance, driving licenses and qualifications. The provider ensured all staff received subsequent DBS checks every three years.
- The provider checked the staff driving licences on joining the service and then every three months throughout the staff members' employment to ensure they had not received any penalty notices for driving offences and were still eligible to drive.
- We spoke with two members of staff who said induction was positive and helped them to feel at home in the service and understand the key points they needed when starting a new job, for example, policies and procedures, equipment safety and safeguarding amongst others.
- The provider ensured all new starters had a named mentor to support them through induction and ongoing training and continued professional development (CPD).
- Staff completed a CPD log book which took 200 hours or one year. We reviewed the completed log book for one staff member. The log book was comprehensive for each competency obtained and had been signed and dated by the assessor.
- The provider had a code of conduct policy due for review January 2019 and a disciplinary policy due for review December 2019, detailing what the provider expected from staff.
- Staff we spoke with said training was readily available and the provider offered a range of training both in house and from external providers.
- Drivers completed an initial driver assessment with the provider during the induction to the service. As the

provider was part of the working rota, they would often be a passenger in the ambulance with other drivers and used this time to observe and feedback to staff on their driving standards.

- The provider held training updates in the evenings for staff at the provider's location and local training locations. This enabled staff to attend training outside of their normal employment hours.

Coordination with other providers

- The provider held ad hoc contracts with the local NHS trusts and ad hoc liaison with an external company providing air ambulance services.
- The provider communicated by telephone with NHS trusts to assess patient needs before transporting them.
- PTS staff communicated with NHS trust ward staff before transporting patients off the ward.
- The provider used electronic booking forms from patient carers and family to assess patient needs before transporting them.
- The provider had an informal agreement with an air ambulance provider to provide patient transport and care until the patient care was handed over to the air ambulance crew.

Multi-disciplinary working

- The provider's ambulance staff team liaised with the local NHS trust staff, for example the operations director to deliver patient journeys appropriately.
- The provider's ambulance staff team worked with local NHS trust ward staff to discuss patient needs and effectively plan the patient journeys to meet individual needs.
- Staff recorded details of the patient's journey in patient care plans as a record for their carers when returning patients to their homes. For example, if they had eaten or taken any medications.

Access to information

- Staff accessed a wide range of policies and procedures electronically. We spoke with two staff; both knew how to access the provider's policies and procedures.

Patient transport services (PTS)

- Staff maintained contact with the provider by designated work mobile telephones and both ambulances had on board satellite navigation systems.
- Staff received patient details from family members or carers at the time of booking a private patient journey. We reviewed one patient booking form and found it to be comprehensive, including the patient mobility, mental capacity and medication needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider offered staff training in mental capacity and consent, during the induction day. Data supplied by the provider showed staff achieved 100% compliance.
- We spoke with two members of staff regarding the Mental Capacity Act 2005 and both staff knew how to support patients to make day-to-day decisions and support best interest decisions.
- The provider did not obtain written consent before transporting NHS patients but rather PTS staff obtained consent verbally through discussions with the patient.

Are patient transport services caring?

Compassionate care

- We did not observe the provider carrying out any episodes of patient care or interaction.
- NHS trust staff made patient transport staff (PTS) aware of patient needs during the booking process. PTS staff spoke with NHS ward staff, carers and family members and care home staff about patient needs before transporting them.
- Due to the nature of the service, staff often only transported patients once and as a result kept no records in relation to patient personal details. We were therefore unable to contact patients directly to gather their views on the service.
- We reviewed six sets of patient feedback on the provider's website. Comments from patients included, "Very professional service" and "Very caring." All the patients' feedback was that they would recommend the service to friends and family.

- One ambulance was fitted with blackout windows and the other ambulance had blinds. This ensured the privacy of patients' being transported.
- One staff member told us they always made sure patients were dressed before transporting them. They used additional blankets for patients who were being transported by stretcher to ensure their privacy and dignity.
- The provider told us staff received patient information via text message on work mobile phones only and staff deleted text messages immediately after reading to protect patient confidentiality.

Understanding and involvement of patients and those close to them

- One patient gave feedback saying the provider had given a "Running commentary" of the journey and kept them regularly informed of expected arrival times and any delays during the journey.
- Two PTS staff told us they make sure that patients using services are able to find further information about their care and treatment by liaising with NHS trust or care home staff on their behalf.

Emotional support

- We were unable to observe staff interactions in relation to emotional care, but staff told us they would provide emotional care if this was required.
- One review we read said, "The staff settled a very nervous lady" another said "They were very compassionate" another said "They were very reassuring".

Supporting people to manage their own health

- Although the service did not store or carry medications, staff would support patients on long journeys to take their own medication.
- The provider explained if patients or family members asked for advice or guidance during the journey, staff would advise them to speak to hospital or care home staff.

Patient transport services (PTS)

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The provider had informal ad hoc contracts with the local NHS trusts to establish what service they were required to deliver. Local NHS trusts would telephone the provider to request patient transport services (PTS) when required.
- The facilities and premises were appropriate for the services delivered.
- At the time of our inspection, the provider was considering relocating to a larger building to use as an ambulance station. This would enable the provider to store vehicles inside overnight and increase the size of the vehicle fleet.

Meeting people's individual needs

- The provider accessed translation services for those patients who did not speak English as a first language via an online application.
- Staff carried picture prompt cards to support patients with communication difficulties.
- As a part of the staff induction process, staff completed training in dementia awareness, staff received training on how to recognise and effectively manage any challenging behaviours associated with patients living with dementia.
- Both ambulances had ramp access for patients who used a wheel chair or were on the stretcher.
- The stretcher used by the provider was suitable for use by obese patients.
- Both ambulances had removable seats. This meant those patients who used a wheel chair could travel in their own wheel chair secured to the ambulance floor.

Access and flow

- The provider had oversight of the private bookings allocated to them. The provider only took bookings for days when they had staff and vehicles available to fulfil the needs of a booking.

- Private patients made bookings for PTS through an electronic booking form or over the telephone.
- Ambulance staff kept records of response times during the patient journey, this included, the arrival time at the ward and departure time. The provider used these times to ensure the service was meeting the needs of each contract and to ensure patient journeys provided patients with a positive experience.
- The provider had not cancelled any PTS journeys during the last 12 months.

Learning from complaints and concerns

- The provider had a complaints policy. Between January 2017 and December 2017, the provider received no complaints.
- We spoke with two staff during our inspection; both of them knew the provider's complaints process including how to deal with complaints, and the importance of escalating complaints to the provider.

Are patient transport services well-led?

Leadership of service

- The provider managed and led the service with the support of a supervisor. The two roles coordinated the business delivery as well as managed staff whilst ensuring quality checks, training and effective staff deployment took place.
- The provider spoke with staff at the start or end of every shift. In the providers absence the supervisor fulfilled this role.

Vision and strategy for this core service

- The provider had recently employed more staff as part of their business plan and vision for the service and was considering moving to new premises to increase the fleet size and grow the business.
- All the staff we spoke with said they wanted to ensure they provided patients with a good experience during their journey.

Patient transport services (PTS)

- We spoke with the provider about their core values and they explained they expected staff to treat patients with dignity, respect, and high quality care. The provider was passionate about patient safety and welfare, but there were no formal organisational values in place.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The provider had some governance processes in place for example staff appraisal, monitoring staff disclosure and barring service (DBS) compliance and monitoring staff training and was developing and embedding further processes around performance monitoring since the recent addition of more PTS staff.
- The provider had recently (November 2017) assigned specific roles to staff members for example an infection prevention and control (IPC) lead and a clinical supervisor to improve the service quality and governance. This arrangement had not yet undergone a review to ensure it was working adequately.
- The provider had begun auditing patient transport forms. The audit carried out in January 2018 identified areas for improvement and the provider developed an action plan to address the areas of concern.
- The provider had begun monthly audits for staff training and delays at patient collection to monitor and improve the quality of the service.
- The provider was beginning to monitor individual areas of performance, for example, vehicle cleanliness and said they would deal with any issues as they arose.
- The provider planned to hold formal staff meetings regularly now the number of PTS staff working for the service had increased.
- Meeting notes from the formal staff meeting (November 2017) showed the provider had discussed issues in relation to service quality, training, and service delivery with staff. The provider regularly shared information about the service with PTS staff face to face at the start of a shift. These informal conversations were not recorded.
- The provider recognised and had oversight of the risks faced by the business, for example, the vehicles going

off the road or the loss of business, and had a business continuity plan in place. The provider had carried out risk assessments of each risk and had plans in place to mitigate them.

- Staff recorded issues with equipment on a risk log record. The provider took action to address the issue and recorded the date on the log once the issue was resolved. The risk log was kept in the office and was available for all staff to see.

Culture within the service

- Staff described a positive working culture and a focus on team working, saying they could approach the manager or supervisor at any time to report concerns and got positive feedback when they had done a job well.
- Staff we spoke with during our inspection described the service as a good and positive place to work. Staff described a culture focused on meeting patients' needs and ensuring they did their jobs properly.

Public and staff engagement (local and service level if this is the main core service)

- The provider had no formal process for staff engagement. However, meeting notes from November 2017 demonstrated the provider encouraged staff to feedback on the quality and future development of the service.
- Two staff members told us they feedback to the manager at face to face meetings before or after a shift and during appraisal.
- The provider organised a staff Christmas party during December 2017 as a way of rewarding staff for their service.
- The provider recognised and rewarded the commitment of those staff who were able to work at short notice.
- The provider encouraged staff to seek feedback from patients. We reviewed six patient feedback forms and found the feedback to be positive including the professionalism of staff, and treating patients with dignity and respect.

Innovation, improvement and sustainability (local and service level if this is the main core service)

Patient transport services (PTS)

- During the previous 12 months the provider had employed three additional staff on an ad hoc basis. This was in response to the growth in the business. This increased the number of PTS staff to six.
- The provider was in the process of creating a business plan to move to a dedicated ambulance station in order to expand the business, store ambulances inside and increase the size of the ambulance fleet.

Outstanding practice and areas for improvement

Outstanding practice

- The provider checked the staff driving licences every three months throughout the staff members' employment to ensure they had not received any penalty notices for driving offences and were still eligible to drive.

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider should develop a documented policy and procedure to follow in the event of a deteriorating patient.
- The provider should implement documented eligibility criteria to define patient suitability for transportation.
- The provider should promote staff understanding of the duty of candour regulation.
- The provider should continue to embed governance processes such as auditing and team meetings.
- The provider should undertake benchmarking against other providers.