Emergency Medical Services (GB) Ltd

Ponders End Ambulance Station

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

Ponders End Ambulance Station was operated by Emergency Medical Services (GB) Ltd. The service was based in Enfield, London. The main service provided was a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 30 July 2018.

Services we do not rate

We regulate independent ambulance services and we currently have a legal duty to rate them. This inspection was carried out under our old methodology and the service has not been rated. 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 management team worked well with the organisations it sub-contracted to and provided services, which met the needs of local people.
- The service had enough skilled staff to safely carry out patient transfers and ensured a minimum of two staff were allocated to each patient transfer. The staffing levels and skill mix of the staff met the patients' needs.
- The ambulance and the ambulance station were visibly clean and systems were in place to ensure vehicles were well maintained.
- All equipment necessary to meet the various needs of patients was available.
- There were effective recruitment and systems such as providing to mandatory training to support staff.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a clear understanding of the Mental Health Act (1983) and Mental Capacity Act 2005 (MCA) and were aware of their role and responsibilities.
- Staff demonstrated pride in their role and we observed where they had shown care and compassion when transporting patients. The provider sought to gain feedback from patients using a patient feedback form.
- The leadership of the service was open, approachable and inclusive and staff confirmed this.

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

- The service did not carry out infection control and hand hygiene audits to measure the quality and effectiveness of the service delivered.
- The service did not ensure all patient report forms were fully completed and stored securely.
- The service did not carry out a risk assessment for hazardous substances including cleaning products following Control of Substances Hazardous to Health (COSHH) guidance.
- The service was not meeting the Accessible Information Standard (AIS) to ensure people who have a disability, impairment or sensory loss get information that they can access and understand.

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

Amanda Stanford

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Ponders End Ambulance Station is operated by Emergency Medical Services (GB) Ltd. The main service provided was a patient transport service. We regulate independent ambulance services and we currently have a legal duty to rate them. This inspection was carried out under our old methodology and the service has not been rated. We found the following areas of good practice: • The management team worked well with the organisations it sub-contracted to and provided services, which met the needs of local people. • The service had enough skilled staff to safely carry out patient transfers and ensured a minimum of two staff were allocated to each patient transfer. The staffing levels and skill mix of the staff met the patients' needs. • Staff demonstrated exceptional pride in their role and we observed where they had shown care and compassion when transporting patients. The provider sought to gain feedback from patients using a patient feedback form.

Ponders End Ambulance Station

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Ponders End Ambulance Station

Ponders End Ambulance Station was operated by Emergency Medical Services (GB) Ltd. The service opened in March 2018. It was an independent ambulance service in Enfield, London. The service primarily served the communities of London.

The main service was a patient transport service, which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and patients being discharged from hospital wards. The service was inclusive of all patients.

The service had one vehicle which covered nine hour shifts between 7:00am and 8:00pm Monday to Friday.

The service has had a registered manager was in post since March 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,another CQC inspector, an assistant inspector, and a specialist advisor with expertise in governance and patient transport services. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Ponders End Ambulance Station was operated by Emergency Medical Services (GB) Ltd. It was an independent ambulance service in Enfield, London. The service primarily served the communities of London.

The service was registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

During the inspection, we visited the station in Enfield, London. We spoke with five members of staff including: two patient transport drivers, the clinical advisor and members of management. We observed one patient transport journey from a hospital to the patient's home. During our inspection, we reviewed eight sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has not previously been inspected by CQC.

Activity June 2017 to June 2018

- There were 1,037 patient transport journeys undertaken.

Two patient transport drivers and a clinical advisor, who was a registered paramedic, worked at the service, which also had a bank temporary staff member that it could use. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- No never events
- No serious injuries
- One complaint

Summary of findings

We found the following areas of good practice:

- The management team worked well with the organisations it sub-contracted to and provided services, which met the needs of local people.
- The service had enough skilled staff to safely carry out patient transfers and ensured a minimum of two staff were allocated to each patient transfer. The staffing levels and skill mix of the staff met the patients' needs.
- The ambulance and the ambulance station were visibly clean and systems were in place to ensure vehicles were well maintained.
- All equipment necessary to meet the various needs of patients was available.
- There were effective recruitment and systems such as providing to mandatory training to support staff.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a clear understanding of the Mental Health Act (1983) and Mental Capacity Act 2005 (MCA) and were aware of their role and responsibilities.
- Staff demonstrated pride in their role and we observed where they had shown care and compassion when transporting patients. The provider sought to gain feedback from patients using a patient feedback form.
- We saw, that the leadership of the service was open, approachable and inclusive and staff confirmed this.

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

Patient transport services (PTS)

- The service did not carry out infection control and hand hygiene audits to measure the quality and effectiveness of the service delivered.
- The service did not ensure all patient report forms were fully completed and stored securely.
- The service did not carry out a risk assessment for hazardous substances including cleaning products following COSHH guidance.
- The service was not meeting the Accessible Information Standard (AIS) to ensure people who have a disability, impairment or sensory loss get information that they can access and understand.

Are patient transport services safe?

Incidents

- The service had an accident and incident reporting policy. The policy described how accidents and incidents should be reported, investigated and the learning shared with staff. Incidents would be investigated within 48 hours to ensure accuracy in reporting. Managers would also ensure that the agreed actions were carried out and that the lessons learnt were identified.
- Managers told us there was a no blame culture and incident reporting was encouraged in order to facilitate continuous improvement. Staff we spoke with understood the incident reporting procedure.
- We were shown an example of the incident investigation form which had sections for details of the incident, outcome of the investigation and changes to be implemented after the investigation.
- The service reported there were no incidents or near misses from June 2017 to June 2018.
- There were no never events or severe harm incidents reported to the CQC prior to our inspection. The service reported that there were no never events in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service had a procedure for the duty of candour. 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.
- Staff we spoke with understood the duty of candour regulations and the requirement to be open and honest. There was a flowchart for staff to follow and we saw records which showed that staff had signed the duty of candour procedure to state they read and understood it.

Mandatory training

- The service provided some of its training using an accredited training centre. This meant that training was externally accredited using industry recognised best practice. Staff also completed training modules online.
- Examples of training courses included; basic life support, infection control, moving and handling, information governance and consent. Staff were also trained to carry out procedures on the ambulance such as using and securing wheelchairs, child restraints and the ambulance winch.
- The service had two full time drivers. The clinical advisor, who was a paramedic, the manager and a bank staff provided cover where required. Records showed the full time drivers had completed mandatory training. The service did not have records to show that the other staff had completed training. Following our inspection managers sent us confirmation of mandatory training.
- There was an induction checklist to ensure that all staff had completed relevant training prior to becoming operational on the ambulance.
- The service provided staff training to undertake vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required.
- There was an effective process for checking driving licences. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check.
- There was a system to check on driving competence. The manager as well as an external training provider went out, observed drivers and provided feedback. The managing director told us the service was not contracted to provide blue light driving.

Safeguarding

- The service had a policy for safeguarding children and protecting vulnerable adults from abuse. The policy gave clear guidance to staff on how to report urgent concerns and included contact information for the appropriate local authority safeguarding children or adult teams.
- Staff were aware of guidance related to specific safeguarding issues. The safeguarding policy did not include the legal requirement for reporting incidents of female genital mutilation (FGM) and the 'PREVENT' strategy for identifying and preventing terrorism. Following our inspection the practice sent us an updated safeguarding policy.
- The managing director was the safeguarding lead and had completed training in safeguarding vulnerable adults and child protection at level 3. One of the drivers had completed training to level 3 and the other staff to level 2. The service did not have records to show that the clinical advisor had completed safeguarding training. Following our inspection the practice sent us evidence safeguarding training had been completed in March 2017.
- All staff we spoke with had a good understanding of safeguarding and when they would report an incident. Staff we spoke with could describe the signs of abuse, knew when to report a safeguarding incident, and knew how to do this.
- The service reported there had been no safeguarding incidents from June 2017 to June 2018.

Cleanliness, infection control and hygiene

- The service had an infection prevention and control (IPC) policy. The policy stated staff should follow guidance on hand hygiene, personal protective equipment, environmental cleaning, waste management and uniforms.
- Staff we spoke with were aware of their responsibilities related to IPC including where patients may have a specific infection. The drivers were made aware of specific infection and hygiene risks of individual patients by the information gathered at the time of the booking.
- We observed staff complying with good hand hygiene, no wristwatches were worn, and staff uniforms were clean.
- The ambulance was deep cleaned on a monthly basis. Staff told us the ambulance would be deep cleaned sooner if required. A deep clean involved cleaning the ambulance to reduce the presence of certain bacteria. A deep cleaning checklist was used to show when and what areas of the ambulance were cleaned.
- The ambulance we viewed was visibly clean, tidy with fixtures and fittings in good repair, and easy to clean. Decontamination cleaning wipes were available on the ambulance. The drivers assigned to the ambulance each day completed the day-to-day cleaning of ambulance. The daily records for the cleaning regime had been completed.
- Hazardous spillage equipment was available on the ambulance.

- All staff received induction on IPC. Data provided by the service showed that all staff had completed infection prevention and control training.
- The service had not carried out an IPC or hand hygiene audit. The manager was the infection control lead and was responsible for audits. The manager told us the service would implement IPC or hand hygiene audit.

Environment and equipment

- The premises were on an industrial estate. It was clean, secure and tidy with adequate space to safely store the ambulance.
- The service had one ambulance. It was fully maintained including the vehicle logbook, service history- and insurance. Records clearly showed when the ambulance was last maintained and when the Ministry of Transport safety tests certificates were undertaken and next due.
- Arrangements were in place to lease an ambulance if the one at the service was not operational.
- Staff told us they had no issues with lack of equipment or stores. We checked the resuscitation equipment and supplies on the ambulance and found they were fit for purpose.
- The ambulance was stocked with equipment for the treatment of adults and children.
- The service had not undertaken a risk assessment for hazardous substances in line with the Control of Substances Hazardous to Health 2002 Regulations.

Medicines

- The service had medical gases such as Entonox and oxygen. The service did not have other prescribed medicines and there were no controlled drugs on site.
- Gases were obtained directly from the external supplier. Oxygen and analgesic gases were securely stored on the ambulances.
- The service had four oxygen cylinders and one had expired on 23 July 2018. We discussed this with the managing director who provided records of an ongoing contract to have the oxygen cylinder serviced. In addition, the registered manager sent the crew to replace the expired cylinder.
- Staff we spoke with knew about their responsibilities when administering oxygen. The amount of oxygen that patients required was requested as part of the booking procedure and the relevant information was passed to staff prior to transport.
- Staff had received training in oxygen administration and told us they referred to guidelines issued by Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Records

- There was a confidentiality and data protection policy.
- During transport, the staff used a patient report forms (PRF) to record all observations and process. Completed PRF were stored securely on the ambulance and removed on a weekly basis. The forms were retained by the manager who delivered them to the managing director who stored the PRF at a home address. The managing director was registered with the Information Commissioner (ICO). We found, the manger was not registered with the ICO.
- We observed that all patient identifiable information was stored securely in a locked cabinet, in the ambulance to protect confidentiality.
- We reviewed eight PRF records. We found that three of these had not been fully completed. For example, the drivers did not always record when an escort was present.
- The service had not audited the completion of the PRF records. However, the manager had engaged an external training provider to review a sample of PRF and give staff training on how to improve recording on the PRF. Records showed that staff received training and feedback on completing PRF forms in June 2018. The managing director told us this would be monitored on an ongoing basis.
- All staff were aware of the process to ensure do not attempt cardio pulmonary resuscitation (DNACPR) decisions were up to date and recorded. All records travelling with patients were appropriately stored and handed over to the receiving provider correctly.

Assessing and responding to patient risk

- Risk assessments were undertaken prior to booking patients. This included some screening questions to identify if the patient needed additional clinical support during the transfer. Hospital staff or relatives accompanied patients on journeys where required.
- Drivers were informed of any special requirements or need of patients on the booking form.
- There were two drivers assigned for each patient journey. One of the drivers sat with the patient and observed them during the journey.

Patient transport services (PTS)

- The staff we spoke with had a clear understanding about what to do if a patient deteriorated during a journey. Staff gave us an example where they pulled over their ambulance, contacted the managing director who directed them to the nearest hospital for emergency assistance. Staff could also call the clinical advisor when they were working to access clinical advice.

Staffing

- The service had a managing director, a clinical advisor, a manager and two ambulance drivers.
- At the time of our inspection the service had four contracts to provide patient transport and these were all on an ad hoc basis. The contracts provided patient transport between 7:00am and 8:00pm on a nine hour shift Monday to Friday.
- Two ambulance drivers were required for each shift. This work was allocated to two, named members of staff for the entire period of the contract. The clinical advisor, manager and a bank staff were available to work on the ambulance on an ad hoc basis to cover sickness absence and holiday leave.
- Staff did not have set breaks during the nine hour shift. The staff we spoke with told us they would take a break when there was a natural lull in the discharge service. On the day of the inspection, we observed that staff were able to take a break for lunch.

Anticipated resource and capacity risks

- Bookings were made via the control room of the organisation the service subcontracted to and the crew staff received the information on their tablets. Staff checked they had received the correct information at handover points and raised issues about the completeness of information, if necessary.
- The service did not undertake pre-booked patient transfers. The managing director told us the service could choose to accept the jobs it was capable of completing. The service had sufficient staff and vehicles to accommodate bookings for patient transfer.
- The service had breakdown arrangements in place for the ambulance.

Response to major incidents

- The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. This included the steps to be taken if there was potential disruption, such as fire or telecommunication system failure.
- The managing director told us the service did not have a formal response to major incidents. The service would offer assistance wherever it was required.

Are patient transport services effective?

Evidence-based care and treatment

- A range of pathways were used that complied with the National Institute for Health and Care Excellence (NICE) guidelines and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- The service had a range of guidelines and pathways which were accessible to all staff such as an aide memoir for undertaking a mental capacity assessment and best interest decision as well as manual handling guidelines and the appropriate equipment to be used. The guidelines and pathways were kept in the ambulance. The clinical advisor told us any relevant updates were discussed at staff meetings.
- The service had a range of policies which reflected national guidance such as infection control and obtaining consent. The manager told us policies were regularly reviewed and updated. We reviewed policies and procedures and found they had been updated. Staff had access to the policies and procedures which were stored in the ambulance.

Assessment and planning of care

- Staff used the available information, together with discussions with staff at the discharging service, the patient and their relatives, to plan each journey and complete the transfer safely and with minimum discomfort to the patient.
- The service transported patients with mental health conditions. The managing director told us only low risk patients were transported such as those with dementia. A risk assessment was carried out prior to booking to determine if patients were a low risk. Mental health patients were accompanied by hospital staff.

Response times and patient outcomes

Patient transport services (PTS)

- The managing director showed us records for patients' transfers that included the time they were discharged from hospital and the time they arrived at their destination. The vehicle tracking system could also be used to monitor the ambulance's progress.
- The managing director told us they held monthly meetings with a manager at the main organisation it sub-contracted to and reviewed performance.
- We were provided with data that showed the service exceeded the key performance indicators (KPIs) for patients to be collected no more than 30 minutes early and no more than 10 minutes late as well as for patient's time on the vehicle not more than one hour.
- The service did not consistently meet the KPI for patients to be collected within an hour and for patients return journey to be within 45 minutes. The managing director told us there was room for improvement with these KPIs.

Competent staff

- Staff were given an induction period. The length of time was dependent on experience. The induction included an awareness of policies and procedures.
- Staff had a training file, which was stored in their human resource file, along with copies of training certificates.
- A staff handbook was provided for all staff and kept on the ambulance. This contained general employee information as well as policies and procedures.
- The service reviewed the training, learning and development needs of all staff members at appropriate intervals and ensured an effective process was established for the on-going assessment, supervision and appraisal. Staff completed six monthly appraisals.
- The staff we spoke with thought highly of the education and support that was provided to them.
- Continuous professional development (CPD) was ongoing. We saw a list of available training courses in the training file.
- Training was given when needed as a result of a complaint.

Coordination with other providers

- The service had good working relationships with the organisations it sub-contracted to. For example, the managing director told us that they regularly held a contract review meeting with the main provider it subcontracted to.
- There were agreed care pathways with the organisations that sub-contracted the service. These ensured patients were treated in a way to achieve the best possible outcome. Staff gave us an example of liaising with the provider that sub-contracted the service when a patient had to be returned to the hospital.
- There were robust systems to escalate concerns to the organisations that sub-contracted the service and we heard examples where this had occurred.
- All staff were aware of their role and lines of accountability with sub-contract work. Staff knew the concerns or incidents that required reporting to the organisations that sub-contracted the service. All staff we spoke with told us they would also call the senior management team to inform them of any concerns.

Multi-disciplinary working

- There was an effective working relationship between the ambulance drivers and staff at the control room.
- Staff liaised with the wider multidisciplinary team as necessary. For example, they told us that if they transferred a patient home from an appointment and the staff were concerned they would contact the patient's carers and family if required.
- Staff discussed patients' immediate needs and any changes in their condition or behaviour with hospital staff.

Access to information

- Staff could assess information to transport patients effectively.
- Staff could assess information on the ambulance through the staff handbook. The staff handbook contained human resources information and summaries of policies and procedures.
- Staff had tablets which enabled them to communicate with ambulance control. This meant staff had access to the control room and were able to have access to all information requested during the booking process. This included special notes to alert staff of patients with pre-existing conditions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy for mental capacity and consent.

Patient transport services (PTS)

- Staff had received training on consent and the Mental Capacity Act (2005). Staff had access to a workbook and DVD where training on the Mental Capacity Act (2005) could be reviewed when required.
- We saw examples of scenarios that staff would review for the management of patients who lacked capacity.
- Staff we spoke with understood the Mental Capacity Act (2005) and best interest decisions.
- We observed the ambulance drivers giving clear explanations to enable patients to make decisions about their transport. We saw that a patient being asked if they understood what the drivers had explained to them.

Are patient transport services caring?

Compassionate care

- All the staff we spoke with during the inspection showed a commitment to providing the best possible care.
- We observed an example of the ambulance drivers providing patient transport services from the discharge lounge at a local hospital to the patient's home. We observed ambulance drivers taking the necessary time to engage with a patient during the journey. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times.
- We observed the drivers assisting the patient up the stairs and into their home. We observed the drivers maintaining the patients' privacy and dignity.
- The drivers were also concerned about continuity of care after patients' transfers were completed. For example, they checked with patients about the availability of ongoing care and support after the transfer had been made from hospital to home.
- We reviewed feedback from patient-surveys. Patients said staff were caring, kind and professional.
- We spoke with staff who spoke fondly about their patients, if patients' treatment had caused them delay staff would wait to ensure patients made it home safely.

Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. Ambulance drivers gave clear explanations of what they were going to do with patients and the reasons for it. Drivers checked with patients to ensure they understood and agreed.
- Staff demonstrated an awareness of involving patients, and their relatives or carers, in any decisions that were made about their transport.
- Staff provided clear information to patients about their journey and informed them of any delays.

Emotional support

- Staff understood the impact that they could have on patients' wellbeing and acted to emotionally support their patients during transfers.
- We observed an ambulance driver checking on a patient, in terms discomfort, and emotional wellbeing during the transport journey.
- Staff we spoke with told us they understood the need to support family or other patients should a patient become unwell during a journey.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The main service was a patient transport service, which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and patients being discharged from hospital wards. The service was inclusive of all patients.
- Patient transport services were commissioned by four organisations. The service worked with these organisations to support them to meet demand, by having regular meetings.
- The organisations stipulated if and when patient transport was required as part of the contract. Patient transport was not pre-booked and was carried out on an ad hoc basis at the organisation's request.
- The staffing levels, shift patterns and availability of vehicles were maintained in line with the organisations contract's requirements.

Meeting people's individual needs

- The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The Accessible Information Standard was

made into legislation in 2016. Ponders End Ambulance Station did not meet this legislation. We discussed this with the managing director who told us the legislation would be reviewed and implemented.
- There was a basic translation booklet available on the vehicle to communicate with patients who did not have English as their first language.
- Staff did not have access to an interpreter service through a telephone interpreting service and supported patients who did not have English as their first language. The service did not have access to other accessible information such as large print or Braille.
- The identification of patients with complex needs, such as those living with dementia, learning disabilities; physical or mental disabilities were assessed at the booking stage.
- Specialist bariatric equipment was available on the ambulance; this would be requested through the booking portal by the organisations that sub-contracted the service. Staff also received training in supporting bariatric patients during a journey, this included limitations caused by their condition.
- We saw records which showed that bariatric patients were transported on a regular basis.

Access and flow

- Patients were allocated and referred to the service by the organisations the service sub-contracted to.
- The service had one vehicle which covered nine hour shifts between 7:00am and 8:00pm Monday to Friday. Records showed the service had enough staff to cover the shifts required.
- Staff performance was monitored by the manager and an external training provider. Feedback on driver performance was given to each driver. The managing director told us if there was concern about a driver they would undergo an assessment which was provided by an external provider.
- The service worked with the organisations it sub-contracted to support them to meet patient demand for their service. Patient transport journeys were ad hoc and the service was able to meet the booking requests.
- The service response times and turnaround times were monitored on a monthly basis. The service completed 974 journeys for one organisation which had key performance indicators (KPI) for patients to be collected within an hour was 95%, patients to arrive no earlier than 30 minutes and no later than 10 minutes for their appointment was 95%, patient time on the vehicle for one hour was 95% for a maximum of five miles and 85% for a maximum of 10 miles, the final KPI related to patient return journey within 45 minutes.
- Date provided by the service showed that from June 2017 to June 2018 the KPI for patients to be collected within an hour was met twice at 95% and 100%. For the remaining months the KPI for patients being collected within an hour ranged between 59.5% and 94%.
- The KPI for patients to arrive no earlier than 30 minutes and no later than 10 minutes for their appointment was exceeded by the service at 100% for ten months.
- The KPI for patient's time on the vehicle for one hour was 95% for a maximum of five miles. The service exceeded this KPI for four months. For the remaining months the KPI for patient's time on the vehicle for one hour for a maximum of five miles ranged between 78.6% and 94.4%.
- The KPI for patient's time on the vehicle for one hour was 85% for a maximum of 10 miles. The service exceeded this KPI for eleven months.
- The KPI for a patients return journey was within 45 minutes. The service exceeded this KPI for three months. For the remaining months the KPI for a patients return journey ranged from 50% to 93.9%.
- We saw records which showed the service completed 63 journeys for the remaining three organisations. The service monitored the reason for failing to meet KPI such as a journey being over 10 miles or a patient not being ready at the time of collection.

Learning from complaints and concerns

- The service had a policy for handling, managing and monitoring complaints and concerns. The policy outlined the process for dealing with complaints including acknowledging the complaint within 48 hours, an investigation and a full response.
- Staff knew how to advise a patient if they wished to complain.
- The service had received one complaint from a patient within the last 12 months.
- The complaint had been responded to in line with the complaints policy. We found the complaint had been investigated to see if anything might have improved the patient's experience.

- We saw records which showed the standard operating procedure had been updated in February 2018 in response to the complaint. The managing director told us the learning from complaints was discussed with staff and staff we spoke with confirmed this.

Are patient transport services well-led?

Leadership of service

- The leadership team consisted of the managing director, a clinical advisor and the compliance manager who was the CQC registered manager. The managers we spoke with were aware of their roles and responsibilities, and staff we spoke with knew who the different leads were and what they were responsible for.
- The managing director had completed a management course and was a member of a management institute.
- The compliance manager had overall responsibility for updating policies and procedures and undertaking driver checks.
- The clinical advisor provided advice and clinical updates.
- We observed members of staff interacting well with the leadership team during the inspection.

Vision and strategy for this this core service

- Given the nature of the service there was no formal written strategy but staff worked to provide safe and reliable care.
- The vision and strategy of the service was to provide safe and reliable care while maintaining patient's dignity, to provide a service that was responsive to individual needs, to develop competent and professional staff, to promote teamwork and good communication.
- The ambulance drivers worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.
- The managing director told us the service had plans to increase the number of ambulances and also make the service more diverse.

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

- There were regular monthly management team meetings. We saw records of management meetings discussing training, continuing professional development, infection control and a complaint. The managing director told us there were weekly informal meetings with staff.
- The service had completed risk assessment for flammable gasses, use of the automated external defibrillator, sharps injuries, clinical waste and transporting patients where visibility was poor.
- An audit of the service had been undertaken by on organisation the service was sub-contracted to. The audit was completed in February 2018 and reviewed areas such as the service's policies and procedures, training matrix, ambulance maintenance and response times.
- The management team had kept up-to-date with key changes in the regulations. Policies and procedures were reviewed regularly and updated where required.
- The service monitored key performance indicator (KPI) data on a monthly basis.
- The service had a recruitment policy that set out the standards it followed when recruiting staff. The managing director told us that, as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and Barring Service (DBS), proof of identification, references, check as well as driving license checks. We reviewed the staff files and found that these checks had been completed.
- The managing director told us learning was cascaded to staff. For example, all staff were informed when the procedure for collecting patient's medication was updated.
- Meetings were held with senior managers from the organisation the service sub-contracted to. The service worked closely with these organisations and had a face-to-face meeting to discuss the ongoing commitment from their organisation to ensure the best patient and customer outcomes.
- The service did not have a risk register. We noted the service had completed appropriate risk assessments to identify relevant risks and had an effective risk assessment process.

Culture within the service

- The management team and staff were committed to continuous improvement of the service. The managing director had engaged an external training provider to assist with training and driver checks.

- The service had an open and honest culture. Staff told us the culture of the service was friendly and approachable.
- Staff we spoke to were proud of the work that they carried out.
- Staff told us the management team was supportive and approachable. Staff told us they usually met individually with the managing director if needed.

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

- The service had a whistleblowing policy to provide assurance to staff who wished to provide feedback about aspects of the service.
- Staff told us that if they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.
- Staff told us that the managing director and all the managers were supportive and approachable.
- Staff we spoke with were positive about their engagement with the managers of the service. They told us they felt involved in decision making around patient transport services and their roles. In addition, they told us they were kept informed of any planned changes and always felt listened to.
- Staff told us the management team were responsive to their feedback and they were comfortable raising concerns as they arose. Staff meetings were held on a monthly basis.
- We reviewed the results of the patient satisfaction survey for 2017. The service received 102 responses between January to December 2017 which were mainly positive. We saw one response where a patient commented on waiting too long to be collected. The managing director contacted the provider it sub-contracted to and determined the cause for the delay to prevent it from happening in the future.

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

- The service had engaged an external training provider to improve the quality and consistency of training. Drivers were also observed and feedback given on their performance.
- The managing director identified meeting the key performance indicator as an area of improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should consider completing infection control and hand hygiene audits to make sure staff are compliant with infection control guidelines and policies.
- The provider should ensure all patient report forms are fully completed, stored securely and comply with data protection regulations.
- The provider should ensure that a risk assessment is carried out for any hazardous substances including cleaning products following COSHH guidance.
- The provider should ensure they are meeting the Accessible Information Standard to ensure people who have a disability, impairment or sensory loss get information that they can access and understand.