Mr Keith Wolden

Patient Ambulance Services (Littleborough)

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

Patient Ambulance Service (Littleborough) is operated by Patient Ambulance Service and provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. The inspection was announced and carried out on 3 October 2017.

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

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

Services we 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:

- There were policies and procedures that guided staff on the reporting of any incidents or concerns.
- There were no serious incidents (that led to patient harm) or patient deaths reported during this period.
- We were able to see concerns were investigated. The service had a low number of incidents which were minor in nature.
- There were no cleanliness concerns for the three patient transport vehicles we reviewed. Staff were visibly clean and had received training on infection control.
- We found evidence that Patient Ambulance Service had systems in place to monitor the maintenance of ambulances.
- We found evidence that Patient Ambulance Service had systems in place to monitor its equipment.
- The service had a safeguarding policy. All staff had signed the safeguarding policy.
- Staff were clear on how to verbally report safeguarding concerns to commissioners and also to the manager of the service.
- We saw evidence of a comprehensive induction process for staff with a checklist of mandatory training modules which needed to be completed and personal documentation which needed to be reviewed.
- We found that the staff were confident in responding to risk and understood what process they would follow.
- We found staff demonstrated a good understanding of people's needs particularly in terms of elderly patients and those needing extra support.
- We found that the service and staff were caring, from patient feedback we were given in the course of the inspection.
- We found that the service was well led and staff valued the organisation and the manager.

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

- The service needed to review its incident recording system.

Summary of findings

- The service needed to review its safeguarding recording system.
- The service needed to review its data sharing arrangements with its commissioners. It was unable to provide any clear data on journeys undertaken and number of patients seen on a yearly basis.
- The service need to review its supervision policy and also implement structured team meetings.
- The service needed to review its policies and procedures intermittently with staff.

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.

Professor Edward Baker
Chief Inspector of Hospitals

Patient Ambulance Services (Littleborough)

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Background to Patient Ambulance Services (Littleborough)

Patient Ambulance Service (Little borough) is based in Rochdale in Greater Manchester and opened in 2008. It is a private ambulance service that offers pre booked transport to the NHS and private health care sector in the North West of England. We inspected this site.

Patient Ambulance Service also has a small satellite service in Yorkshire, which it uses as a base site for one of its present NHS contracts. We did not inspect this site.

The regulatory services provided by Patient Ambulance Service include transport services, triage and remote medical advice.

The service presently has two NHS contracts which it provides through a brokerage system managed by a private organisation.

Patient Ambulance Service has four functional ambulances in use at any one time with two crew in each. The service has two back up vehicles if and when required.

The owner of the company acts as the service manager and is also the regulatory manager. The owner has previous experience as a ambulance crew member.

At this inspection, the service was inspected under the new regulatory framework for independent ambulance providers.

In the course of day to day business, the manger is supported by a human resource (HR) consultant and six ambulance crew on zero hour's contracts.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a CQC bank inspector. The inspection team was overseen by Angela Parfitt Inspector Manager.

How we carried out this inspection

We visited the service over a one day period. We visited the main site at Littleborough in Rochdale. We inspected the main ambulance station, ambulances and stock rooms.

In the course of the inspection we interviewed the manager of the service and three ambulance crew members. We viewed staff records to check up-to-date certificates of employment and training documentation.

We also viewed local and national policies to ensure staff were working to these. We viewed records to prove servicing of vehicles was current and spot-checked three vehicles to ensure equipment and cleanliness was up to standard.

Detailed findings

Prior to the inspection, we viewed a range of documentation the provider had supplied and information we held about the service. We also received feedback from patients and their relatives.

To get to the heart of people who use services; experience of care, we always ask the following five questions of every service provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These five key questions formed the foundation of our inspection and were the areas we looked at during the inspection.

We would like to thank all the staff and patients for sharing their time, views and experiences of the care provided by Patient Ambulance Services.

Facts and data about Patient Ambulance Services (Littleborough)

Patient Ambulance Service did not supply any data relating to its activity.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

During the inspection, we visited one location based in Littleborough Rochdale. We spoke with six staff including; patient transport drivers and managers. We also received 17 'tell us about your care' comment cards, which patients had completed before 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. The service was last inspected on 19 December 2013.

At the time of that inspection, Patient Ambulance Service was seen as meeting all standards of quality and safety that it was inspected against.

Summary of findings

- There were policies and procedures that guided staff on the reporting of any incidents or concerns.
- There were no serious incidents (that led to patient harm) or patient deaths reported during this a year period that we reviewed.
- We were able to see concerns were investigated. The service had a low number of incidents which were minor in nature.
- There were no cleanliness concerns for the three patient transport vehicles. Staff were visibly clean and had received training on infection control.
- We found evidence that Patient Ambulance Service had systems in place to monitor the maintenance of ambulances.
- We found evidence that Patient Ambulance Service had systems in place to monitor its equipment.
- The service had a safeguarding policy. All staff had signed the safeguarding policy.
- Staff were clear on how to verbally report safeguarding concerns to commissioners and also to the manager of the service.
- We saw evidence of a comprehensive induction process for staff with a checklist of mandatory training modules which needed to be completed and personal documentation which needed to be reviewed.
- We found that the staff were confident in responding to risk and understood what process they would follow.

Patient transport services (PTS)

Are patient transport services safe?

We have not rated the safety of patient transport services at Private Ambulance Service Ltd because we do not rate independent providers of ambulance services at the time of this inspection.

Incidents

- There were policies and procedures that guided staff on the reporting of any incidents or concerns.
- The service had no never events. A never event is a serious wholly preventable patient safety incident that has the potential to cause serious harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The service had four minor logged incidents in the s year previous to the inspection date and two related to patient safety in that time period.
- There were no serious incidents (that led to patient harm) or patient deaths reported during this period.
- The service had an internal policy for incident reporting and a log, however the internal incident reporting system was primarily based on verbal communication between staff. The manager and staff told us that any incidents or concerns would be highlighted in a phone call at the time of the incident or at the end of the shift. We were told this type of communication was usually sufficient because of the small size of the service and the low risk of its patient group.
- We were able to see evidence that logged, incidents were investigated. The four minor logged incidents were followed up by the manager. An example of this was an issue relating to confidentiality of patents and the potential for a data breach. The issue was quickly resolved by the manager. Staff were seen on a one to one basis and a memo on the conduct of staff was sent to all employees, which we viewed.
- The service participated in an external incident reporting process. Patient Ambulance Services had a contractual duty to log incidents with services it sub contracted to, which were usually NHS ambulance organisations. Any concerns were flagged via the control rooms of the organisations on or before patient pickups. The NHS ambulance body then used this information to follow up issues itself. All the staff in Patient Ambulance Services we talked to were clear when to contact the control rooms.
- The service had internal incident recording forms and these were presented to us as part of our pre inspection process. Incident forms were supposed to be on each ambulance but on inspection we found no incident forms on the three vehicles we reviewed. No incident forms were readily available in the site office. We found that the lack of forms could lead to incidents being unreported.
- The service told us it did not receive any incident data back from its commissioners. We found that the lack of data from commissioners coupled with the lack of internal forms on ambulances could lead to incidents being unreported or overlooked.The lack of data from both meant that the service could not tally the internal and external incidents numbers to see if they matched.
- Whilst we found no evidence of the service not reacting to incidents on a verbal basis the service manager agreed that a more robust system of recording needed to be introduced.
- The service manager positively rectified this issue during our announced inspection. We observed a new incident form being constructed which was to be used for sharing learning from incidents with staff. As well as phoning the manager to report incidents, we were told any incidents would be highlighted by crew filling in an incident form which would be kept in sealed boxes at the end of each shift. The incidents forms would capture all incidents so they could be reviewed by the manager.
- After the inspection we asked for confirmation that the new process had been put in place. The service sent us evidence on 15th October 2017 that the service manager had written to all staff. The information highlighted the process of reporting incidents and was passed on to us with a new incidents and concerns policy attached. The policy described which incidents should be reported and who they should be reported to. We also saw evidence that all staff had signed that they had sight of this policy on 6 October 2017. We were able to confirm this process was in place by interviewing an ambulance crew member by phone who confirmed it had occurred.

Patient transport services (PTS)

- 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 service had a policy on duty of candour. There were no incidents which met the harm thresholds required to trigger the duty of candour policy. Ambulance staff were able to describe what duty of candour was.
- The service had no liability claims made against it in the last year.

Cleanliness, infection control and hygiene

- We found a cleaning schedule for ambulances which was on site and kept in the office. This was completed after each shift.
- There were no cleanliness concerns for the three patient transport vehicles we inspected during our announced inspection. All the ambulances inspected were visibly clean on the outside and on the inside.
- Deep cleaning of all ambulances occurred every 4- 6 weeks.
- Two members of staff in the service had responsibility for ensuring deep cleaning processes were in place. We interviewed one of these members of staff who confirmed the process.
- All clinical waste was tied in bags and then deposited at the hospital from which the ambulance was responding to. The service had no clinical waste on site or left in ambulances.
- We saw the last three months' deep cleaning audit conducted by the service manager and asked to see the deep cleaning form on one of the ambulances. We found both to be satisfactory.
- All staff were trained in infection control as part of mandatory training and all vehicles were compliant in hand hygiene, personal protective equipment and isolation.
- Spill kits were visible and spill kit procedures were on board ambulances. However one spill kit was recently out of date. We received written confirmation in the form of an invoice that the service had replaced the spill kit on 10 October 2017.
- We found hand gel in sinks in the site office with appropriate washing facilities available.
- Staff followed the uniform policy .
- We found that a number of mops and buckets were available to ensure no cross contamination or infection when used on ambulances. However they were not colour coded correctly and this could cause cross contamination by accidentally mixing up the mop heads. We were provided with evidence that the service had resolved this issue by providing colour coded buckets and mop handles for each ambulance after the inspection.

Environment and equipment

- We found evidence that Patient Ambulance Service had systems in place to monitor the maintenance of ambulances it used. Maintenance logs showed dates of previous MOTs and also future MOTs. The service also showed us online vehicle tax documentation and insurance documentation.
- We were informed that if a vehicle developed a fault the shift's crew completed a vehicle fault report and verbally informed the manager straight away or at the end of the shift. If the fault was serious and impacted on patient safety the service manager showed us a backup ambulance, which was used to cover the following shift. The backup ambulance was also used to cover future shifts whilst maintenance was undertaken. We saw evidence of work which had been undertaken because of a fault.
- We found health and safety issues were reported in a similar way to vehicle faults.
- We found one instance of potential damage to a fire extinguisher whilst on an ambulance. The other two extinguishers on two vehicles were in working order. We received a confirmation invoice letter from the service manager on 10 October 2017, showing that all eight extinguishers on ambulances had been re-inspected by a specialist local company and were in working order.

- The main garage used by the service to secure its ambulances was located in Oldham in the grounds of the site office which was a small porta cabin. The environment was clean safe and secure. Staff had access to toilet facilities.
- We were able to see vehicles were inspected and made ready for future shifts by their crews after shifts ended by the use of a check list. The crew taking over also checked vehicles readiness. The checks included internal and external fittings.
- The services ambulances were equipped for bariatric use.
- The service showed us evidence of medical equipment including bariatric equipment being serviced by a specialist company. The servicing included lifts, hoists, pat slides, wheel chairs and stretchers.
- We saw evidence that all vehicles were registered with a breakdown organisation.

Medicines

- No medicines were kept on the ambulances. Patients or carers had to carry their own medicines whilst in the vehicle.
- Medical gases for example oxygen were stored securely on ambulances and checked regularly for oxygen content. The service did not store cylinders on the premises.

Records

- The crews were given NHS patient information by the control rooms or by the service manager dependant on time of day and place of work. Information was recorded by ambulance crews on the way to the patient's pick up point or before they left the service base.
- After collection of the patient the ambulance crew would be provided with a bag containing the patient's records of care. The records would be transported with the patient and handed over to the service on arrival dependent on destination. The service would ensure that this was handed over to a recognised person in the service.
- The servcie had a records policy.
- Patient information which did not have to be stored was destroyed at the end of the shift. Confidential records that had to be kept were stored in a secure location.

Safeguarding

- The service had a safeguarding policy which was dated January 2017. All staff had signed the safeguarding policy.
- The service had no safeguarding referrals in the last year.
- Staff told us they knew who to contact internally and externally if issues arose relating to safeguarding concerns. The five staff we interviewed did not voice any concerns relating to safeguarding patients.
- The service manager was the dedicated safeguarding lead for both adults and children in the service. Staff told us he would be phoned if they had concerns about patient safety. However one member of staff was unclear about this but still informed us they would contact the manager. The manager told us that if he had immediate concerns, they would be escalated to social services.
- The service had an external safeguarding reporting system which the manager or staff would use to escalate concerns regarding safeguarding. It had a contractual duty to log incidents with its commissioners, who were ambulance services who they sub contracted to. Any concerns were flagged via the control rooms of the organisations on or before patient pickups. The commissioning service then decided what appropriate action to take in conjunction with the crew or service manager.
- We were given an example of a concern being internally and externally flagged by a crew because of the home conditions of a patient. The staff member was clear on what to do and mitigated the risks for the patient by flagging the concern appropriately.
- Staff were clear on how to verbally report safeguarding concerns to commissioners and also to the manager of the service. However the service did not have a working central system to log safeguarding concerns which were made externally to commissioners by the ambulance

crew. The service did not receive any recorded data back from commissioners and therefore it was not possible to review concerns unless the manager was told verbally.

- Whilst we found no evidence of the service not reacting to safeguarding incidents, the service manager agreed that a more robust system of recording needed to be introduced.
- The service rectified this issue during our announced inspection. We observed a new incident form being constructed which was to be used for sharing learning from safeguarding incidents with staff. As well as phoning the manager to report safeguarding incidents, we were told incidents would be highlighted by filling in an incident form at the end of each shift to ensure any safeguarding incidents were tallied and reviewed by the manager.
- After the inspection we asked for confirmation that the new process had been put in place. The service sent us evidence on 15 October 2017 that the service manager had written to all staff. The information highlighted the process of reporting safeguarding incidents and was passed on to us with a new safeguarding policy attached, which was signed by staff.
- We found safeguarding training compliance was at 100%. The service kept data on how many staff had been trained and when the training was due for renewal after two years. The information was kept in the staff member's personal file.
- Safeguarding children and adult training was completed on line. We received confirmation from the provider of the safeguarding training that children's training was at level two via an email on 10 October 2017. We reviewed the training package and found it to be comprehensive in explaining what staff should do in the event of a safeguarding concern. The training included recognition of abuse, reporting and recording concerns and elements of the Mental Capacity Act.
- No staff had been trained at safeguarding children level three, which would be required for those staff transporting and treating children. However the service had limited contact with children and adults made up the predominant numbers of patients.

Mandatory training

- Patient Ambulance Service had a 100% mandatory training completion rate. Staff undertook a wide range of courses which were covered during induction and staff were booked into refresher sessions by the manager as soon as they were due for renewal on specific training modules.
- The modules included; first aid, moving and handling, safeguarding adults and children, medical gas administration, **mi**nibus **d**river **a**wareness **s**cheme training, driving awareness and an optical eye test, basic life support, mental capacity and Deprivation of Liberty Safeguards, infection control, advanced driver training.
- Progression opportunities were limited due to the size of the organisation but staff spoke positively of moving from previous jobs in the community to present roles and feeling they had been given a chance to develop in the job through access to training.

Assessing and responding to patient risk

- The service did not carry emergency high risk patients and would only accept patient transport journeys.
- When a patient transport was requested, the NHS providers who contracted the service undertook an assessment to determine if there were any risks or specific needs. The NHS providers were aware of categories of patients the service could carry as part of contracting arrangements. The NHS providers then gave details of the patients to the service and voiced any concerns they had. The information was shared with both crews and the service manager before Patient Ambulance Services picked up the patient.
- We found that crews worked with low risk patients. Staff told us that, as there was no paramedic present for the patient journeys, staff would call 999 in the event of a patient's condition significantly deteriorating.
- We found that the staff were confident in responding to risk and understood what process they would follow. For example, an ambulance crew member we spoke with told us that if patient risk started to increase they would contact the designated NHS control room and or the service manager immediately to seek guidance.If a patient's condition had started to deteriorate they

would divert their transport and take the patient to the nearest hospital or call 999. The crew would notify the hospital of their impending arrival by phone and also inform their service manager.

- All staff employed to work on ambulances had received basic life support (BLS) training.
- First aid equipment was available to staff and was checked regularly to ensure it was ready for use.

Staffing

- We found that ambulance shifts were provided through a broker agency where providers such as Patient Ambulance Services were commissioned to deliver services. The brokerage process was based on a number of criteria including price. The process included short term contracts which were given on a daily basis and some long term contracts. The contracts generally meant that planning of service staffing was sometimes difficult due to short notice periods.
- The service had a small crew of six drivers and three ad hoc drivers which included the service manager. The staff were contracted on a zero hour's basis to deliver the rota. Shift patterns were based on demand but shared equitably amongst the crew.
- We were told by staff that shifts were shared equitably and staff were consulted on capacitry.
- The service did not use agency staff but utilised its existing crew who worked additional shifts where required.
- All ambulances had two members of crew and each crew had the right competencies and training to drive and deliver care on a patient transport journey.
- The service had no ambulance controllers and relied on NHS controllers for support whilst sub contracted to their organisation. However we found that the manager was always on hand to receive calls if required.
- Records showed that all appropriate staffing checks had been made for example proof of identification, references and Disclosure and Barring Service checks.

Response to major incidents

- There was no response to major incidents policy due to the size of the organisation. The service did not conduct major incident rehearsals.
- There was a business continuity plan in place which was provided to us as part of the inspection. The plan was dated January 2017. We found the service manager was aware of it but other staff were not as aware. However staff told us they would contact the manager if issues occurred.
- Within the business continuity plan, the service manager was the designated incident manager.
- There was a secondary location identified for business continuity. The service manager's home or a second station base in Yorkshire would be used as the head office if the base in Littleborough became unavailable.
- The service had no evidence of testing its business continuity plans and therefore the effectiveness of the plan itself was uncertain. At the end of the inspection we were given verbal feedback that the service would revisit its plan to look at on-going effectiveness.

Are patient transport services effective?

We have not rated the effectiveness of patient transport services at Private Ambulance Service Ltd because we do not rate independent providers of ambulance service at the time of this inspection

Evidence-based care and treatment

- The service followed general guidance on how to train staff and equip patient transport services which reflected Department of Health guidelines and this was monitored by the control centre staff who commissioned its services at the point of booking.
- The service was actively linked with both regional and national networks of ambulance services.
- The service had its own local policies and procedures but mainly adhered to its commissioning body's policies and procedures when delivering sub contracted services.
- As part of the sub-contracting arrangement the service had been audited twice by its commissioners to ensure care was in line with commissioning standards. We were given access to the two standards documents. The service had passed both of these audits successfully.

Assessment and planning of care

Patient transport services (PTS)

- We were told by staff and the service manager that the commissioners booking system provided them with sufficient information to plan for their patients.
- We saw examples of bookings and the booking system, which was computer, based and were satisfied it provided adequate information for staff to make appropriate arrangements for patient care.
- The service provides short journeys only, water is provided onboard but no other medication or supplies were given.

Response times and patient outcomes

- The service did not keep any service data on its outcomes but we were told that key outcome data (number of journeys, response times, and patient time on vehicle) was kept by its commissioners. We were told that failure to meet agreed targets could end with contracts being withdrawn.
- The service was reviewing how it could access data from commissioners to plan its services more effectively.

Competent staff

- We saw evidence of a comprehensive induction process for staff with a checklist of mandatory training modules which needed to be completed and personal documentation which needed to be reviewed.
- .We saw no evidence of one to one supervision of staff whilst on inspection. The service was small and interaction between staff meant that supervision was on the job rather than on a one to one basis. Staff were often on base early and returned late on ad hoc shifts. However the service manager reflected on this at the time of our inspection and developed a new supervision policy which was dated October 2017 and also implemented structured team meetings.
- Training for staff was dependant on their role. Mandatory training could be conducted by staff remotely by use of the internet.
- All the staff we spoke with told us they felt competent and well supported with their training needs. They told us they had good access to training regarding their professional development.

Coordination with other providers and multi-disciplinary working

- The work conducted by Patient Ambulance Service was undertaken in the North West and Yorkshire under contracts with two NHS ambulance trusts.
- The service had six monthly review meetings, to assess its performance but no physical data was on site.
- The service manager and staff informed us that coordination was good with the ambulance service trusts it worked with.
- Handovers were done face to face or by phone, either by the manager or staff member.
- The service manager was an active member of the independent ambulance sector and this enabled him to have a better over view of the sector.

Access to information

- The ambulance crews in the service were reliant on the NHS ambulances booking system for information. Staff said that it functioned well and the information provided to them covered patient need.
- If staff did not feel the booking was appropriate and had serious concerns about patients they felt able to flag this up to the service manager or the control room. They felt they could return the patients to original destinations or arrange alternative transport to carry them because of risk.
- All ambulance crews had access to satellite navigation systems and also access to a hands free telephone.
- The service had limited access to the Internet. However hard copy policies and other documentation were available in the office porta cabin.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act training was part of mandatory training for staff. However staff consulted the manager or the control room for advice on capacity when need be.

Are patient transport services caring?

We have not rated care given in patient transport services at Private Ambulance Service Ltd because we do not rate independent providers of ambulance service at the time of this inspection

Patient transport services (PTS)

Compassionate care

- We found staff demonstrated a good understanding of people's needs particularly in terms of elderly patients and those needing extra support.
- The staff we spoke with demonstrated a good understanding of people's personal, cultural, social and religious needs.
- The staff were clear that patients' privacy and dignity were key in the provision of a good service.
- Staff were passionate about patient care and were proud of the service they delivered. Staff talked about prioritising patients before themselves and making a difference in people's lives: they had a strong commitment to choice regarding treatment and equality.
- In total 17 patients and carers responded to our feedback forms and they highlighted how caring and assuring staff were. Every patient and carer showed a high level of satisfaction with the service they received from Patient Ambulance Services. We had comments such as "Caring went out of their way" and "Kind and caring staff." Patients talked about being supported to gain access to properties by crew and looking forward to seeing staff.
- We saw evidence of patient compliments provided both directly to the service and also to commissioners regarding the conduct of staff. The patients' comments followed similar lines to our patient feedback forms. Staff were described as "brilliant" and "fantastic".

.Understanding and involvement of patients and those close to them

- As part of the booking system, NHS ambulance staff assessed eligibility and if patients were eligible the details were passed on to Patient Ambulance crews. The service therefore had little contact with patients until crews picked them up. Whilst this was the case crews were supportive of carer involvement and welcomed carers on journeys.
- We found evidence in our patient feedback forms that carers valued the service and felt involved in the process of the crew carrying loved ones.

Emotional support

- The staff we spoke with was all aware that patients faced emotionally stressful events in hospital environments due to illness or examination.
- The patient feedback forms we received re affirmed this emotional support.Patient feedback forms indicated that patients felt reassured by staff and were valued and listened to.

Are patient transport services responsive to people's needs?

We have not rated the responsiveness of patient transport services at Private Ambulance Service Ltd because we do not rate independent providers of ambulance service at the time of this inspection

Service planning and delivery to meet the needs of local people

- Service planning and delivery was based on two sets of preferred provider contracts with two NHS providers who required assistance with patient transport. The NHS providers commissioned these directly from Private Ambulance Service Ltd and other preferred services through a brokerage company. Patient Ambulance Service therefore relied on sustaining and managing these contracts successfully.
- Staff were available during the week and worked flexibly on weekends, when needed.
- Due to the type of contracts on offer Patient Ambulance Service had to be flexible and dynamic. Contract offers could sometimes come in overnight and crews would not know where they would be stationed on a weekly, sometimes daily, basis.
- The service manager told us that he was active on independent ambulance service forums on a national and local basis. He felt this allowed him to engage with other providers and commissioners to establish best practice and learning.

Meeting people's individual needs

- All the ambulances in stock were all designed to meet the needs of bariatric patients and the service manager had specifically bought the vehicles to provide additional space.

- The Patient Ambulance Service staff were made aware of any specific patient needs at the time of the booking being made by the NHS control room staff.
- We spoke with three staff who told us that training provided to them covered meeting the needs of individuals who they transported.
- A member of staff told us that training on learning disabilities was covered in induction and training that they could request further advice or training if required.
- Staff did not access a language line locally; however the service was in the process of reviewing pictorial books which would help to visually show patients what was being undertaken by staff.

Access and flow

- Patients' access to the service was assessed at the point of booking through an external NHS system. The criteria was based on a number of factors including need for transport , complexity of illness and the complexity of equipment needed on the journey.
- The service manager had the task of ensuring that resources were where they needed to be at the time required. The management of bookings was undertaken by the service manager and the information on bookings was passed on to him by NHS ambulance controllers.
- The manager told us that bookings were either pre planned or booked on a daily basis. The service had to bid daily on some contracts and turnaround time was sometimes tight and made it difficult to plan access and flow. Whilst this was the case the manager informed us that the service adhered to its contractual arrangements.

Learning from complaints and concerns

- We found an effective complaints and outcomes register, was there with a complaints procedure?
- The service had two minor complaints which we saw were immediately followed up by the service manager.
- Complaints from NHS patients were passed on in line with sub-contracting arrangements.

Are patient transport services well-led?

We have not rated how well-led patient transport services were at Patient Ambulance Service Ltd because we do not rate independent providers of ambulance service at the time of inspection.

Vision and strategy for this this core service

- The service manager, who was also the director of Patient Ambulance Service, spoke to us about of the future vision and strategy of the company. Whilst this was on a verbal basis he was clear about what he wanted to achieve and the tools he needed such as types of vehicles and staff that he required.
- We were told by the service manager that the strategy for the service was to continue to consolidate and concentrate on patient transport. The manger He had been an NHS ambulance driver himself and was clearly knowledgeable about the field. He wanted his organisation to be seen as experts in this field rather than diluting the organisations effectiveness by branching out into other fields.
- Whilst the service wanted to continue to focus on patient transport, the manager also wanted to continue to modernise his organisation by changing some of its vehicle stock to four wheel drive vehicles. He felt the vehicles were better suited to winter transport and safer for crew.
- The service relied on its business planning through its contracts and this could be problematic due to the ad hoc nature of work.

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

- We were told that the organisation had gone through a transformation in the last few years regarding its governance structures. The service had previously been run from the service manager's home and as a small independent provider the organisation had to balance the cost of governance structures with a limited budget.

Patient transport services (PTS)

- The service manager had recognised that he needed support to implement a framework of governance across the service after the last inspection by the CQC. He therefore employed a HR advisor who also had experience of regulation and governance structures.
- We found the policies and procedures which had been implemented for the service were well written and covered the core business of the service. However, they were not embedded in the staff group who had signed that they had read the policies but were sometimes unable to recall them.
- Governance processes were adequate for the size of the organisation and the complexity of patients. The main tool for maintaining governance was through verbal discussion and direction from the manager of the service.
- We found no evidence of meeting minutes in the organisation but we were told that a staff meeting was due to be held in October.
- The process for internal recruitment in roles was comprehensive Staff records were clear and concise with job descriptions, DBS, references and staff training.
- Staff were asked to show individual driving licences every year and any changes in circumstances were discussed on an individual basis. However any driver who reached nine points on their licence faced not being employed by the organisation. We found that family members of the service manager worked as part of a family business. We found that members of the family were treated no differently than staff in terms of recruitment and DBS checks.
- Staff personal records were kept securely in a locked cupboard in a secure room.
- The service had a process in place for fit and proper persons (FPPR). The service manager was the only director and showed us evidence of his (FPPR) employment credentials including DBS and company house registration as director.
- The service had both public and employee liability insurance.

Leadership / culture of service related to this core service

- The service manager was the registered manager with the CQC. The manager was supported by a consultant who specialised in HR and governance processes and two team leaders who took responsibility for leading the ambulance crews at each site. The team leaders also lead the teams on a clinical basis. The service manager was on call on a 24hr basis by telephone if needed.
- The service manager travelled between both sites to ensure oversight of the whole service.
- All the staff felt that there was a positive culture in the organisation and spoke very positively of the service manager.
- Staff we spoke to felt that the service manager had given them an opportunity to develop their skills and felt they were able to ask for training which would enhance their skills.

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

- The service had not previously held staff meetings due to shift patterns, size of the service and staff availability. Discussions with staff were held face to face. However, at our pre inspection date we were told that a team meeting would be led by team leaders. On the day of inspection we saw the date of a staff meeting clearly marked on the staff board.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The service manager should continue to monitor the implementation of a new incident reporting recording system and ensure incident reporting pro forma are kept on the ambulances.
- The service manager should continue to monitor the implementation of a new safeguarding recording system and ensure that it is reviewed with staff as part of mandatory training process .
- The service should test out its business continuity plans.
- .The service should review its arrangements for data sharing with its commissioners.
- The service should continue to use new supervision policy which was dated October 2017 and also implemented structured team meetings.
- The service should continue reviewing pictorial books which would help to visually show patients what was being undertaken.
- The service should intermittently review its policies and procedures with staff.