Hearts First Ambulance Service Limited

Hearts First Ambulance Service Limited

Inspection report

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Date of inspection visit: 17 May 2022
Date of publication: 10/08/2022

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service went down. We rated it as requires improvement because:

- Not all staff had training in key skills. Central training records were not consistent with staff files we viewed and we could not be certain the service controlled infection risk well.
- The service did not ensure medicines were stored at safe temperatures and some incidents were not fully investigated.
- The service did not monitor response times and managers did not always make sure staff were competent.
- Information and governance systems were not reliable and some staff were not clear about their roles and accountabilities.

However:

- The service had enough staff to care for patients and keep them safe. Most staff understood how to protect patients from abuse. They assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and assessed patients' food and drink requirements. Managers had started to monitor the effectiveness of the service. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Hearts First Ambulance Service Limited

Hearts First Ambulance Service is an independent ambulance service based in Radlett, Hertfordshire. It has 20 ambulances. It employs 70 regular staff and 50 bank staff on "as and when" contracts. The main aim of the service is insurance-based repatriation of adults and children from abroad. This is outside CQC scope of regulation, but we do regulate repatriation journeys which are privately funded. During the COVID-19 pandemic the service had started to assist the NHS with patients who needed ambulance transfers to their home address or a receiving hospital. This was still taking place and there were some months when the majority of all journeys fell within the scope of CQC regulation.

The registered manager has been in post since 2019 and the service is registered to provide transport services, triage and medical advice provided remotely as well as treatment of disease, disorder or injury. We last inspected the service in December 2019 and rated it as good.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good or Outstanding to test the reliability of our new monitoring approach.

During the inspection we spoke with eleven members of staff including paramedics, ambulance technicians and ambulance care assistants, make-ready staff, operations co-ordinators and managers. We reviewed seven patient records and eleven staff records. Due to COVID-19 restrictions we were not able to observe care within ambulances but we were able to review patient feedback information.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- In addition to medical equipment, the ambulances also contained DVD players, USB sockets for patients to charge their mobile phones, a flip over table, a cup holder placed next to the trolley and seats for relatives to accompany them. Tea and coffee making facilities were also available.
- A well-equipped flat was provided on-site so that crews who had very early starts, or returned at a late hour, did not have to travel to or from home when they were tired. During the pandemic, when staff had to socially distance, additional accommodation was provided at a local hotel.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that essential skills and knowledge are identified and that staff receive induction and mandatory training. Regulation 18(2)(a)
- The service must ensure that all staff employed after April 2020 have two employment references and a full employment history recorded in their staff file in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Regulation 17(2)(d)
- The service must ensure all staff receive an annual appraisal. Regulation 18(2)(a)
- The service must ensure that all staff have a signed job description so they are aware of their role and accountabilities. Regulation 17(2)(d)
- The service must ensure they strengthen governance processes to monitor the quality of the service. This is to include auditing and maintaining medicine storage records. Regulation 17(1)(2)

Action the service SHOULD take to improve:

- The service should ensure they maintain records to confirm that incidents have been investigated and action taken to prevent them happening again. Regulation 17(2)(a)
- The service should ensure that wheelchairs are fitted with lap belts to prevent patients falling out. Regulation 12(2)(e)
- The service should ensure there are effective systems in place to monitor medicine storage temperatures. Reg 12.
- The service should consider how to improve availability of vehicle records.
- The service should consider providing ambulance crews with training in the safe restraint of patients.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Inspected but not rated
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff but not everyone completed it.

Managers provided us with a list of 36 training courses ranging from communication skills to management of anaphylaxis (severe allergic reaction). During our inspection we were told that a new manager was in the process of establishing which courses were essential for which staff but this prioritisation had not yet been implemented. After our inspection, the provider advised us that the mandatory training had been identified and was in line with recommended guidelines. We looked at 11 staff records (including records of bank staff) and found one person had completed all relevant mandatory training.

Managers did not always monitor mandatory training and alert staff when they needed to update their training. During the inspection, we could not establish if the service had a standard for the number of staff who needed to complete training. There was a spreadsheet, maintianed by one of the co-ordinators, which indicated only 27% of staff were up-to-date. At our last inspection we had told managers that they should set a target for the completion of training and ensure that staff achieved it. This had not taken place at the time of the inspection. Following our inspection, we were told that a standard of 95% completion of training had been set. We were also sent new training data that showed an improvement in the number of staff who had completed training. However, of 57 staff on the list, seven had not completed any mandatory training and 27 had only partially completed it.

Clinical staff had access to training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia although it was not clear how many had undertaken the training recently. There was no training for the safe restraint of patients. Managers told us this was because their policy was not to restrain patients. However, they did transport patients who had varying degrees of confusion. Staff had not been trained to safely restrain them if they were in danger or were causing a dangerous situation. Managers told us that staff did have access to conflict resolution training to help if situations required de-escalation.

Requires Improvement

Patient transport services

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.

Most clinical staff received training specific for their role on how to recognise and report abuse. The safeguarding lead was trained to level 5 for the safeguarding of adults and children. The registered manager told us that 87% of staff had received the correct level of training and, after the inspection, sent us records to confirm this. However, of the 10 staff records that we viewed, two people had no record of safeguarding training and two had not renewed it in 2021 as planned.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They were able to describe possible signs of abuse and who to contact if they were concerned. Staff had access to an NHS computer application that listed the contact details of safeguarding teams across the UK. This enabled ambulance crews to rapidly raise a safeguarding alert in whichever part of the country they were at the time.

Safeguarding information was a regular feature in the monthly staff newsletter.

Cleanliness, infection control and hygiene

We could not be certain the service controlled infection risk well. Staff generally used equipment and control measures to protect patients, themselves and others from infection. The service kept equipment, vehicles and the premises visibly clean.

We could not be certain that staff followed infection control principles including the use of personal protective equipment (PPE).Staff were provided with PPE, for example disposable aprons, face masks and gloves. We observed hand sanitizer, clinical wipes and PPE on the vehicles we inspected.. There were no records of infection control audits to monitor best practice. Additional infection control procedures had been introduced during the pandemic. These had been updated regularly and were in line with national guidance.

Patient linen was stored on open shelves in an external storeroom. The ground outside had a loose surface and was dusty in parts. The linen was not covered meaning that dust from the quadrangle outside could reduce the cleanliness of the linen. Following our inspection the registered manager made changes to the linen storage facilities.

Cleaning of vehicles and equipment was carried out every day by the service's 'Make ready team'. We inspected three vehicles. All were visibly clean and checklists showed each item of equipment had been individually cleaned and checked. The operations manager carried out a daily audit of one vehicle, chosen at random, to ensure that cleaning had been carried out according to infection control policies. The results of this were not recorded for assurance purposes. Records showed that deep-cleaning of vehicles took place regularly.

Environment and equipment

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

The design of the ambulances followed national guidance. In addition to standard equipment, all ambulances were fitted with spare wheels, jacks and puncture repair kits. They carried spare windscreen wipers, light bulbs and engine oil.

This is not a national requirement but had been implemented to reduce the possibility of delays. Ambulances were also equipped with additional straps to secure patients' luggage so that it did not move around within the vehicle. Five-point harnesses were not routinely fitted to stretchers but were stored in a cupboard. Staff told us that lap belts were normally used instead.

Managers told us that vehicles were serviced every 15,000 miles even though the manufacturer recommends every 25,000 miles.

The service had suitable facilities to meet the needs of patients' families. Ambulances had a spare seat so that a member of the patient's family could travel with them. Refreshments were also provided.

The service had enough suitable equipment to help them to safely care for patients. Each ambulance had equipment for monitoring patient's clinical observations as well as a defibrillator and heart monitor. They were fitted with modern stretchers and a wheelchair although the wheelchairs were not fitted with lap belts. This meant there was a risk of patients falling out of the chair if they had to be wheeled over uneven ground. The registered manager had designed specially made pressure relieving mattresses to reduce the risk of pressure ulcers developing on long journeys. Staff carried out daily safety checks of specialist equipment before the vehicle was used.

Staff disposed of clinical waste safely. It was disposed of in colour-coded sacks and secure bins. The service had a contract for the bins to be emptied or collected by a specialist clinical waste contractor.

Assessing and responding to patient risk

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

Booking staff carried out a detailed risk assessment when patients were referred to the service. If there were any doubts about patient safety, an individual risk assessment would be carried out by one of the managers. For example, if a patient was known to be physically aggressive, the referral would be declined in order to protect the safety of staff. A further risk assessment, using a comprehensive checklist, was carried out by ambulance crews before the start of the journey.

Staff responded promptly to any sudden deterioration in a patient's health. Staff could describe the action they would take if a patient's condition deteriorated. Patient records showed that detailed risk assessments were carried out for all patients. The NHS hospital that employed the service assessed all patients before allocating them. The agreement that existed between the two organisations was to convey low risk patients who could walk independently or used a wheelchair. Staff told us that this arrangement usually worked well but if they disagreed with the assessment, they would immediately raise this with the hospital before transporting the patient.

Paramedics and ambulance technicians used a recognised tool for detecting deteriorating patients (NEWS2) and took appropriate action when necessary. They had been trained in resuscitation skills appropriate for their role. Managers told us that clinical staff were trained in immediate life support and advanced life support. However, mandatory training only included basic life support. There were no records of more advanced resuscitation skills in the staff records that we checked.

Staff shared key information to keep patients safe when handing over their care to others. A copy of patient documents was given to the receiving hospital or care provider.

Requires Improvement

Patient transport services

Staffing

The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.

Service managers matched staffing levels to patient need and could increase staffing when demand arose. Most crews worked four (12-hour) shifts followed by four days off.

The service did not use agency staff but had an active group of bank staff. Managers told us they had been trained and assessed to the same standard as those fulfilling full-time roles. This was confirmed by a member of bank staff that we spoke with. However, most training records were difficult to follow so we could not be certain that all training was up-to-date.

Records

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

Patient notes were comprehensive and all staff could access them easily. Staff used both electronic and paper records. They included up-to-date risk assessments as well as a clinical and social history. We reviewed seven sets of patient records and they all contained information that was clear and well organised. This had improved since our last inspection.

When patients transferred to a new team, there were no delays in staff accessing their records. Ambulance crews gave a copy of the patient record to hospital or care staff when they handed the patient over.

Records were stored securely. Paper elements of the patient record were scanned into the service's computer system and were password protected. Old paper records were securely shredded.

Medicines

The service did not always follow best practice when administering, recording and storing medicines.

Staff generally stored and managed all medicines safely. However, staff did not keep consistent records in relation to temperature control. This meant that there was the potential that medicines could be stored at incorrect temperatures.

The service used a large range of medicines including those used for emergency resuscitation. They did not use controlled drugs. Medicines were stored securely in locked cupboards but we found two cupboards with internal temperatures approaching maximum temperature ranges. The safe ranges for storing most medicines is between 0°C to 25°C. The digital thermometer in one cupboard displayed a temperature of 24.8C, another 24C.

A manager told us that the temperature was checked every day but no records were kept. The inspection took place on a warm spring day and external temperatures had risen more than expected. We raised our concerns and took immediate action to reduce the temperature of the cupboards.

The temperature of medicines stored in a refrigerator were at a safe level. However, no records had been kept of previous temperatures so staff could not be certain of the long-term safety of those medicines.

The registered manager took immediate action by ordering new digital thermometers that alerted staff when storage temperatures were approaching unsafe levels. We were sent a copy of the revised medicines management policy that reflected this. However, the policy stated that if "the temperature in the drug storage falls below -1 degrees Celsius or above 25 degrees Celsius, a warning text will be sent via Wi-Fi to the General Manager." These temperatures were not within safe levels and it was possible that medicines may be stored at unsafe temperatures in the future.

Staff completed medicines records accurately and kept them up-to-date. Stock levels of medicines were checked daily and were adjusted accurately when items were used. Expiry dates were checked monthly and medicines were replaced before they reached their expiry date.

Incidents

The service did not always manage patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers did not thoroughly investigate incidents and did not always share lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff were familiar with the policy and could describe examples of past incidents. 26 incidents had been reported between November 2021 and April 2022. None had resulted in serious harm to patients.

The service had no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.

Staff understood the duty of candour. They understood the importance of being open and transparent, and giving patients and families a full explanation if and when things go wrong. However, it had not been necessary to implement this in the last two years.

Staff did not always receive feedback from investigation of incidents, both internal and external to the service. A manager told us that learning from incidents had been included in the staff newsletter. We looked at the last three newsletters and did not find information about the results of internal incidents. However, one newsletter did include learning from incidents external to the service. There was evidence that changes had been made as a result of feedback. For example, new patient carry chairs had been purchased following a near miss with the previous version.

Managers did not always investigate incidents thoroughly. The incident log was being changed from paper records to an electronic system. The incident number on the electronic log did not always match the number on the paper records of each incident. This meant it was difficult to follow the incident process from beginning to end. Managers told us this was a temporary issue that would be resolved once the new system was fully embedded. We looked at the records of two incidents with one of the managers and neither contained full details of an investigation. There was a section to help staff assess the potential risk to patients but this had not been completed. The incident log did not always contain a summary of the investigation or the action taken to prevent another incident. Managers had recently identified this weakness and had plans to make improvements.

There was a clear process for responding to patient safety alerts. Relevant alerts were sent to the service by the local NHS ambulance service. Records showed that alerts were investigated and any applicable changes were made.

Are Patient transport services effective?

Requires Improvement

Patient transport services

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Service policies and procedures were in date, version controlled and accessible to staff. Ambulance crews had access to The Joint Royal Colleges Ambulance Liaison Committee (JRCALC, 2019) guidelines to provide additional guidance when patients required treatment in an ambulance.

Managers had started to audit patient records in March 2022 to ensure that treatment guidelines and company policy were being followed. Plans were in place to make sure this happened every month. The general managers carried out random audits of ambulances to make sure they had been cleaned correctly and that equipment was safe to use.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients food and drink requirements were assessed before the journey started. All ambulances carried bottled water, high-calorie drinks, disposable cups and facilities for making hot drinks. Regular breaks were arranged on longer journeys so that food and drink could be purchased.

Response times

The service did not monitor response times so that they could facilitate good outcomes for patients.

Data about response times for NHS patients was held by the local patient transport service and was not shared with Hearts First Ltd. This meant they could not be certain they were meeting expected response times. The registered manager told us that they had not received any complaints about slow response times.

Competent staff

The service did not always ensure staff were competent for their roles. Managers did not appraise staff's work performance or hold supervision meetings with them to provide support and development.

Staff appeared to be experienced, qualified and have the right skills and knowledge to meet the needs of patients. Staff that we spoke with were able to demonstrate the correct knowledge needed for their role. However, gaps in staff records meant that we could not be certain that all staff had the correct skills and knowledge.

Records of induction training were confused. Two people had a signed induction checklist showing they were familiar with certain principles of care and were aware of equipment on ambulances. Two others had a certificate showing that basic training had been completed. Only one of ten records had evidence of both. The minimum amount of training and competency that was required before staff were able to care for patients was not specified.

Requires Improvement

Patient transport services

Managers did not support staff to develop through yearly, constructive appraisals of their work. We looked at the records of five staff who had been employed for more than a year. Four had no appraisal and one had last had an appraisal in 2019. This was similar to our findings at the last inspection. This was on the service's risk register and there were plans to make improvements. Leaders told us that the appraisals had been suspended during the pandemic due to staff shortages and focus on service delivery. No clinical supervision had taken place in the last year.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The meetings had a standard agenda and minutes were e-mailed to all staff, whether they attended or not.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. A member of the make-ready team had received further training and now worked as an emergency care assistant. One of the managers was being encouraged to undertake a formal management qualification.

Managers identified poor staff performance promptly and supported staff to improve. Managers were able to describe the processes that would be carried out should this be necessary.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

We observed good teamwork between different groups of staff. Records showed that ambulance crews communicated effectively in order to deliver good patient care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Records confirmed that staff had received training in mental health awareness which included subjects such as living with dementia, informed decision making and gaining consent. The service would be informed in advance if a patient was likely to be confused because of mental ill health. Staff facilitated the transport of a patient's escort or carer where this would help reduce distress or confusion. Patient records showed that verbal consent was gained from patients before moving them into a vehicle.

The service did not transport patients who were subject to the mental health act or a deprivation of liberty authorisation.

Are Patient transport services caring?

Inspected but not rated

Inspected but not rated.

Due to the COVID -19 pandemic, on this occasion, we were unable to facilitate speaking with patients during the inspection and we were unable to observe patient care. We are therefore unable to rate this key question"

Requires Improvement

Patient transport services

Compassionate care

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

Patients said staff treated them well and with kindness. Due to COVID-19 restrictions we were unable to directly observe patient care despite spending time at a nearby hospital where patients were being transported. However, we were shown several letters from patients describing kindness and compassion. One said “You have all been amazing and incredibly kind.”

Staff followed policy to keep patient care and treatment confidential. They understood the principles of patient confidentiality and knew that personal details should not be shared with unauthorised persons.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They were aware of the need to adhere to privacy and dignity when transporting patients. For example, they offered patients a choice of male or female crew and worked to meet individual requests that would help people feel more at ease.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.They described the importance of treating patients as individuals with different needs. Feedback from one family stated “ The ambulance man went into the house to check where they would be taking my mum, and whether the stretcher would fit the hallway etc. They were very careful and gentle while transferring mum onto her own bed and were always polite, respectful and well humoured.”

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Each ambulance had a translation book, to help communicate with patients who did not speak English. Staff had access to on-line or telephone translation services as well as Makaton signs to assist people who could not speak.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged feedback in any means convenient for the individual, including e-mail, telephone or letter. We saw several examples of feedback about ambulance crews, all of which were positive. One said “The two ambulance men were compassionate, gentle, personable and caring towards my Mum and us. It meant a lot that they did all they could to make her comfortable.”

Are Patient transport services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Requires Improvement

Patient transport services

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population.

The service provided transfers between a range of locations within the United Kingdom. The service worked closely with a local NHS hospital to help with the discharge of patients from wards and the emergency department.They had also provided staff for the humanitarian hub for Ukrainian refugees at a nearby airport.

Between November and March all vehicles were fitted with winter tyres and carried a winter emergency kit including high-intensity torches, snow chains and shovels. This reduced delays if crews encountered unexpected bad weather on long winter journeys.

Meeting people's individual needs

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

Staff established each patient's needs in advance. This included if they would be carrying oxygen or if they needed specific support or equipment during a journey. Drivers ensured patients could make requests during longer journeys, including stops at service stations for refreshments and to use the toilet. Long journeys would be planned in advance to ensure there were sufficient service stations on the route.

In addition to medical equipment, the ambulances also contained DVD players, USB sockets for patients to charge their mobile phones, a flip over table, a cup holder placed next to the trolley and seats for relatives to accompany them. Tea and coffee making facilities were also available. There were wheelchair clamps so that patients could be transported securely in their own wheelchair if they preferred that option.

There was a bariatric ambulance as well as a hoist and bariatric chair, that could be used to transfer large patients to the ambulance. This enabled patients with a high body mass index (BMI) to be transported safely and comfortably.

When transporting patients to their home address, staff ensured that a plan was in place for their arrival. For example, they checked that food was available and that heating was working in cold weather.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. They worked closely with carers to explain what was happening in terms that the patient could understand and carers were encouraged to travel with the patient. Extra time was allowed for people with learning disabilities or confusion.

Access and flow

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

Staff were available to take bookings 24 hours a day, seven days a week. This helped to ensure that they could transport patients at whatever time was convenient for them. Managers were proud of the fact that they had never refused a request for transport because of a lack of appropriate staff.

Requires Improvement

Patient transport services

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns. Information was available in ambulances informing patients how to raise concerns or give feedback. Managers told us they received very few complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We looked at the most recent complaint and found it had been investigated carefully and methodically. A clear explanation and apology had been given to the complainant and action had been identified to prevent similar problems happening in the future.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed at management meetings and learning from them was included in the monthly staff newsletter.

Are Patient transport services well-led?

Requires Improvement

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

Leadership

Leaders had the skills to run the service but did not always have the ability to do so due to a reduction in senior staff. They did not understand or manage all the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager told us that three senior staff had left during the COVID-19 pandemic and it had not been possible to replace them all. The remaining leadership team had tried to take on the additional responsibilities but it had not been possible to carry them out fully. This particularly applied to clinical oversight, training and recruitment practices.

Staff told us that managers were approachable and easy to contact. They would not hesitate to contact them if they had any concerns. We spoke to two staff who had been able to develop skills and had taken on more senior roles.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood the vision and strategy and knew how to monitor progress.

The vision was to be become an outstanding repatriation and specialist patient transport service. The strategy to achieve this was to exceed the expectations of patients and stakeholders and to fully comply with regulatory standards. Management meetings focussed on these aims and they were discussed at wider staff meetings.

Requires Improvement

Patient transport services

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us there was a family atmosphere at Hearts First and that they enjoyed working there. One person told us about the support they received from managers during a recent illness.

A well-equipped flat was provided on-site so that crews who had very early starts, or returned at a late hour, did not have to travel to or from home when they were tired. During the pandemic, when staff had to socially distance, additional accommodation was provided at a local hotel. A staff room with catering facilities was provided so that office staff could take proper breaks. They were actively discouraged from eating meals at their desks.

The service provided an employee assistance programme with a 24- hour helpline that staff could call if they needed help with issues ranging from legal and financial matters to mental health problems. Private health insurance and free accident insurance were also offered.

Staff told us they were happy to raise concerns with managers if necessary. Two of them told us of the career development opportunities they had been given.

The service had recently introduced an Employee of the month award. Staff told us they appreciated the recognition for work that had exceeded expectations.

Governance

Leaders did not always operate effective governance processes, throughout the service or with partner organisations. Some staff were not clear about their roles and accountabilities but there were regular opportunities to meet, discuss and learn from the performance of the service.

The registered manager and nominated individual had identified that governance processes had weakened during the COVID -19 pandemic. In February 2022 the management team had met to review governance arrangements. There had been improvements since then but these were not yet fully embedded. For example, managers believed that all incidents were fully investigated. However, when records were checked this was not always correct.

The service did not always carry out safe employment practises in accordance with schedule 3 of the Health and Social Care Act 2008. We looked at 10 staff files and found that only one person had two employment references. Four staff had one reference although they were not always from a line manager. One person had no references. Two people did not have a full employment history.

Five staff did not have a contract and nine did not have a job description. This meant they could not be clear about their roles or accountabilities.

During the pandemic the service had provided staff to assist at local hospitals. One hospital required staff to act as hospital ambulance liaison officers (HALOs). Typically, HALOs liaise between hospital staff and ambulance crews in emergency departments. However, they are often required to assess the severity of patients' condition and to provide care in order to release emergency ambulance crews for further calls. There was no contract or written protocol for HALOs to follow when fulfilling this role and so no-one was clear about their exact responsibilities.

Requires Improvement

Patient transport services

The service was currently providing a number of crews to a local NHS hospital to help with the discharge of patients from wards and the emergency department. However, there was no contract or service level agreement. This meant that the service and their crews could not be certain of the standards they were expected to achieve or the type of patients they were expected to convey. If things went wrong, it was unclear who would be responsible.

There were regular management and staff meetings providing opportunities to discuss the performance and governance of the service.

Management of risk, issues and performance

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

The service kept a risk register which contained 55 risks. These had been given a score depending on the degree and likelihood of harm that the risk could produce. The risks reflected concerns raised by staff and some of the issues we found during our inspection. There were action plans to reduce these risks but not all had been effective. For example, those related to medicines management, recruitment and clinical oversight.

The service ran enhanced checks with the disclosure and barring service before staff were allowed to look after vulnerable adults and children.

There were no systems for managing performance. Audits did not take place to check that actions identified to reduce risk, prevent a repeat of incidents or necessary to comply with company policy were being performed.

There was a business continuity plan which gave guidance to staff should unexpected events such as power cuts or floods take place.

Information Management

The service collected reliable data and analysed it. Staff could mostly find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated but they were secure. Data or notifications were consistently submitted to external organisations as required.

There was a mixture of paper and electronic records, all of which were stored securely. Managers told us that electronic systems were automatically backed up five times a day. The service had started to transfer all paper records to a new computer system. However, there was some confusion about which records had been transferred and which still needed to be accessed manually. For example, recruitment records.

Comprehensive information about each vehicle was not easily available and was sometimes confusing. Records such as date of purchase, MOTs, service history and repairs were kept in different places and it was not possible to gain an overall impression of any one vehicle. Leaders were confident that access to information would improve with the continuing move from paper to electronic records.

One of the managers told us that the computerised training records were not easy to navigate or to see overall completion rates for all staff.

Clinical guidelines and company policies were available to each staff member via a personal digital assistant.

Requires Improvement

Patient transport services

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Information was displayed in ambulances to encourage feedback from patients. Letters of thanks from patients were sent to individual staff members to confirm patient appreciation.

The service works with a local charity to fulfil important wishes for people coming to the end of their lives. It also worked with a local hospital to facilitate the discharge of patients from wards and emergency departments. It specialised in long-distance patient transfer that local NHS crews would find difficult.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

There was an on-site training centre that encouraged continuous learning for all staff. The registered manager was a director of the Independent Ambulance Association which provides access to best practice and innovation. The service had been voted the best specialist private ambulance service in the UK Enterprise Awards for 2020 and 2021.