

B. N. Gibson Limited

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Quality Report

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February 2017
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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

Overall summary

B.N.Gibson Ltd Ambulance Services provides a non-emergency ambulance service to hospitals, care homes, residential homes, nursing homes, schools and patients homes. We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 30 and 31 January 2017 along with an unannounced visit to the hospital on 10 February 2017. This was an announced comprehensive inspection of the service's patient transport services. We visited the service's headquarters, workshop, and storage areas during the inspection. The overall fleet size is 73 vehicles and they have 4,400 journeys on average per month.

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?

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:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Infection prevention and control processes were in place and equipment had been checked in line with the service policy.
- Staffing levels were planned, implemented and reviewed to ensure patients received safe care and treatment at all times.
- Equipment was readily available, maintained and serviced.
- Staff assessed and responded appropriately to potential risks to patients.
- Staff received training to provide them with the skills and knowledge required for their role.
- Medical record documentation met national standards.
- Policies for care and treatment reflected relevant research and guidance.
- Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.
- Staff, teams and services worked together effectively to deliver effective care and treatment.
- Response times were good and feedback from service users confirmed this.
- Staff treated patients with kindness, compassion, dignity and respect.
- Staff responded compassionately when patients needed help and supported patients emotionally. This was reflected in their care and treatment.
- Patients were able to provide feedback which was unanimously positive about the care and treatment they had received.
- Patients were involved and encouraged in making decisions about their care.
- The service reviewed patient feedback forms and staff job sheets which enabled them to identify areas for improvement to better meet the needs of patients.
- Staff took the needs of different patients/young people into account when providing transport services.
- There was shared understanding between staff that every patient had individual needs.
- Services were planned and delivered in a way which met the needs of the local population.
- Without exception, staff we spoke with were consistently positive about local leadership.
- The service encouraged feedback from patients and staff.
- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues directly with them should the need occur.

Summary of findings

- Staff we met were welcoming, friendly and helpful. They were proud of where they worked and said they were happy working for the service.

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

- There were no facilities available to support staff to communicate with non-English speaking patients.
- Whilst we saw complaints were investigated the service on one occasion had not followed the complaints policy fully.
- The service used their Care Quality Commission statement of purpose for the service strategy and vision. However not all staff could articulate the vision of the organisation.
- At the time of inspection the service did not have a robust governance process particularly in relation to documented and mitigated risks.

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

Name of signatory

Helen Vine

Inspection Manager Hospitals (central region)

B. N. Gibson Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to B. N. Gibson Limited

B.N. Gibson Ambulance Service is a family run business, founded in 1983 and is a provider of patient transport services to health and social care services across both public and private sectors. It is an independent ambulance service with its head office in Bilsthorpe, Nottinghamshire. B N Gibson Ltd provides a non-emergency ambulance service to hospitals, care homes, residential homes, nursing homes, schools and home service.

Regulated activities:

Transport services, triage and medical advice provided remotely.

Treatment of disease, disorder or injury.

Our inspection team

Our inspection team comprised of one CQC lead inspector, one CQC inspector and a specialist advisor with a background in patient transport services (PTS).

How we carried out this inspection

The service's registered manager is the co-owner of the service and had been in post since 2012. The service was last inspected on 8 March 2014, where it was found to be meeting the required standards of quality and safety against which it was inspected.

We carried out the announced part of the inspection on 30 and 31 January 2017 along with an unannounced visit to the service on 10 February 2017.

During the announced and unannounced inspections, we visited the head office. We collated information from services where transport was provided for example schools and third party providers. We spoke with 15

members of staff including senior management, the registered manager, operations managers, PTS drivers, PTS escorts and administrative staff. We were able to contact and speak with three parents of the children transferred to school and two patients.

We inspected eight PTS vehicles, including equipment within the vehicles. We also reviewed documents including five staff files, and policies and reviewed five patient records.

Patient transport drivers worked at the service with zero hours contracts, school transfer drivers and escorts were employed and the service had a bank of temporary staff.

Detailed findings

Facts and data about B. N. Gibson Limited

B.N.Gibson Ltd Ambulance Services is operated by B. N. Gibson Ltd. We inspected the service on the 30 and 31 January 2017. Overall we have not rated patient transport services (PTS) at B.N.Gibson Ltd Ambulance Services because we were not committed to rating independent providers of ambulance services at the time of this inspection.

PTS was provided from the service base in Bilsthope Newark. All of the vehicles were kept and maintained at this base and this was where we undertook our inspection.

The majority of B.N.Gibson Ltd Ambulance PTS services were contracted by other health providers such as NHS hospitals or other independent health services. The local authority commissioned the service to transfer children to school. A small proportion of the service was private; providing transport directly to people who requested and paid for the service themselves.

Notes

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

B.N.Gibson Ltd Ambulance Services is operated by B. N. Gibson Ltd. We inspected the service on the 30 and 31 January 2017. Overall we have not rated patient transport services (PTS) at B.N.Gibson Ltd Ambulance Services because we were not committed to rating independent providers of ambulance services at the time of this inspection.

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The majority of B.N.Gibson Ltd Ambulance PTS services were contracted by other health providers such as NHS hospitals or other independent health services. The local authority commissioned the service to transfer children to school. A small proportion of the service was private; providing transport directly to people who requested and paid for the service themselves.

Summary of findings

Not rated

Are services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Infection prevention and control processes were in place and equipment had been checked in line with the service policy.
- Staffing levels were planned, implemented and reviewed to ensure patients received safe care and treatment at all times.
- Equipment was readily available, maintained and serviced.
- Staff assessed and responded appropriately to potential risks to patients.
- Staff received training to provide them with the skills and knowledge required for their role.
- Medical record documentation was of a good standard.

Not rated

Are services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Policies for care and treatment reflected relevant research and guidance.

Patient transport services (PTS)

- Patients were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.
- Staff, teams and services worked together effectively to deliver effective care and treatment.
- Response times were good and feedback from service users confirmed this.

Not rated

Are services caring?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff positively interacted with patients/young people.
- Staff treated patients with kindness, compassion, dignity and respect at all times
- Staff responded compassionately when patients needed help and supported patients emotionally. This was reflected in their care and treatment.
- Patients were involved and encouraged in making any decisions about their care.
- Feedback from patients was unanimously positive about the care and treatment they had received.

Not rated

Are services responsive?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service reviewed the response times staff documented on the job sheets which enabled them to identify areas for improvement to better meet the needs of patients.
- Staff took the needs of different patients into account when providing transport services.
- There was shared understanding between staff that every patient had individual needs.
- Services were planned and delivered in a way which met the needs of the local population.

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

- There were no plan available to support staff to communicate if they booked non-English speaking patients.
- Whilst we saw complaints were investigated the service had not followed the complaints policy fully.

Not rated

Are services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Without exception, staff we spoke with were consistently positive about local leadership across all areas.
- The service encouraged feedback from patients and staff.
- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues directly with them should the need occur.
- Staff we met were welcoming, friendly and helpful. They were proud of where they worked and said they were happy working for the service.

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

- The service used their Care Quality Commission statement of purpose as the strategy and vision. However not all staff could articulate the vision of the organisation.
- At the time of inspection, the service did not have a robust governance process.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- There were no never events reported in this service between January 2016 and December 2016. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The service had an Incident Policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents. Staff we spoke with during the inspection were aware of the policy and were able to demonstrate how they would access it if required.
- All incidents were reported using incident report forms which were available to all staff both on premises and in vehicles. During inspection, we saw examples of completed incident report forms that were seen to be comprehensive and legible. Incidents were documented on the provider's incident log sheet for analysis and tracking completion of actions. However on one occasion the service had not followed the service incident policy and notified a safety incident to us. Between January 2016 and November 2016 there were 18 incidents reported. The majority of incidents reported were minor incidents relating to vehicle damages, which were repaired by the garage mechanics on site.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.
- We observed documentation which demonstrated that the service had provided an apology and written to the patient in accordance with the duty of candour regulation.

- Staff we spoke with had a good understanding about duty of candour. Staff talked of being open and transparent with the public.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The service did not have a quality dashboard. It reviewed its incidents, complaints and response times through audits and feedback to staff at meetings and displayed results on the staff notice boards.

Cleanliness, infection control and hygiene

- All staff completed infection control training on induction and on annual mandatory training staff had an assessment of their infection prevention and control knowledge and skills.
- During the inspection we saw that vehicles were visibly clean, equipped with appropriate equipment including spillage kits, antibacterial wipes and personal protective equipment for staff. We saw cleaning schedules which were fully completed and up to date for the vehicles inspected.
- The staff completed vehicle cleanliness spot check audits on each other we reviewed 14 audits. Three had identified issues; for example a crisp packet in the driver's door, all were actioned and cleaned immediately to meet the required standard.
- The patient transfer service (PTS) vehicles were cleaned between patients and had a weekly deep clean and the school transfer vehicles on a two weekly basis, which included steam cleaning a vehicle to reduce the presence of bacteria. The service kept a record and monitored compliance with the deep clean programme. In the event of a significant contamination, the company provided a deep clean at short notice. Staff told us they responded promptly. The vehicle was taken off the road whilst the deep clean took place.
- Posters providing information on effective hand hygiene were placed above all hand basins in the service headquarters. Alcohol hand gel was readily available on all vehicles and we observed staff using this appropriately.
- The staff did monthly spot check infection control audits any issues were rectified immediately.

Patient transport services (PTS)

- All staff we spoke with had correct uniform with name badges in accordance with the uniform policy. Staff were provided with uniform which staff were responsible to launder themselves.

Environment and equipment

- The service had 11 patient transport vehicles and 53 school vehicles. We checked four PTS vehicles and four school transfer vehicles, all were in good condition and well maintained.
- The service had employed two mechanics and a maintenance worker for the management of its fleet. We saw completed and up to date vehicle maintenance schedules. All vehicles had an up-to-date MOT, annual service and were insured.
- Each vehicle also had yellow bags for the safe disposal of clinical waste.
- Essential emergency equipment was available on all vehicles inspected and was fully serviced and tested. Packages containing sterile supplies were intact and in date. Medical gases on vehicles we inspected were in date and stored securely.
- We observed staff checking that patients and young people were safely restrained prior to the vehicle moving.
- The service reviewed the equipment used by the patient/young person to ensure it was safe, staff we spoke with told us that if the equipment for example a young person's custom made wheelchair was not safe they would report this to the school, parents and manager and not undertake the journey until the repairs were completed.

Medicines

- No medicines were stored on any of the vehicles or within the office buildings. If children or young people required emergency treatment they carried their own medicines, which the escort and driver were trained to administer as documented in individual care plans.
- Oxygen was stored safely for use on vehicles, we checked five vehicles which all had cylinders stored securely and were half full.
- Stocks of oxygen cylinders at the time of inspection were not stored securely and were not in a ventilated room. We escalated this to the senior team. On the unannounced inspection the oxygen cylinders were moved and stored securely in a ventilated room.

Records

- All records were managed and kept safely; they were stored in filing cabinets in locked rooms. This meant confidentiality was maintained and records could be reviewed retrospectively if necessary. They were kept for two years before disposal by incineration according to the provider's policy.
- We observed that all patient records were stored securely on vehicles. Vehicles were kept locked when they were unattended.
- When booking patient transfers, details of any patients with do not attempt cardio pulmonary resuscitation (DNACPR) documentation in place would be recorded against the job sheet, if this information was available at the time of booking.
- We reviewed two DNACPR records for young people on the school transfer which were in date and completed accurately.

Safeguarding

- The provider's safeguarding children training aligned with the, "Safeguarding children and young people: roles and competencies for healthcare staff – Intercollegiate document: March 2014." Safeguarding training was provided to all staff.
- During induction, staff completed an introduction to safeguarding training course that they attended in person. Training compliance was 100%.
- The organisation's, "National Safeguarding Policy," was accessible to all staff and clearly described the mandatory level of safeguarding training required for each role.
- Additional safeguarding training outside of the safeguarding awareness programme, such as child sexual exploitation and prevention of radicalisation was available.
- Staff we spoke with during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so. Each vehicle had the local county council safeguarding leaflet in a folder kept on board for staff to refer to if necessary.

Patient transport services (PTS)

- One of the senior team was trained at level three and was a qualified level three safeguarding train the trainer. Links with the local county council safeguarding team were maintained to allow a good working relationship.

Mandatory training

- All staff including those on zero hours contracts undertook a comprehensive mandatory training which included; first aid and emergency situations, administration of oxygen, infection prevention control, communication, effective reporting, dignity and care, consent, mental capacity act, equality & diversity, health & safety, whistle blowing, duty of candour, complaints and moving & handling.
- Staff told us that they were given time at work to complete mandatory training, staff attendance was 100%.
- Driving level qualifications and revalidation dates of driving level training were recorded on the provider's training spreadsheet. This was 100% compliant.

Assessing and responding to patient risk

- Staff were trained during their induction to provide the skills and knowledge required for their role.
- If a patient or young person had, a specific medical condition the service ensured that staff were trained and competent to care for the condition they had.
- Risk assessments were carried out and documented for patients with complex health conditions.
- Staff we spoke with were clear on the protocols they would follow to meet the demands of challenging behaviour.
- All staff we spoke with told us if a patient/young person deteriorated they would call 999 for the emergency services to attend.

Staffing

- Managers told us that due to the nature of the commercial independent ambulance contracts, there were not always sufficient long term guarantees of work, therefore predicting long term staffing requirements was challenging. The service utilised zero hour contracts for the ambulance crews. Permanent staff were

appointed to transfer children to school, some members of staff were trained and employed to do both PTS and school transfers to help them address any capacity issues as required.

- Managers we spoke with advised that if the service did not have sufficient personnel to deliver a service safely, then the contract or transfer would not be accepted.
- We reviewed five staff records which demonstrated that staff training and employment safety checks had been completed in accordance with policy.

Response to major incidents

- Prevent duty training was part of mandatory training (The **Prevent** duty is the duty in the Counter-Terrorism and Security Act 2015 by which staff in health care settings must have training identify ways to **prevent** people from being drawn into terrorism). One hundred percent of staff had attended the training.
- Managers told us they did not have a service agreement with local trusts to be involved with their major incident policies. However if a request to provide services was made they would endeavour to meet those demands. For example at a fairground disaster the service deployed crews to help the trust's emergency services that attended.
- Adverse weather was addressed by the staff and managers collectively. If it was unsafe to travel staff were stood down until the weather conditions improved. Patients, hospitals, and schools were kept informed.

Are patient transport services effective?

Evidence-based care and treatment

- Staff had access to a range of corporate guidelines which were available in folders in the vehicles for easy access. We saw these guidelines were up to date and referenced to current best practice.
- Staff we spoke with were aware of the national guidance relevant to their practice. For example medical gases guideline and the moving and handling guideline.
- Staff were encouraged to attend the staff supervision meeting, new or updated policies were discussed at this meeting.

Patient transport services (PTS)

Assessment and planning of care

- Staff we spoke with had received training and were confident to handover to the receiving party. This meant that systems were in place to enable the continuity of care and treatment.
- Staff were involved in planning the care for individuals. For example if a piece of equipment was required to improve transportation needs they would be consulted to take their views into consideration.
- Upon notification of a patient transport request, the call taker completed a risk assessment of the patients need in order to plan care appropriately. Information documented included; known infections, mobility problems and whether a valid 'do not attempt cardio pulmonary resuscitation', (DNACPR) form was in place. The call taker would then confirm this information and decide on a quotation. Once the quote was accepted, the call taker logged the information on the patient journey log sheet which the crew were given to record patient pick up and drop off times.

Response times and patient outcomes

- The service did not complete any formal benchmarking. They reported that they measured patient outcomes on an informal basis through discussions with their customers and measured their performance through the feedback they received.
- The senior team told us that as a private PTS provider they did not routinely benchmark their services against other providers due to its commercial impact. They did however, share lessons learnt with other ambulance PTS services regarding safety alerts or change of service provision at local hospitals.
- Ambulance services and trusts that commissioned the service performed site outcome visits, any issues identified were actioned by the service. For example following one visit it was requested PREVENT training was provided to staff, all staff were trained and the action signed off in September 2016.
- Due to the nature of uncontracted work and staff with zero contracted hours, staff forwarded their availability on Fridays. The service was able to accept and respond to bookings that were the same day.
- Staff completed log sheets to record journey times. They reported immediately to the managers any delays. The

job sheets were reviewed weekly to identify any regular delays that needed reviewing. The senior team explained there were rarely any issues due to staff being committed to providing an excellent service.

Competent staff

- All staff were provided with the training to enable them to work in a knowledgeable and effective way. Staff completed training that equipped them with the right skills to carry out their roles.
- All staff undertook a comprehensive training programme prior to starting work. Staff had individualised training for specific medical/learning disabilities to ensure young people were safely cared for on their transfer to school.
- Staff completed a managed probationary period of at least three months, during which all staff were required to demonstrate their suitability. The senior team told us that staff who did not meet the requirements were not kept on.
- A line manager carried out clinical observations of crew 'on the road'. All staff had received an appraisal in the last 12 months.
- Following training staff had to complete a competency test to ensure they were able to practice in accordance with the guidance in the service policies.
- All patient transport staff and escorts were trained in areas such as safe manual handling techniques, how to use ambulance carry chairs and carry sheets.

Coordination with other providers and multi-disciplinary working

- When staff transferred a patient's care to another healthcare provider such as a hospital or hospice, they ensured that the handover at pick up was clear and precise to enable a thorough handover to staff receiving the patient.
- We requested feedback from providers and schools where the service transferred patients to and from. We received six replies the majority were extremely positive and they commented how reliable and professional the staff were.

Patient transport services (PTS)

- Coordination was efficient, staff, young people and parents/carers told us they would always text ahead if they were late due to weather conditions or the traffic.

Access to information

- Operational staff received full patient handovers when collecting patients from providers.
- DNACPR orders were discussed with the staff on the wards prior to leaving. If not current a discussion with the nurse and doctor would ensue to ensure a current order was written for the patient prior to transferring the patient.
- Patient information was kept secure during transfers and journeys in a folder and sealed envelope.
- Young people's diaries were completed to a good standard; they were dated, timed and legible. The diaries stayed with the young person to ensure all carers were aware of new behaviours and actions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed training on the Mental Capacity Act (MCA) 2005 and Mental Health Act as part of their initial training. Compliance was 100%.
- Staff we spoke with were able to describe the MCA and told us if they had concerns they would contact the manager for advice.

Are patient transport services caring?

Compassionate care

- Patient feedback received was extremely positive in terms of patient care, the staff achieved 100% for being polite, caring and considerate.
- The service trained patient transport attendants in safe moving and handling of patients. This ensured staff maintained patient dignity during patient transport.
- Parents said staff did everything they possibly could to support the child and the family, which exceeded their expectations. Parents told us staff went the "extra mile" "nothing was too much trouble".
- Patients said staff had respectful and caring attitudes to relatives and carers travelling with the them.

- Feedback from families and patients we spoke with was mainly positive about all aspects of the care they received.
- Staff were extremely passionate about delivered kind, empathetic care with young people and their parents/carers and particularly enjoyed building relationships with regular transfers to schools.
- Overwhelmingly, we observed staff providing care that was compassionate and patients/young people being treated with respect and dignity and having their privacy respected at all times.

Understanding and involvement of patients and those close to them

- Patients we spoke with told us they were fully involved in their transfer plan and staff explained everything to them during the service provided.
- Patient understanding and involvement was at the forefront of all of the transfer journeys, we heard examples of excellent transition work, and special needs support being offered. Staff told us they would ensure they met the young person and their parents/carers before the start of the service to ensure they were aware of all of the care needed for the individual. Following the transfer home after school staff would communicate with the parents/carers how the journeys had been to keep them updated about the young person.
- Relationships between people who used the service, those close to them and staff were

strong, caring and supportive. Patients who used the service told us staff were kind and very professional.

Emotional support

- Managers and staff created a strong, visible, person-centred culture and were highly motivated and inspired to offer the best possible care including meeting service users emotional needs. For example, staff told us that they were able to identify when a child was becoming distressed and use diversional therapy like singing songs or playing soft ball catch and throw games.

Patient transport services (PTS)

- The service provided continuity to reduce the distress a change of escort and driver could make to a transfer. Parents/carers told us that this was very reassuring for their child and themselves and were assured that their child was safe on the transfers to and from school.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Service planning and delivery to meet the needs of local people

- The service had contracts with the local county council to take young people with learning disabilities and medical conditions to school.
- The service undertook 1,300 patient journeys and 3,100 school journeys on average per month.
- Monthly and quarterly activity reporting took place which enabled the service to identify areas in which there was opportunity for improvement to better meet the needs of patients.
- The service provided crews to provide patient transport journeys for a number of trusts during times of peak demand for example winter pressures. However, there was fluctuation in demand from the contract providers that made service planning difficult for managers.

Meeting people's individual needs

- Staff completed equality, inclusion and diversity training as part of the mandatory training programme. The needs of different people were taken into account when providing transport services. We observed staff assessing young people's individual needs each having their own documented care plan.
- B.N. Gibson had vehicles, which were designed to provide a safe, and dignified transport solution to those whose weight, or condition, required specialist transport.
- All staff we spoke with told us they did not have problems communicating with patients whose first language was not English. Staff we spoke with said they had not had an instance where this had been a problem and this would be identified and planned when the booking was made.

- The identification of patients with complex needs, such as those living with dementia, learning disabilities or physical disabilities were identified both at the transport booking stage and via crew interaction with their patient. Patient's requirements and preferences were discussed and where practicable adjustments were made to meet the patient's needs whilst ensuring the safety of patients and the ambulance crews. Staff told us of a regular young person who struggled to cope with change. When the vehicle needed repairing the garage made sure the replacement vehicle seating was formatted exactly the same to prevent the young person from becoming distressed.
- Staff told us of occasions where arrangements had been made for a carer or relative to also travel with the patient, ensuring that an appropriate vehicle was allocated to ensure seating arrangements were suitable.
- The service had identified the need for additional training courses specifically focussing on learning disabilities. Staff received individualised training from the school where the young person was a pupil to ensure the driver and escort were able to respond to the child's needs. We observed picture cards for staff to use to communicate with young people.

Access and flow

- The service employed an office manager and schools coordinator who liaised directly with the local county council, clients and patients to schedule and book patient transfer jobs. The job details were recorded electronically and were used to inform the resource required in order to effectively fulfil the booking.
- Data was collected from staff completing job record sheets, which were reviewed internally by the office manager to inform resource planning, and shared with the senior team.

Learning from complaints and concerns

- Information relating to how a member of public could make a complaint was available on the vehicles.
- The service had a management of patient complaints policy, which gave detailed directions of how a patient complaint should be investigated. From January 2016 and December 2016 they had received seven complaints we reviewed three complaints of which one had not been managed according to the policy. We escalated

Patient transport services (PTS)

this to the senior team who instigated a review of the policy and future processes. The service received a complaint during our unannounced visit from a third party and we observed the service was following their reviewed policy. The senior team had responded to the complainant appropriately.

- Patients were able to provide feedback. A feedback form was given to the patients following a completed journey, which they could complete in writing or by telephone.
- There was a suggestion box for staff to use. Managers could then address themes or issues that they may have. Staff we spoke with told us if they could not implement the suggestion they would be given a reason why.
- Complaints received formally, were forwarded to the service lead for complaints. The lead was responsible for the investigation and feedback to the patient.
- Staff we spoke with told us learning from complaints was shared at the staff supervision meetings we saw evidence that this was discussed in meeting minutes. For example, we reviewed two complaint audits December 2016 and January 2017. We saw the issue identified actions implemented and lessons shared with staff.

Are patient transport services well-led?

Leadership of service

- The service was a small family run business and the leadership team consisted of two directors, a workshop manager, an accounts manager, a health and social care manager and an office manager.
- Staff we spoke with were able to tell us who the managers and team were and their roles in the service.
- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues directly with them should the need occur.
- During the inspection we viewed employment documentation for staff at director level. We saw evidence that robust pre-employment checks were completed and recorded appropriately.

- The senior team supported staff development by seconding staff to diploma courses and developing staff to enable them to progress to paramedic training.
- We observed the senior managers giving positive feedback to staff in a document displayed on the staff notice board thanking staff for their work, 'Many thanks for such amazing results, the pie charts and comments say it all!!'.

Vision and strategy for this this core service

- The service used the Care Quality Commission statement of purpose for the vision and strategy of the service.
- Staff could describe the service values and how they would apply them to their role, but were not aware of the vision of the organisation.

Governance, risk management and quality measurement

- The service senior team completed several audits for example a spot check audit, a complaints audit and a feedback audit however the results of these audits were not formally discussed at a governance meeting. Managers had recognised the need to improve how the service collected and used data to monitor quality and performance.
- The service did not have a risk register. The managers were aware of their risks for example recruitment of staff. At the time of our inspection they were not able to evidence to us the progress against the actions to mitigate risks. When we returned on the unannounced the senior team had devised a risk register with each risk scored and assigned to an individual who held responsibility to review the risk.
- A national yearly audit programme was implemented however this information was not formally reviewed at a minuted board meeting to evidence quality assurance for the service. At our unannounced visit, the senior team had developed a monthly senior team governance meeting and intended to invite staff representation to the meetings.
- As part of the service's annual audit process, patient feedback received throughout the year was feedback immediately to individual members of staff. Feedback was displayed on the staff notice board.

Patient transport services (PTS)

Culture within the service

- We observed a positive culture throughout the service. Staff we spoke with were proud of the work that they carried out.
- Staff told us that all of the managers were supportive and approachable. There was an open door for staff to speak to them at any time.
- Staff we spoke with said they felt part of a team and were committed to providing an excellent service.

Public and staff engagement

- The service provided monthly reports on feedback received from patients and displayed them for staff to see. Feedback was generally hand collected by staff from the patients. The service acknowledged that engagement levels were low, however, ways to improve patient and customer feedback were being improved and the service planned to email feedback forms directly to patients.

- The senior team listened to staff and we saw a document which logged comments from staff with actions and sign off dates. For example staff could not check rear lights when working as a single crew. Managers arranged for a mirror to be attached to the wall to allow staff to reverse up to and complete the rear light checks.
- Staff we spoke with told us that they would like to have more frequent meetings with the senior team. We escalated this to the senior team who were very receptive and planned to increase team meetings.

Innovation, improvement and sustainability

- The service had reviewed the drivers' role to meet the changing requirements of their service users. Many staff were escort and driver trained to enable consistency for patients if one crew member was on leave.
- When patient feedback is audited, those with frequent positive feedback are given a box of chocolates by the senior team to be recognised as employee of the month to say thank you.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The service should have a plan in place for staff to access interpreters for occasions where patients do not speak English as their first language.
- The service should share their vision for the provision of their services with staff.
- The service should strengthen the governance process for the service.