

E-Zec Medical Transport Services Ltd

E-Zec Medical - Gloucester

Inspection report

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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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

We carried out a comprehensive inspection of E Zec Medical - Gloucester, as part of our inspection programme. We inspected all of our key questions: safe, effective, caring, responsive and well led.

They were last inspected in April 2021 but were not rated as Care Quality Commission did not have the legal powers at that time to rate independent ambulance services. This was a focused inspection and we looked at safe and well led. They were issued with 3 requirement notices, 1 was for premises and equipment, 1 for governance arrangements and the other for fit and proper persons. We found at this inspection the service had made improvements to meet those requirement notices.

This is E Zec Medical Gloucester first comprehensive inspection.

Before the inspection we reviewed information, we had about the provider, including information we had received and intelligence available.

We rated E Zec Medical Gloucester as requires improvement because:

- Whilst all vehicles were scheduled for a deep clean frequently, we found some vehicles had areas that had been missed during cleaning, and this had not been identified from quality checks. Information that could identify a patient had been left in a vehicle for some time and this had also not been identified on the quality checks.
- Not all staff had received their appraisals, but senior staff were working on a plan to address this
- Some patients were having to wait for transport, or it had been cancelled at the last minutes and some key performance indicators were not being met.
- There had been improvements with the recruitment practices of new staff, but systems and processes to check staff had a full employment history with gaps explored was not effective.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients.
- 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 mostly access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and commissioners to plan and manage services and all staff were committed to improving services.
- Disclosing and Barring checks (DBS) were routinely re-checked every 3 years for operational staff.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to E-Zec Medical - Gloucester

Page

5

Information about E-Zec Medical - Gloucester

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to E-Zec Medical - Gloucester

E-Zec Medical Transport service is an independent private ambulance company set up in 1998 to provide patient transport services. E-Zec Medical – Gloucester, is a regional hub for transport services in Gloucestershire and supports four satellite locations in Lydney, Keynsham, Swindon and Salisbury. This service has contracts with the local Clinical Commissioning Groups to provide patient transport services to Bath and Northeast Somerset (BaNES), Gloucester, Swindon and Wiltshire. They operate seven days per week and can provide transport until to 1am each day.

E-Zec Medical Gloucester fleet consists of 111 vehicles, including cars, vehicles for transporting people in stretchers, bariatric vehicles and vehicles with wheelchair access.

This location is registered to provide the following regulated activity.

Transport services, triage and medical advice provided remotely.

E-Zec – Medical Gloucester was registered with the CQC in December 2019. The registered manager has remained in post since the date of registration.

This service carried out 187,893 journeys from April 2022 until March 2023.

How we carried out this inspection

We carried out a short notice announced, comprehensive inspection on 22 and 27 March 2023. This was announced to enable the registered manager to be present and so we would be able to speak to staff and patients.

During our inspection we visited the main Gloucester location. We spoke with 17 members of staff, including the registered manager, senior staff, control room staff and ambulance care assistants. We spoke with 3 patients. We observed patient care during our time with staff when they undertook patient transport and reviewed patient records. We reviewed their policies, procedures and other documents relating to the running of the service.

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

The provider and location were looking at ways to reduce their carbon footprint and the effect on the environment. They were using eco-friendly cleaning products and encouraging staff to drive more economically to reduce fuel consumption and their carbon footprint. Future plans included the use of electric vehicles.

Summary of this inspection

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:

- The provider must review systems and processes, so they remain effective when assessing, monitoring, and improving the quality and safety of the service provided. This is in relation to cleanliness and checking of vehicles, records containing patient information stored and disposed of securely and the recruitment of staff. Regulation 17(2) (a)(c).

Action the service SHOULD take to improve:

- The service should ensure they continue to reduce waiting time for patients and the amount of transport they cancel at the last minute. Regulation 12.
- The service should ensure they continue to complete staff appraisals. Regulation 18.
- The service should consider informing staff about the communication aids they have to assist them in communicating with patients and devise information leaflets in languages used by the local population. These need to be easily accessible to staff.
- The service should consider explaining to staff about the NHS accessible standard and what this means for them during their work.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Patient transport services

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Is the service safe?

Requires Improvement 

We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Staff took part in an annual skills development day whereby they completed their yearly mandatory training. The service had achieved compliance of 94% against the provider's target of 85% for mandatory training. For e-learning the lowest score for one training module was 81% just under the target and several were 100%.

Staff completed the training required for all health and social care staff about learning disability and autism, which included how to interact appropriately with autistic patients and patients who had a learning disability.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff who had contact with patients were trained in level 2 safeguarding adults and children. The safeguarding leads for the provider were trained to level 4 in safeguarding adults and children. Training compliance was 81% for safeguarding adults and 85% for children. Safeguarding adults training was just below the providers target of 85%.

Staff also received training in preventing radicalisation and this was above the provider's target at 100% compliance.

Patient transport services

Staff knew how to identify adults and children at risk of or suffering significant harm and worked with other agencies to protect them. The provider had a safeguarding team who were contactable 24 hours a day. Staff had access to their contact details as these were located on the fob for each set of vehicle keys and on their hand-held devices. Staff shared their concerns with this team, and they would make safeguarding referrals to the relevant local authority.

Staff followed safe procedures for children. The provider had a procedure for staff to follow when transporting children and this was included in one of their policies. Staff had access to several different seats available for children depending on their age and build. Children were always escorted by a parent or responsible person and were priority for collection and return.

In the event of sub-contracted services, they had to report all safeguarding incidents to E Zec Medical Gloucester as part of their contract and to the relevant local authority.

Senior Managers told us that the Safeguarding Team did not always receive feedback from Local Authorities about safeguarding referrals made. If they did receive feedback, it would be shared with the staff who raised the concern.

We saw evidence the provider conducted Disclosure and Barring Service (DBS) checks for all operational staff and these were renewed every 3 years. Subcontractors provided a list of all staff to E Zec Medical Gloucester each year as part of their due diligence process to demonstrate all staff had up to date DBS.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean, but some areas in some vehicles were not clean.

Areas we saw were clean and had suitable furnishings which were clean and mostly maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly for the Gloucester location. The cleaning was undertaken by a third-party provider and areas checked by a member of staff from the provider.

The vehicle garage at the Gloucester location had a 'make ready' area where vehicles were cleaned by staff. All cleaning equipment was colour-coded to ensure staff used the correct equipment on the correct part of the vehicle.

Cleaning products were risk assessed in line with 'Control of Substances Hazardous to Health (COSHH) requirements. These were stored in a locked cupboard.

We checked 6 vehicles. We found areas in some of these vehicles that were not clean. This was reported to senior managers during the inspection.

Each vehicle was scheduled for a deep clean every 12 weeks. We saw records of when some vehicles had been cleaned and when they were next due. Staff also cleaned the vehicle at the end of their shift. Staff completed records to document this had been done. Team leaders would randomly check vehicles after they had been cleaned. Any issues would be reported back to the staff. However, we found these checks were not always identifying vehicles where some areas needed further cleaning.

Patient transport services

All vehicles had a supply of personal protective equipment (PPE), clean linen and hand cleansing gel. Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff told us they cleaned equipment after patient contact and explained the products they used.

Ambulance care assistants were made aware of specific infection and hygiene risks associated with individual patients. This information was taken at the booking of the transport and shared with ambulance care assistants. Staff were able to get advice and support regarding infection control matters from the provider's policies and procedures. They could also ask the team leaders for advice.

Senior managers told us staff were given information on how to launder their uniforms and were advised to keep a spare at their location in case they needed to change.

Training for staff in infection prevent and control was at 82% which was just under the provider's target of 85%.

Environment and equipment

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

The environment was properly designed for its use and maintained.

The service had 111 vehicles across their contracted area, and these were stored across the Gloucester and the satellite locations. We checked 6 vehicles. We found that vehicles were road worthy, well stocked, and most of the equipment was working and well-maintained. We did find one stretcher had a rip in one of the cushions and another had a small rip in the headrest area of the stretcher, this was reported to one of the managers during our inspection. These were going to be reviewed following our inspection. Following the inspection, the registered manager told us they were replaced immediately.

Staff were able to restock their vehicles at the bases.

There were records of equipment maintenance and schedules. These included MOT's, servicing and when some of the vehicles required additional mechanical repairs for example, cam belt. Managers were able to see on their computer system all records relating to each vehicle, and this included any defects.

Staff had a system to report faulty equipment. Staff reported any defects, and these were reviewed by the fleet manager who made the decision whether the vehicle was taken off the road. This was recorded on their computer system and on a white board, so the managers were able to see which vehicles have the faults and those which have been removed from service.

Staff were trained to assess patients and their wheelchairs for safe transfer. Wheelchairs had to be 'crash tested' to be used on vehicles. If a patient's wheelchair had not been 'crash tested', patients would need to be transferred into a suitable wheelchair provided.

Staff told us they were trained during their induction how to use the equipment in the vehicles, and this included stretchers and wheelchairs.

Patient transport services

Equipment was available that was suitable for specific patient groups such as children. The service had several different types of equipment to use for when they carried children depending on their age. Patients of all ages were appropriately secured in the back of all vehicles.

Ambulance care assistants had access to up to date satellite navigation systems and each vehicle was fitted with a tracker so their journeys could be monitored.

Staff disposed of clinical waste safely.

At the last inspection in April 2021, we issued a requirement notice for the service to make sure all vehicles were fit for purpose and maintained. We found this had been addressed at this inspection.

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.

Staff were able to recognise and respond to patients who became ill during their journey. Ambulance Care Assistants worked in pairs with one member of staff in the rear of the patient transport vehicle. They closely observed patients and would request an emergency ambulance if required.

Staff responded promptly to any sudden deterioration in a patient's health. Staff were able to describe the actions to take if a patient became unwell which included a request for emergency medical assistance if required.

Staff at the call centre would complete a risk assessment for each patient when transport was requested. This included a standard list of questions for example, about mobility. Ambulance care assistants were able to undertake risk assessments of patients for example, in relation to wheelchairs and if they had been 'crash tested'.

Staff shared key information to keep patients safe when handing over their care to others. Staff used mobile handheld devices to update records. They provided full handovers to clinical staff, family members and support staff when patients got home.

Staffing

The service had enough staff with the right qualifications, skills, training 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.

The service had enough staff to keep patients safe. Senior managers told us they required 197 fulltime equivalent staff to meet their contractual requirements. They used bank, overtime, and sub-contractors to fill any vacancies. Fifteen new staff had started on their induction programme in February 2023. Recruitment roadshows had been taking place at different locations to encourage new starters. An apprenticeship programme was underway with the provider and 5 new staff had recently started at this location.

The managers could adjust staffing levels daily to the needs of patients and demands of the service. Some days were busier than others with transports.

Patient transport services

The service had 18 full time equivalents vacancies across the contract for February 2023 after the new starters. The latest figures for February 2023 showed they had 15 new staff starting employment and 7 staff leaving.

The service had decreasing sickness rate. In January 2023, it was at 8.6% but this had reduced to 5.9% in February 2023. This included staff on long term and short-term sickness. The target for the provider was 3%.

New staff had a 2-week induction programme which was classroom based and after this, ambulance care assistants had 12 weeks of mentoring with other experienced members of staff. They were not allowed to work alone until they had been assessed and signed off as competent. Control room staff were also mentored during their induction programme and had to complete an assessment before being able to answer calls on their own.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Patient notes were held on password-protected mobile devices. These were reviewed before each journey to ensure that staff were aware of risks such as poor mobility.

When patients transferred to a new team, there were no delays in staff accessing their records.

Ambulance care assistants were notified by the control room staff if patients had any infection control concerns such as COVID-19 or any other infectious conditions and if they had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders.

We examined 5 patient records on their computer system. An assessment of the patients' needs was undertaken by the control staff at the point of request for transport. The tick box assessment of their needs included if they needed aids to mobilise or required an escort.

Records relating to patients on the handheld device were stored securely, but not all paper records containing patient information were stored securely.

Not all staff were aware of the process for disposing of confidential waste. Information that could identify a single patient had been left in a closed cabinet only accessible by staff on a vehicle, which was kept locked when unattended. This was reported to senior managers who immediately commenced an investigation.

Medicines

The service followed best practice when administering, recording and storing medicines.

Vehicles carried and correctly stored oxygen cylinders, but no other medicines were held on vehicles. This was only used during an emergency.

If patients were discharged from hospital with medicines, these would be carried among their belongings and patients took charge of them.

Patient transport services

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff described how to report incidents and were updated with feedback and any lessons learnt. Staff were able to report incident via their hand-held devices. Incidents were then reviewed by a senior manager and investigation started.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers were able to track all incidents on their computer systems and update them as required. In February 2023, 8 incidents were reported by staff and these included patient falls and issues with discharges from hospitals. These were under investigation and due to be completed at the time of our inspection.

Trends were identified from incidents, for example, verbal abuse to staff, low harm trips, slips and falls and estates/ vehicles incidents. Learning from incidents was shared with staff, to help improve the service. A senior member of staff from the providers quality team collated the top 3 themes monthly in the region, and these were shared with senior managers at each location during governance meetings.

Learning from incidents were shared locally and across the provider either by e-mail or by bulletins which were displayed at the bases.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had a system for senior staff to follow if an incident met the threshold for duty of candour. This included a letter to be sent to the patient and/or their representative.

Senior managers at this location told us they were working towards using the Patient Safety Incident Response Framework as they provide NHS funded care. All senior staff had completed the required training. The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The registered manager and 2 other senior staff have completed the Level 2 Safety Investigation course provided by Healthcare Safety Investigation Branch (HSIB). Their role is to improve patient safety through professional safety investigations that do not apportion blame or liability.

Is the service effective?

Good 

We rated effective as good.

Evidence-based care and treatment

Patient transport services

The service provided care and treatment based on providers and national guidance. 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. The staff room had a noticeboard with updates, and these were loaded to mobile devices for staff convenience. Managers were able to check if staff had read new policies and procedures.

The provider highlighted a policy each month for staff to be updated on it. During this inspection, it was the driving standards policy, and this was displayed on noticeboards.

The patient's eligibility for the service was assessed at the time of booking transport. Staff were aware of the NHS England eligibility criteria for patient transport service to ensure they transported appropriate patients.

Ambulance care assistants were informed by the staff booking the transport, of patients with specific needs, for example, mental health needs. Ambulance care assistants also received a handover when collecting patients from hospitals or care homes.

Nutrition and hydration

Patients had access to water during the journeys.

Journeys were planned and considered patient's hydration, feeding and toileting needs especially in rural areas where journey times might be long. Ambulance care assistants ensured that patients had been to the toilet before leaving. Patients had access to water on the vehicles if needed.

Response times

The service monitored but did not always meet the agreed response times. Some patients were waiting at times to be collected for and returned from appointments. This potentially could place them at risk of harm. They were using the findings to help make improvements and performance was improving.

Performance was monitored by Key Performance Indicators (KPI) from the provider and Integrated Care Board (ICB) who managed the contract for patient transport.

Following the inspection senior managers sent us information about how many journeys they undertook each month. These ranged from 12,397 to 18,431 per month and about 187,893 journeys a year.

The KPI for patients should not arrive after their appointment time was set for 95% target. In February 2023 the service was at 64% with a year to date (YTD) total of 76%. In March 2023 it had improved to 76%.

The KPI for no patient should arrive 1 hour before their appointment time was set at 95% target. For February 2023 the service was at 98% and YTD was 97% above the target. In March 2023 it was above the target at 98%.

The KPI for pre booked appointments (not for dialysis patients) for patients to be collected no more than 75 minutes post appointment time was set at 95% target. For February 2023, the service achieved 73% and a YTD 80% which was below their target.

Patient transport services

The KPI for dialysis patients who should not wait more than 60 minutes for collection post dialysis was set at the target of 95%. The service was at 80% for February 2023 and the YTD was 89%.

The KPI of 95% was for on the day booked activity (booking of transport) and transport booked after 6pm the night before. The service had achieved for February 2023, 95% and YTD was 96%. Meaning they fulfilled most of the requests for transport.

The KPI for end of life care patients to be collected when they were discharged, or admission was 2 hours. The target was 95%. In February 2023 the service achieved 93% with a YTD 88%. The provider had a benchmark of 1 hour and this location for March 2023 up to this inspection date had achieved 100%.

Senior staff sent us information following our inspection about delays for patients. In March 2023 140 patients were waiting over an hour to be collected and taken to their appointments. In February 2023 it was 136 and January 2023 it was 143. This number was remaining constant and senior staff were working to reduce these delays.

For the same timescale as above, the number of patients waiting over an hour to be collected from their appointment in March 2023 was 142, for February 2023 it was 226 and January 2023 it was 213. The number of patients waiting over 2 hours to be collected from their appointment from 24 February 2023 to 9 March 2023 was 21. From the 13 March 2023 to the 23 March 2023, it was 8 patients. The performance was improving and the number of patients experiencing long waits after their appointments was reducing.

When the service identified patients, who has had a long wait, they were put on the 'service recovery board' system. This was where the next 5 journeys patients took with this service were monitored and followed up to identify if there had been an improvement. However, while patients who experienced delays were monitored on their next journeys to improve their experience, there were still some patients who continued to experience delays.

Feedback we had received prior to the inspection was about patients missing appointments due to late transport or cancellation and long wait times. This was fed back to the senior managers at the inspection. The information related to transports before the service had implemented some changes.

The service discussed their performance monthly with the ICB and identified areas of improvement. The commissioner told us they were working with the senior managers to make improvements to the service provision. They felt that staffing was an issue including recruitment and retention of existing staff, but felt the senior managers were working on this to improve the provision of the service for patients.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However not all staff were up to date with their appraisals.

Staff were experienced and had the right skills and knowledge to meet the needs of patients. Staff received training for their roles.

Managers gave all new staff a full induction tailored to their role before they started work. New staff undertook an induction programme. For ambulance care assistants, the first 2 weeks were classroom based. Following this, new staff

Patient transport services

were supported by a mentor. For call handling staff, they had a 4-week induction programme which included observing other staff in the call centre before taking up the role. During this period, all new staff had probation reviews at 4, 8 and 12 weeks. They had to be signed off as competent following this to be able to commence full duties. Probation reviews were at 83% for March 2023 with 39 waiting to be completed.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the Gloucester location, the rate of appraisals was at 41% which was below the provider's target of 85%. Senior staff told us they had a plan to appraise staff and improve the compliance rate. One of the reasons for the low rate was due to the service being very busy. The overall number of appraisals for Gloucester and the 4 satellite locations was 76% which was below target. Following the inspection, the registered manager told us that each member of staff had received 2 one-to-one sessions (called touchpoints) with their line manager. This included performance and objective setting, which linked to the annual appraisal. Records showed that at time of inspection these one-to-ones were 91% compliant.

There were no team meetings for staff to attend due to large number of staff and keeping the service running. Staff representatives met with senior staff at regular interval and minutes were taken of these and shared.

Managers identified poor staff performance promptly and supported staff to improve. The provider had systems to support managers to assist staff in progressing.

All vehicles used by the service were under 3.5 tonne at the time of our inspection. This meant all ambulance care assistants could drive them on a standard UK driving licence. Driving licence details were checked prior to staff starting in the role. The provider used an electronic system which monitored staff driving licences. If staff accrued points or convictions relating to their driving, the service would be made aware. Staff were expected to disclose if they received any driving convictions whilst in the role. The provider also required ambulance care assistants to undertake a driving assessment as part of the interview process to ensure they had the necessary skills to undertake the role.

The service used compliance with staff training and observed practice to make sure staff were competent in their role. The annual skills development was at 91%. This was above the providers target of 85%.

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.

Staff worked with other health care disciplines and with other agencies when required to care for patients. Ambulance care assistants were informed of any specific care needs or if the patient had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) directive.

The provider had a patient transport liaison officer (PTLO) at each of the local NHS acute hospitals to support the hospital staff with booking transport appropriate for each patient. The PTLO liaised with the hospital staff to ensure patients being discharged were collected quickly as possible.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Ambulance care assistants were able to signpost patients to information promoting healthy lifestyles.

Patient transport services

Staff received training in Making Every Contact Count (MECC). This approach encourages health and social care staff to use the opportunities arising during their routine interactions with patients to have conversations about how they might make positive improvements to their health or wellbeing. This training was at 100% compliance.

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.

Staff gained consent from patients for their transport in line with legislation and guidance.

When patients could not give consent, staff would work with the patient's family or their carers and act in patient's best interest. If a patient had dementia, they might not be able to have the capacity to consent and were often supported by family member or carers on the journey. Control room staff would make sure the ambulance care assistants were aware if a patient had dementia and if they had an escort to travel with them.

Control room staff recorded if a patient had a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) or a DNACPR. This was to make sure ambulance care assistants knew if a patient collapsed whether they needed to start resuscitation on them.

The Deprivation of Liberty Safeguards were not relevant to this service.

Staff received and kept up to date with training in Mental Capacity Act, and this was at 97% over the provider target of 85%.

Is the service caring?

Good 

We rated caring as good.

Compassionate care

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

Ambulance care assistants were discreet and responsive when caring for patients and ensured that patient's dignity was always maintained. Blankets were available in vehicles to use if required.

We observed staff who consistently spoke with patients in a kind and considerate way.

Patients said staff treated them well and with kindness. Ambulance care assistants used password protected mobile devices to review patient records and took note of any special requirements such as travel sickness.

Patient transport services

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff told us of an example where they had concerns for the mental health of a patient during a routine journey and told us how they demonstrated sensitivity and sought appropriate advice from managers.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had awareness of how to manage any inappropriate behaviour and would raise an incident for managers to investigate and consider appropriate action to take.

As part of the providers feedback survey, patients were asked if they felt they were treated with dignity and respect. From June 2022 to February 2023, 142 said they were 'very satisfied' and 56 said 'satisfied', 4 were 'dissatisfied' and 6 'don't know'.

Patients were also asked were you satisfied with the ability of staff to meet your care/needs, and 143 were 'very satisfied', 54 were 'satisfied', 6 'don't know' and 7 were 'dissatisfied'.

The provider did not share with us how many patients were surveyed and responded to the survey.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said staff were very kind, regardless of how they were feeling.

Staff had an understanding about the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

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 and treatment.

Staff tailored their approach to each patient and talked to them in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patient transport vehicles had posters with information on how to provide feedback.

Patients gave positive feedback about the service. Senior managers closely monitored this by reviewing patient survey results.

Is the service responsive?

Patient transport services

Good 

We rated responsive as good.

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 was planned according to the requirements set out in the contract designed by the Integrated Care Board (ICB). For each of the 4 satellite locations, they had differing levels of demand which was overseen at the main Gloucester location as set out by their contract with the ICB.

Senior leadership of the service had plans to expand the service to meet the needs of patients and local population. They planned to provide secure mental health transport.

Facilities and premises were appropriate for the services being delivered. We visited the main Gloucester location where vehicles were stored and cleaned.

Ambulance care assistants told us patients who were not at their home when they arrived to collect them for transport were contacted to make sure they were ok. Staff followed the providers procedure to make sure the patient was safe.

The service coordinated services with other healthcare providers such as, the local hospitals. The patient transport liaison officers (PTLO) liaised with the hospital staff about transport bookings and addressed any issues or concerns. The provider was looking to employ a hospital liaison assistant into several acute hospitals within their contract area. The purpose of this role would be to support the delivery of a timelier service to patients and the hospital by helping to use resources and staff available more effectively.

The provider was also looking to implement another new role where a designated member of staff would liaise with dialysis units and patients to help improve the service. They were due to interview for this post following the inspection.

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 we spoke with were not aware of the policy on meeting the information and communication needs of patients with a disability or sensory loss for NHS funded care. The NHS accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Patient transport services

We did not see any communication aids on the vehicles and not all ambulance care assistants were aware of where they could access them. Ambulance care assistants told us the call centre staff included in the patients records if they had any disability or sensory loss. Some patients with specific needs were able to have a family member or carer travel with them.

The service did not have information leaflets available in languages spoken by the patients and local community. However, senior staff told us this was an area they were working on.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to an interpretation system.

The provider had recently included autism and learning disability awareness in new staff inductions. All staff completed this when they started. We were told this was updated annually. Staff had also undertaken training in dementia for ambulance services and equality and diversity.

Staff had undertaken conflict resolution training to help them deal with violent or aggressive patients. Senior managers told us restraint was not used.

Access and flow

Not all people could always access the service when they needed it, which meant at times they did not receive the right care in a timely way.

Managers monitored waiting times and but could not always make sure patients accessed services when needed and within agreed timeframes and targets. The service had monthly meetings with the ICB to monitor service provision.

The service undertook transport journeys for patients discharged from hospitals and emergency departments to help with flow through the local hospitals within the contract area. Some of the hospitals managed the journeys and E Zec Medical Gloucester provided the staff and vehicles. For other hospitals, E Zec Medical Gloucester managed the journeys, staff and vehicles. The service was able to provide additional resources if required. We saw data on this which showed 3 patients waited over 2 hours to be discharged between the 24 February 2023 to 23 March 2023. This was not in line with their KPI. These was for hospitals where E Zec Medical Gloucester managed the journeys.

Staff worked hard to keep the number of cancelled journeys at the last minute to a minimum. These were monitored by the service. The service had about 12,000 to 18,000 journeys each month. From April 2022 to March 2023 a total of 1548 journeys had been cancelled by E Zec Medical Gloucester. The most being in February 2023 at 866 and lowest was June 2022 at 3.

From the beginning of March 2023 until 21 March 2023, there were 298 journeys which could not be fulfilled at the last minute. Reasons for this included lack of capacity and too late to travel. However, from the 1-9 March 2023 there were 259 but with the changes made to service provision from 10-21 March 2023 there were only 39 unfulfilled transport showing an 85% improvement.

Learning from complaints and concerns

Patient transport services

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. Patients could inform staff at the time of their journey, call the contact centre, or make a complaint in writing.

The service displayed information in their vehicles about how to give feedback.

Staff understood the policy on complaints and how to handle them and they had access to the complaints policy on their hand-held devices which gave them information on how to manage complaints.

Managers investigated complaints and identified themes. In the last 12 months, they had received 124 complaints. Of these 82 were upheld and 42 were not. This information was shared with the ICB.

Senior managers investigated complaints and responded to the complainant. The provider's policy had timescales to respond to the initial complaint and when the final response had to be issued. If patients remained unhappy with the result of the investigation, the complaints policy gave information on where to sign post the patient, for example, to The Parliamentary and Health Service Ombudsman.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, there had been a complaint (which was also recorded as an incident) at another location managed by this provider which was about a patient getting burnt from a heater in the back of one of the vehicles. Learning from this was shared across the provider and this included changes to the booking information taken and training in induction programme and yearly staff update about the position of heaters and patients.

Patients were put on the 'service recovery board' system following a long wait for transport or a complaint where the next 5 journeys were monitored by a central team to see if there had been an improvement to the service. From the 1 to the 21 March 2023, E Zec Medical Gloucester had 170 successful journeys recorded on this system and 21 missed the target. Following the very recent changes to the systems used for managing transport, performance had improved as between the 10 to the 21 March 2023 only 2 journeys that missed the target.

Is the service well-led?

Requires Improvement 

We rated well led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Patient transport services

The leaders had the skills, knowledge and experience to manage the service. The registered manager had been in post since the location was registered in December 2019, they were also registered for another location managed and run by this provider. The registered manager was also known as the quality and compliance manager for the central region.

There was a senior management team at E- Zec Medical Gloucester who oversaw this location and another location managed by this provider. There were clear management structures for this area and the provider. Staff had access to team leaders at each location including satellite locations to support them daily.

The leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. The waiting time for patients was a concern to the senior leaders as was staff recruitment and retention.

Leaders were visible and approachable at local levels, senior staff from the board had a timetable where they visited each of their locations at different times of the year.

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 and aligned to local plans within the wider health economy.

The provider has a clear vision and a set of values, which included, “We Listen, We Learn, We Adapt, Committed to Care, People First, Pride in Service and One Team”. Staff we spoke with were aware of all the values, and these were displayed on notice boards at each location.

The senior leaders at this location had a realistic strategy which was to achieve good outcomes for patients using the service. This included reducing the waiting times and cancellations. A new system for managing transport had recently been implemented in this location and the small amount of data available so far had shown an improvement in service provision for patients.

Staff told us they wanted to provide a good service for patients and to reduce any long waits, especially for dialysis patients.

The provider had plans to reduce their carbon footprint. A driver system was in use which assisted staff in driving the vehicles in the most economical way and they were looking to change some vehicles to electric in future.

Culture

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

Most staff felt respected and valued. All staff said they felt supported by the senior management team at E- Zec Medical Gloucester. However, not all staff felt supported and listened to by their immediate line manager.

The culture was centred on the needs and experience of patients who used services. All staff told us they wanted to give the patients the best experience of transport and were disappointed when patients had long waits.

Patient transport services

Most staff felt positive and proud to work in the organisation.

The culture encouraged, openness and honesty at all levels within the organisation, including with patients who used services, in response to incidents and complaints. We saw evidence of changes to practice following incidents and complaints.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, however, not all staff felt they could do this because they were not supported by their immediate line manager. There was learning and action taken because of concerns raised.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. Each member of staff had appraisals and could discuss with their line manager any career development. Staff were able to apply for more senior roles as they became available.

There was an emphasis on the safety and well-being of staff. Senior staff told us after an incident, staff were able to de-brief with one of them or a team leader. Staff had access to a counselling service if required.

Governance

Leaders operated governance processes, throughout the service and with partner organisations. However, these were not always identifying areas that required improvement. Staff at all levels were clear about their roles and accountabilities. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service as a team.

There were structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. The provider had a computer system that recorded all information needed to review service provision both locally and at provider level. We found some of the quality and safety checks undertaken by staff at this location had not been identifying all issues, for example, the cleanliness in some of the vehicles and the patient information that was left in one of the vehicles.

At the last focused inspection in 2021, the service was issued with a requirement notice about recruitment practices as they were not obtaining all the required information for new staff prior to them starting work. At this inspection, we saw an improvement in the practices and information obtained. However, we still found the service had not identified where staff interviewing new candidates had not explored employment gaps. In 3 of the 5 new staff records we examined, there were gaps in their employment history that had not been explored. This was despite the interview recording sheet prompting them to do this. Risk assessments forms had been completed on all 3 staff, but they had not documented the dates on the risk assessment forms. One new member of staff had no employment history and from the records seen, this was not followed up. Two new members of staff had references from employment that was not on their employment history, and this had not been identified. Another new staff member had some information of concern on one of their references but there was no evidence this was follow up. Senior staff from the provider told us they would be auditing all staff recruitment records to help identify any issues and address these. They planned to have this completed by the beginning of May 2023. Following the inspection, the provider told us that all personnel records for new staff who had started work since the end of March 2023 were now complete with no gaps in any of the required information.

Patient transport services

All levels of governance and management function effectively and interacted with each other. The senior managers at this location reviewed all the data throughout the month and completed a report for the Integrated Care Board (ICB) meetings. Staff at provider level also had oversight of this information and this was discussed at provider and local level management meetings.

Staff at all levels were clear about their roles and understood what they are accountable for, and to whom. All staff we spoke with knew their roles and who their line manager was.

There were arrangements with sub-contractors for oversight of the transport they provided for this service. Senior managers would contact the subcontractor for details about any incident, complaints. As part of the agreement the sub-contractor had to follow the policies and procedure of E-Zec Medical Transport.

Commissioners for the ICB had held monthly contract meetings with the service. Senior managers had to complete a presentation based on the Key Performance Indicators (KPI), complaints and incident as part of the meeting. Staff from the ICB monitored any actions needed to address areas that required improvement.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. However, not all risks were included on their risk register. They had plans to cope with unexpected events.

There were comprehensive assurance systems, which included performance issues and were escalated through clear structures and processes. These were regularly reviewed. All KPI information was shared with the ICB monthly which included performance against KPI for all journey and long waits for patients.

The provider had a systematic programme of internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. However, these had not identified issues with recruitment of new staff, cleanliness of some of the patient transport vehicles and patient information that had been left on a vehicle. Following the inspection, the service sent us a list of the number of audits that needed to be undertaken weekly and monthly. Results from these were shared with local managers and senior leaders. These included health and safety checks such as water temperature checks, fire equipment and infection control.

Arrangements for identifying, recording and managing risks, issues had been devised. The senior managers told us their risks, and these mostly aligned to their recorded risks. These included long waits for patients which was on the providers risk register and issues with the plumbing system at one of the locations.

Potential risks were taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. A business continuity plan had been devised in case of disruption to services.

To support the business and service provision, E Zec Medical Gloucester used sub-contractors. One of the senior managers told us and showed us the format tool used for due diligence checks. These were completed on sub-contractors prior to them starting work for E- Zec Medical Gloucester and reviewed yearly.

Information Management

Patient transport services

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

Leaders had a holistic understanding of performance, which sufficiently covered and integrated patients views with information on quality, operations and finances. Information was used to measure for improvement.

The service had clear service performance measures, which were reported and monitored. This enabled them to monitor the provision of services and incidents where patients had to wait for transport, or it was cancelled at the last minute.

There were effective arrangements to ensure data and/or notifications were submitted to external bodies as required. The registered manager was aware of what notifications needed to be shared with external bodies. Data was shared with the ICB monthly as part of contractual arrangements.

The service monitored journey activity via hand-held devices used by staff. Staff used these to record their arrival time to collect patients and departure time of journeys. Control room staff were able to monitor when there were any delays. If staff reported they had poor signal within some areas and they could not update their hand-held devices, they were able to call the control room who would add this information for them. For sub-contractors, they also had to add this information to their hand-held devices.

The service monitored the number of long waits and cancelled appointments at the last minute daily. A 'critical failure' report was completed to review the number of incidents and to monitor against the contracted key performance indicators (KPI) from the Integrated Care Board (ICB).

Information which included patient details was kept securely on electronic systems. All operational staff could access the information they needed to do undertake their roles. All laptops were password protected.

Staff had completed training in data security awareness, and this was at 100% compliant.

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.

Patients' views and experiences were gathered and acted on to shape and improve the services and culture. The results to the following questions were gathered from June 2022 until February 2023. The provider did not tell us how many patients were surveyed and how many responded to the survey.

How likely are you to recommend our service to friends and family if they need our service? 132 said 'very likely', 59 'likely', 14 were 'unlikely' and 5 'don't know'.

When you booked your transport how satisfied were you with the handling of your booking? 92 were 'very satisfied', 58 were 'satisfied', 42 'don't know' and 12 were 'dissatisfied'.

Were you satisfied with your patient experience whilst in the ambulance? 129 were 'very satisfied', 66 were 'satisfied', 9 'don't know' and 6 were 'dissatisfied'.

Patient transport services

Was the standard of driving up to your expectations? 139 said they were 'very satisfied', 61 were 'satisfied', 8 'don't know' and 2 were 'dissatisfied'.

Information leaflets were on the vehicles explaining how patients could give feedback about their experience.

Senior managers told us they tried to make themselves visible to staff. The registered manager had been holding 'open door' sessions at each of the locations they covered for staff to attend. The registered manager said they planned to formalise these and look at one location per week.

There was no active local engagement such as team meetings with ambulance and call centre staff all together. Senior staff told us this was not possible due to the numbers of staff and due to the demands on their service. They used staff representatives who met with senior managers, and fed back staff concerns and issues. Senior managers told us they wanted to increase the representation from minority groups for example, non-binary staff at these meetings.

The Chief Executive Officer (CEO) held 'town hall' meetings on teams so all staff across the organisation could attend and other members of the senior leadership team at board level were present.

Other ways the provider and senior managers at local locations engaged with staff included 'toolbox' meetings with small groups of staff to share information, notice boards, e-mails, bulletins which included update on incidents where learning was needed to be shared across the all providers locations.

The E-Zec newsletters also provided staff with information about supporting their wellbeing. For example, as part of the rewards system, staff had round the clock access to a GP and counselling. Feedback from patients who had named a member of staff was also included and staff had their photograph taken.

Staff surveys were completed yearly. The latest results were for 2022. The questions included about their role, manager and well-being. The results were provider wide and areas for improvement were identified. For example, staff feeling valued and getting recognition for their job was under 30%. Senior managers felt they would see an improvement at the survey this year. However, 78% felt they were trusted by their manager to undertake their role and confident in their ability to do their job.

Senior staff told us they engaged with external health and social care providers for whom they provide transport, for example, hospices and renal services. This was to help improve relationships and to discuss if any issues or concerns have arisen.

Learning, continuous improvement and innovation

Leaders were committed to improving services and encouraged innovation.

Senior staff at this location told us they had plans to develop patient transport to include mental health secure transport, to support the needs of the local community. They had already started to train some staff ready for when they start providing the service.

Local leaders and the provider were looking to improve their service provision. For example, to increase staff recruitment, retention and they had started apprenticeship roles.

Patient transport services

Leaders were also looking to reduce their carbon footprint and impact on the environment. For deep cleaning the vehicles, they used eco-friendly mist. They planned to change some vehicles to electric.

The provider had systems to reward staff. For example, driving system which supported better driving and reduced carbon emissions. The system talked to staff during the journey and each staff member had a score and the best score won a prize. The staff newsletter spoke about 'HAPI@E-zec' which was a reward and saving scheme. New staff who signed up got a £5 credit. Staff were able to be nominated for a 'shining star award'. This award was for staff who had gone 'above and beyond' in helping others.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must review systems and processes, so they remain effective when assessing, monitoring, and improving the quality and safety of the service provided. This is in relation to cleanliness and checking of vehicles, records containing patient information stored and disposed of securely and the recruitment of staff. Regulation 17(2) (a)(c).