

Mr Rob Willis

MED-PTS Ambulance Services

Inspection report

160 North Park
Fakenham
NR21 9RJ
Tel: 01328258879
www.medpts.co.uk

Date of inspection visit: 13 and 20 September 2022
Date of publication: 18/11/2022

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Outstanding	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The provider had enough staff to care for clients and keep them safe. Staff had training in key skills, understood how to protect clients from abuse, and managed safety well. Staff controlled infection risk well. They assessed risks to clients, acted on them and kept good care records. The provider managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and assessed clients' food and drink requirements. Managers monitored response times and made sure staff were competent. Staff worked well together for the benefit of clients, supported them to make decisions about their care.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and supported them in any way they could. They provided emotional support to clients, families and carers.
- The service planned care to meet the needs of local people, took account of clients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for care.
- The provider ran the service well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities.

However:

- The provider had not submitted notifications to the Care Quality Commission to advise us of possible abuse, although they took immediate action to rectify this.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

We have not previously rated this service. We rated it as good because:

- The provider had enough staff to care for clients and keep them safe. Staff had training in key skills, understood how to protect clients from abuse, and managed safety well. Staff controlled infection risk well. They assessed risks to clients, acted on them and kept good care records. The provider managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and assessed clients' food and drink requirements. Managers monitored response times and made sure staff were competent. Staff worked well together for the benefit of clients, supported them to make decisions about their care.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and supported them in any way they could. They provided emotional support to clients, families and carers.
- The service planned care to meet the needs of local people, took account of clients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for care.
- The provider ran the service well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities.

However:

- The provider had not submitted notifications to the Care Quality Commission to advise us of possible abuse, although they took immediate action to rectify this.

Summary of findings

Contents

Summary of this inspection

Background to MED-PTS Ambulance Services

Page

5

Information about MED-PTS Ambulance Services

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to MED-PTS Ambulance Services

The provider, Mr Rob Willis, was an individual provider. The provider's location was based near Fakenham, Norfolk. They had been registered with CQC (Care Quality Commission) since November 2014. The provider had submitted applications to change the address of this location, which had not been processed at the time of this inspection. The new address for this location will be, Unit 13, Manor Farm, Fakenham Road, Weasenham, Norfolk, PE32 2TF.

The service provided a non-emergency ambulance service, transporting adults and children. MED-PTS Ambulance Services completed an average of 88 jobs in July and August 2022. They used 6 vehicles, although not all were in use at the time of our inspection.

The service is registered with CQC for the regulated activity transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The service is not required to have a registered manager as the provider is an individual with day-to-day control of the service. This was the second inspection since registration. Our previous inspection was in January 2018 when we inspected but did not rate this service.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 13 and 20 September 2022. To get to the heart of clients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led.

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what staff told us and how the provider understood and complied with legislation.

How we carried out this inspection

During the inspection we spoke with 5 members of staff; 2 operations supervisors, 1 ambulance care assistant and 1 emergency care assistant. We looked at 2 vehicles, staff records and a selection of client documentation.

Following our visit, we asked the provider to send us additional information electronically. We also received 6 surveys from users of the service and 5 surveys from staff members.

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

Outstanding practice

We found the following outstanding practice:

- Staff were extremely caring and went above and beyond their expected roles to support patients on their journey. From gestures as simple as buying a patient a cup of coffee to supporting a patient to fulfil their last wish, staff treated their patients with a level of care, respect and kindness that spoke of their dedication to their work.

Summary of this inspection

- The provider was a strong leader that supported their staff and created a culture that was completely patient focused.

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 SHOULD take to improve:

The provider should ensure the completion of all required statutory notifications. (Regulation 18 (2)(e))






Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

We have not previously rated this service. We rated it as good.

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 received both face to face and online mandatory training. The training matrix demonstrated an 95% completion rate for staff against a service target of 90% for the statutory mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff confirmed the training was comprehensive and the modules included infection control and basic life support. One staff member told us the effect the training had, "I felt confident in carrying out my role and using all our equipment on my first shift."

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The mandatory training included modules on mental health awareness, dementia care and learning disabilities awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. The provider monitored the training and the matrix was colour coded to demonstrate if training was out of date, or due for renewal within a month. The provider emailed staff a reminder when their training renewal was required. Staff told us they had to complete mandatory training to ensure they continued to work as this was required before going out on jobs.

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.

Patient transport services

Staff received training specific for their role on how to recognise and report abuse. Data received after the inspection showed a 100% compliance rate in safeguarding training level 2 for adults and children, and 95% compliance with training at level 3. The staff who had not completed training were new starters, who were within the completion timeframe. Paramedics used by the service were required to provide evidence of safeguarding training to level three for both adults and children. The service had an in date and version controlled safeguarding children and adults' policies.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff received equality and diversity training as part of the mandatory training programme. Staff described how they would always ask the patient how they wanted to be addressed and how care was patient centered.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff recognised they were in a privileged position of entering a person's home and were uniquely placed for patients to share confidences. Staff told us they knew what signs of abuse or neglect to look for. They completed safeguarding training to level 2 or 3 for both adults and children as part of the training programme.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew the provider's safeguarding process and would make a referral to the local authority if they had concerns abuse may have occurred. We saw these were completed in line with each local authority's guidelines.

The provider had a safeguarding lead trained to safeguarding adults and children level 3 available to staff for advice and guidance.

Disclosure and Barring service (DBS) checks were in place. Staff were informed when their update was due. A review of the service records indicated a 100% compliance rate of staff who had been checked within the last three years.

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, vehicles and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We looked at two ambulances, which were visibly clean, as was the equipment stored in the vehicles. Staff carried out deep cleaning of vehicles each month by a specific staff member who was familiar with the steps required to ensure the cleaning process was completed accurately. Sterile products, such as suction catheters, were stored correctly and safely. We checked these in one vehicle and found they were all sealed and in date. All products were kept in wipeable lidded boxes to prevent dust contamination.

The service generally performed well for cleanliness. Staff ensured vehicles used to transport clients was clean and well maintained. They completed daily schedules for cleaning vehicles. Staff cleaned the vehicles between each client journey and the provider conducted regular checks. The provider recorded those checks and audited them for compliance and improvements.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff kept records, which showed vehicles had been cleaned in line with the provider's infection, prevention and control (IPC) policy. Cleaning logs were kept at the service, and the provider reviewed reports to ensure compliance with the required standards had been met. The provider also completed hand hygiene audits, which showed the actions taken to address any issues identified during competency checks of staff.

Patient transport services

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed IPC procedures including the use of personal protective equipment (PPE) and they had a good knowledge of the provider's IPC processes. Staff wore uniforms and had access to a wide range of personal protective equipment, handwashing facilities, sanitisers and antibacterial wipes. Hand sanitisers were readily available throughout the location, and staff told us they used hand gel and sanitisers before and after every episode of direct patient contact or care, which was in line with NICE guidelines.

Environment and equipment

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

The design of the environment followed national guidance. The provider had developed health and safety policies based on up-to-date health and safety legislation. These were available to staff on apps downloaded to staff mobile phones and were updated automatically.

Vehicles were kept at the location premises and the provider carried out spot checks to ensure these were maintained to suitable standards.

Staff carried out daily safety checks of specialist equipment. Staff completed and signed daily vehicle and equipment checklists before use. All daily vehicle checklists we looked at were complete and up to date. Staff ensured vehicles met the needs of the individuals transported, for example, when a child was transported, appropriate equipment was used to accommodate their specific needs and keep them safe. Vehicles were equipped with standard equipment, such as fire extinguishers and we saw they were serviced.

The service had enough suitable equipment to help them to safely care for patients. The provider had a system in place to monitor when vehicles needed to be serviced and all vehicles had this when required. Staff told us if there were any concerns about any equipment it was taken out of use immediately and repaired or renewed.

Staff disposed of clinical waste safely. Staff were aware of how to safely store clinical waste and told us they utilised these facilities in hospitals when they could.

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 responded promptly to any sudden deterioration in a patient's health. At our last inspection we told the provider they should take two actions to improve in this area and they should develop a policy and procedure for staff to follow in the event of deteriorating patient and implement eligibility criteria for patient transportation. The provider had completed this giving staff clear information and parameters about the actions they should take if a patient's condition deteriorated. They had also developed criteria for staff, so they did not inadvertently transport patients with needs staff were not able to care for.

Staff had access to client details and information to help assess and respond to risk. Staff used an online application to relay client information. Each client journey was assessed to determine the group of staff required to meet the needs of that specific individual. Staff received risk assessments for each client to minimise risks.

Patient transport services

All staff were trained in identifying and responding to clients at risk of deterioration. Staff used the National Early Warning Score (NEWS) 2 assessment tool to assess whether the patient's physical condition was stable or deteriorating.

We looked at 19 patient records which detailed personal profiles and up to date risk history. Staff received a handover from the referring organisation, if there was one, which included presentation on the day. All patient notes were comprehensive and included information about how much the patient drank during the journey, whether they were comfortable, in pain, and action taken to improve any discomfort.

Staff knew about and dealt with any specific risk issues. Staff conducted risk assessments to help them provide the safest transfer where appropriate. Staff told us they discussed potential situations with clients or their representatives to ensure any actions they took met the patient's needs. For example, when transporting children staff said they identified the best seating or stretcher arrangement with the child's parent. In other situations, they assessed how best to support patients who were travelling with equipment, such as surgical drains, and what to do if anything went wrong.

Staff escorted patients into buildings and back into their own homes, which ensured they could assess whether it was safe to leave the patient, particularly if the patient had spent some time in hospital.

Staff shared key information to keep patients safe when handing over their care to others. Staff spoke with patients, family or carers, or other care staff when collecting a patient, to ask relevant questions. They passed on information to other care staff, relatives or hospital staff as required and if the patient was not able to do so themselves.

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, agency and locum staff a full induction.

The provider employed 20 self-employed staff, who worked on a full-time basis, part-time and casual hours basis. This was a combination of paramedics, emergency care assistants, ambulance care assistants and emergency first responders.

The service had enough staff to keep patients safe. The provider and staff all said they had enough staff to ensure all shifts were filled. The service operated on a flexible basis responding to requests by external providers. This determined how many staff and the number of vehicle hours needed per day.

The service had no vacancies. The provider told us they were a small team with low turnover. Sickness levels were reported as being low and the provider had capacity to back up ambulance staff with office staff if needed. The provider reported a flexible service to meet the needs of the clients and services on the day jobs were received.

Records

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

Patient notes were comprehensive and all staff could access them easily. We reviewed 19 patient records that demonstrated staff had completed them clearly with any issues and actions taken clearly recorded. Patient records were completed when a patient was collected in paper format, which were accessible to other staff when staff returned to the service's location.

Patient transport services

The provider reviewed each patient record where there had been an issue, which ensured they were scrutinised and completed to the required standard. It also helped ensure action was consistent and effective or whether alternative actions could have been used to increase patient safety and manage risks.

Most records were stored securely. Staff had individual usernames and passwords to access electronic patient records securely. Paper records were mostly kept securely locked in a cabinet, apart from those staff needed to review, which were kept in a filing tray in a lockable room. Due to the remote location of the service and the limited number of staff on site, we were told it would be unlikely the records would be accessed by those unauthorised to do so. However, good practice would be for staff to securely store these when not in use.

Medicines

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

Oxygen and Entonox were the only medicines stored at the service, and staff stored and managed these safely. Full and empty cylinders were stored separately in locked cages and clearly labelled. A system was in place to check the cylinders and ensure they were in date. Oxygen and Entonox were only given to patients in an emergency.

Patients could bring their own medicines with them, for example if being discharged from hospital. These were kept with patients' belongings and were the responsibility of the patient, although staff recorded that patients had brought these with them.

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. We looked at the 2 reported incidents in the previous 12 months. Staff completed incident reporting documentation, which they outlined in the client paperwork.

There was an incident reporting policy which was in date and referenced duty of candour. At our last inspection we told the provider they should promote staff understanding of duty of candour regulation. Staff understood the principles of duty of candour and we saw evidence of this in their patient and incident records. Staff told us they were happy to report any concerns as this led to an improved service.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The provider had a system to review incidents and shared learning where appropriate. We saw the provider had looked at incidents from previous years to try to identify themes. No themes had been identified, although the provider identified possible issues around moving and handling. The provider took this opportunity to develop staff skills and ensure staff understood the latest guidance and law to ensure their skills are up to date.

Patient transport services

Are Patient transport services effective?

Good 

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies we reviewed were comprehensive and referenced using up to date national guidance and linked further reading. For example, the safeguarding children and the adult's policies outlined types of safeguarding and referral pathways. Staff safeguarding duties and responsibilities were defined. There was a reference section linking up to date national guidance when this was needed, or an alert was raised. The provider was able to see when staff had accessed and read policies, and prompt them when required.

Although the service did not provide secure transport for patients detained under the Mental Health Act 1983, staff did transport patients who also had mental health conditions. Staff had received training on mental health awareness, dementia awareness, and learning disability awareness, which included information on Autistic Spectrum Disorders.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff spoke with hospital and care home staff, carers and family when collecting or dropping off patients. They shared information about the patient relevant to that patient's needs.

Nutrition and hydration

Staff provided water for patients on board vehicles.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff told us they planned journeys to ensure they had adequate access to food and drink. Staff considered the needs of the individual clients taking into consideration any special dietary requirements. Staff kept a supply of water on board vehicles for clients to access if needed.

Staff completed patients' fluid charts where needed. We saw that staff completed information about how much patients drank during their journey with MED-PTS Ambulance Services. Although this was not always required, staff completed fluid intake records as part of their routine recording.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

Each vehicle had an electronic tracking system which was used to monitor response times. The software was sophisticated and allowed staff to run reports to help them identify when improvements might be needed. Staff told us that it was rare that they were not able to respond to requests to transport clients. Staff told us that recording client journey times and dates helped staff track any potential delays. Journeys were planned in advance to minimise delays.

Patient transport services

At our previous inspection we told the provider they should undertake benchmarking. The provider told us they looked at all other inspection reports for similar services to see where they may be able to improve. They had developed a small benchmarking group to discuss differences in reports and identify what worked well for services and what did not.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The clinical lead was responsible for managing staff competencies and followed the skills for care framework, Health Education England and Skills for Health guidance. Leaders carried out work-based assessments with staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. The provider discussed performance and staff training needs at regular intervals, for example at annual appraisals. Managers gave all new staff a full induction tailored to their role before they started work. All staff were provided with a corporate and local induction programme to ensure all received appropriate training with updates at appropriate intervals.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff records we looked at had up to date training and assessments to ensure staff were competent. Staff were observed for competency at regular intervals. Leaders carried out observations to ensure compliance with policy and standards.

Staff provided up to date additional training certificates if achieved with their substantive employer. We saw evidence of up-to-date training for all staff files we looked at.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All staff were supported to complete Skills for Health training as a minimum. Managers told us they supported additional training to help staff to improve their skills and for career progression.

Managers made sure staff received any specialist training for their role. Staff received specific mental health and learning disability awareness training as part of their induction and an update in their yearly refresher training. Staff gave examples of working with clients with additional needs, for example, clients who lived with dementia. Staff worked with other professionals or family members to identify what worked for the client in the past to keep them relaxed during their journey. They encouraged clients to bring something to help reduce their stress levels to improve the experience. Staff also kept a range of items to distract people who became upset or distressed.

Staff received driving competency assessments, training courses and shadowing sessions. Staff were given the opportunity to observe experienced staff until they were comfortable to work independently.

Managers identified poor staff performance promptly and supported staff to improve. The provider told us poor staff performance would initially be dealt with through supervision and an improvement plan would be developed.

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.

Patient transport services

Staff worked well together to meet the needs of the clients who used the service. All staff we spoke with told us they communicated regularly. They worked with managers and other professionals to help keep clients safe and provide a quality service. We saw recorded details of other professionals involved in client care. For example, where an approved mental health practitioner (AMHP), nurses or the police were involved. AMHP's were responsible for coordinating admissions to hospital for clients detained under the Mental Health Act. This meant they worked together to safely coordinate the client's care and journeys.

Leaders worked with local referring hospitals and reported having a positive relationship with other providers, some of whom employed them as their preferred provider. We looked at feedback from professionals who referred to the service which was positive.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The Deprivation of Liberty Safeguards were not applicable for this service.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff showed they understood capacity, they checked a client's capacity to understand information given to them. Staff described clients as being able to weigh up and remember information.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff had access to an up to date policy on consent. Where patients with capacity to consent declined to go on the transport, staff respected this decision. We saw that staff obtained verbal consent throughout their journey with a patient.

Staff received training in the mental health awareness, which included the Mental Capacity Act 2005. At the time of inspection, 95% of staff had received their training. Staff transported patients who were voluntarily attending treatment. Staff engaged with hospital staff and escorts to ensure the patients' rights were upheld.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff tried asking clients their wishes using different methods instead of relying solely on verbal communication. They used positive emotional support and distraction techniques if clients became aggressive during their journey or changed their minds about travelling, before asking for back up for other staff or organisations.

Staff clearly recorded consent in the patients' records. We saw that care records contained information about the consent staff had asked for and the client's responses.

Are Patient transport services caring?

Outstanding



We have not previously rated this service. We rated it as outstanding.

Patient transport services

Compassionate care

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

Staff were discreet and responsive when caring for patients. There was a strong, visible person-centered culture from staff and the provider, where everything they did was to provide the patient with a good journey. Staff we spoke with were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Staff told us they always discussed with patients or their carers the most discreet way of getting the person in and out of the ambulance. We saw this discussion take place with one patient, where staff identified the parts of the transfer where the public may see the person transfer to a stretcher and how they could avoid this. Another patient told us, "They were very careful to understand my privacy and dignity needs."

Staff took time to interact with patients and those close to them in a respectful and considerate way. We visited one patient with an ambulance crew and saw they arrived in plenty of time to speak with the person about their transfer to the ambulance and the journey to the hospital. They discussed with the person any difficulties and how best to overcome these, and then transferred the person in the way the person wanted. The staff also discussed with the person's relative how they would communicate with them when the patient's hospital appointment was completed.

All of the feedback we received from patients and their relatives was overwhelmingly positive about the way staff treated them. One relative told us, "They were all very polite, helpful and respectful," and a patient echoed this and said, "Extremely."

Staff followed policy to keep patient care and treatment confidential. Staff kept people's information secure both while they were in vehicles and in the office. Electronic devices were password protected and paperwork was locked away or kept away from view by unauthorised staff or visitors to the office.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff we spoke with knew the importance of interacting with patients and respecting their wishes. The service had clear processes for promoting equality, diversity and inclusion to ensure they gave a good service to all members of the community and did not marginalise anyone or restrict access to the service.

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 when they needed it. They understood clients' personal, cultural, and religious needs. Staff talked to us about the skills and techniques they used to provide emotional support and communicate with empathy. Staff talked to us about being kind, caring and compassionate.

Many staff had a previous working experience in the care sector. They described ideas they had learnt from previous experience that reduced patients' anxiety and distress in new environments. One staff member told us how they knitted fidget mitts for people living with dementia, which was used as a distraction and helped refocus patients' attention on something less worrying. Staff kept memory books on board ambulance vehicles, which provided the opportunity for reminiscence and another opportunity for them to engage with people living with dementia. A staff member told us that staff all had the ability to play music on their phones and this meant they could play something that a patient was familiar with. They said, "[Patient's] might not be able to communicate but they always respond to music."

Patient transport services

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff told us they did not transfer patients who were already distressed before using the service, but they had identified some ways of reducing distress or anxiety during the journey. They explained they obtained as much information about the patient's preferences as possible and then considered how they could adapt their practice to fit the person's needs. This may be through assigning staff of a particular gender or by wearing different clothing to their usual ambulance uniform.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. A staff member spoke about supporting people at the end of their lives and what staff did about this. The provider had a contract with The Ambulance Wish organisation, which arranged ambulance transport for those people who were unable to otherwise visit places or people. We saw a thank you card from one patient's relatives after staff had taken the patient to see their pets. The thank you explained exactly the significant impact the trip had on the patient, "The wish really lifted [person's] spirits and their smile lasted days!"

Staff told us how one patient was mentioned during conversation they had not had a cappuccino for years. The staff members arranged to stop at a coffee shop during the journey and bought the patient a cappuccino. Another patient told us that staff were kind and considerate and it was their friendliness and moral support that "keeps me calm and stress-free when I have to go for these tests".

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 made sure patients and those close to them understood their care and treatment. Staff told us they spoke with patients, their relatives and carers to ensure they could be as involved they needed to be in the patient's care. We visited one patient with two staff members and saw both staff discussing with the patient how best to transfer them to their wheelchair and then on to the stretcher. They both listened to the patient and allowed them to decide what would be best for them.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff had picture and word books on each vehicle, and a small, laminated booklet to enable them and patients who were not able to verbally communicate to communicate in another way. The booklet also contained pictures of different flags, for people who did not speak English. This enabled staff to identify languages associated with that country's flag and they could then use an online translation application to understand more clearly what was being said or asked.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff provided patients and their relatives with feedback cards at the end of each journey. They said they welcomed feedback as this would be used to improve the service.

Patients gave positive feedback about the service. All of the feedback we received from patients was overwhelmingly positive. One patient's relative told us, "Staff were excellent at understanding and adapting." A patient told us how their journeys with MDS-PTS Ambulance Service had made "a real impact on my wellbeing". Other feedback we received about the service told us it was "excellent", and one patient explained how staff were exceptional at helping them to remain calm when they wanted to panic about returning to hospital.

Patient transport services

Are Patient transport services responsive?

Good 

We have not previously rated this service. We rated it 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. They worked with referring providers to plan service provision. Journeys were coordinated using an electronic application that staff used on their phones to track and record information. The electronic application used demonstrated team planning and communication to meet the needs of the service and clients.

Staff considered planning for long distance journeys. For example, planning stop points for rest room breaks and a changeover of drivers. Managers coordinated multiple crews to facilitate national journeys and involvement of appropriate professional services.

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 made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff assessed clients who might require additional considerations based on their specific needs. Staff gave us examples of supporting clients living with learning disabilities and autism. For example, for clients who struggled with unfamiliar situations. Staff encouraged these clients to bring familiar items such as a toy, or an escort / carer if needed. Paediatric transfers were accompanied by a responsible person.

Staff completed training to help them understand the needs of people living with dementia and those who lacked capacity. The service made reasonable adjustments to help clients access services and had a range of equipment for use by different client groups, for example bariatric equipment.

Staff provided examples of when a transfer required an all-female/multiple crew members to ensure safety for all. We looked at 19 client records and saw documented where mobility considerations were required during transportation. We also saw clearly stated in client records where more than two staff members were needed.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff identified communication needs in advance. Staff discussed individual needs with patients, families, carers, and other professionals. Staff told us they used online translation services to help them communicate.

Access and flow

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

Patient transport services

The provider delivered a sub-contracted service on an ad hoc basis. They monitored timeliness to ensure clients received an appropriate service in a timely way. Staff told us they booked journeys to suit individual patient's needs. Monitoring information showed most journeys ran on time and any delays, due to traffic issues, were usually minimal. The provider had a process for staff to follow to ensure they alerted hospitals and departments if they were running late.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. People who used the service were provided with information about complaints processes and could complain electronically. People could complain using the provider's website or by completing written feedback forms.

Staff understood the policy on complaints and knew how to handle them. Staff had access to the provider's complaints policy via an application on their electronic devices. The system sent notifications to let staff know when there were updates.

Managers investigated complaints and identified themes. Complaints would be investigated by the provider and a copy of the documentation given to the client or contracting provider. Staff would be provided with detail for learning and improvement purposes. The provider told us not complaints had been made and they and staff managed concerns appropriately before they became complaints.

Are Patient transport services well-led?

Good 

We have not previously rated this service. We rated it as good.

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. They supported staff to develop their skills and take on more senior roles.

The service was led by senior leadership team, which was led by the provider, and supported by the HR and admin Director and the Event and Fleet Supervisor. All staff told us senior management were visible, friendly and approachable. It was clear from their comments they had an extremely high regard for the provider. One staff member told us, "They are brilliant, I see them very regularly including working with them on some jobs. Quite often they will call to check up on how the job is going or with any updates / changes." Other staff said, "The company and staff go above and beyond the call of duty to make sure the patients are delighted with the service provided to them and the relatives of the patients," and "In such a small team, the culture stems from the MD [Managing Director]. He leads as he wants us to act. His concern is for patient welfare above all else and expects us to do the same. If we need to spend time with a patient or with family, then we do so regardless of how long the shift may become."

Patient transport services

Staff told us they were supported by managers and their colleagues. Staff provided us with examples of how the service was managed so that they had the skills and resources to do their jobs well. This included providing clear job plans with appropriate tools and resources to safely transport clients who used the service.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a business continuity plan dated July 2022, which provided information to continue the running of the service. There was also a vision and values statement to help direct the service into the future. For example, 'Continue to provide a high quality service by achieving performance and financial targets whilst maintaining excellent clinical and quality care'.

Culture

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

Staff felt respected, supported, and valued. Staff focused on clients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

All staff spoke positively about working for the provider. Staff reported good relationships with their colleagues and clients who used the service. Staff told us they were supported, trained, and given opportunities to further develop. We saw evidence of a culture of engaging with clients who used the service in a positive way. Staff told us and feedback from people who used the service stated there was a safe, caring, and inclusive experience while in the care of staff employed by the service. One patient's relative told us, "Everything was excellent, especially communication and care. From the first point of contact we were very impressed with MED - PTS. They were always very professional, efficient and friendly and every member of staff was caring and considerate. Not only did they treat my daughter with care, dignity and respect but they also looked after me during a very stressful time. The impact on us as a family was immeasurable and we cannot praise them highly enough."

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider ensured clear lines of accountability. Staff knew and understood their roles and responsibilities and knew who to go to for advice and support. We saw completed records of job plans. All jobs demonstrated clear lines of accountability and escalation details by using a shared electronic application. This meant staff were supported in understanding their main duties.

Patient transport services

At our last inspection we told the provider they should embed governance processes such as auditing and team meetings. The provider had established processes in place to monitor safety, quality and performance, through service audits, incident reporting and performance measures. Senior leadership met regularly to discuss performance and governance. We looked at leadership meeting records where staff discussed issues such as vehicle replacement, staff training and other relevant issues.

All of the staff we spoke with or who contacted us said they were able to attend team meetings. One staff member told us, “Yes meetings are tailored to get the maximum attendees, but for those who are unable to attend there is someone writing down minutes of the meeting so the people who are unable to attend will have an overview of what is happening which is available by speaking to the operational team.”

Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used an online enhanced Disclosure and Barring Service checks which meant they could access up to date detail relating to staff suitability. Updates were electronically flagged to ensure timely renewal of those checks. All staff files had appropriately completed paperwork including photo identification and a completed application form with references.

The provider ensured policies were comprehensive and updated to reflect changes in national guidance. Additional links to reading material to further help improve staff understanding and knowledge were included in the information shared. This meant that policies reflected up to date national guidance and were updated at regular intervals.

All vehicles were managed and serviced at regular periods to keep clients safe and we saw records to demonstrate this.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The provider had an up to date risk register with continuity plan where they recorded business risks. There was a formal process to record and review up to date risks that might impact on safety and quality of service. The priority risks were ambulance operations, communication failure and staff. All three priority risks had appropriate mitigations in place. For example, on call bank staff were available if required.

Staff measured ways to reduce the risks, which were recorded and monitored. The business continuity plan provided instruction for staff to manage unexpected events, such as technology systems issues.

The provider managed issues relating to performance using a range of systems and processes. Staff had access to appropriate resources to help them perform their duties. Staff were clear about metrics used to monitor performance. Managers were open and transparent in managing issues and worked with partner agencies to resolve issues. However, managers did not report statutory notifications for possible abuse to the Care Quality Commission. This meant there was a gap in their governance processes. We raised this with the provider, and they made immediate changes to avoid any future omissions.

Patient transport services

Information Management

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 consistently submitted to external organisations as required.

Managers had systems in place to collect and analyse data. Staff had access to electronic systems where data could be viewed to understand performance. Staff used their hand-held devices to access performance and jobs information. An electronic application gave staff access to live, accessible job and client information.

Staff understood information governance and the importance of securely storing client information. Client records, hard copy and electronic were stored securely and only assessible to those with permission to do so.

Managers kept most paper records stored in cupboards that were kept locked and only accessible to those with the authority to do so.

Engagement

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

The provider and staff actively and openly engaged and collaborated with subcontracting providers and other professionals, for example, local hospital staff and private organisation which helped improve the quality of services. Managers provided us with positive feedback from providers that supported their business. For example, feedback from professionals who thanked staff reporting overall satisfaction with performance.

Staff collaborated with local providers to ensure they worked together to safely care for clients. Staff engaged with health providers to share appropriate information to help provide suitable care and improve the service. The provider told us that engagement with the local health economy helped with growth and improvement to meet the needs of the clients who used the service.

Learning, continuous improvement and innovation

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

At our previous inspection we advised the provider about areas they should improve. We saw during this inspection that action had been taken to address shortfalls in these areas and the improvements had been made. We also saw there were areas of outstanding work by staff and the provider, which provided patients with a service that ran well, was extremely caring and considered how best to meet their needs.

Leaders supported continued improvement and development of the service. They did this through providing learning opportunities, including formal training of staff and use of technology. There was a programme of learning opportunities and investment in ongoing development of staff. A clinical lead was employed to identify areas of learning and development.

Patient transport services

Leaders had systems in place to support continuous improvement. Staff used feedback from people who used the service, learning from incidents and complaints to help with improvements.

Staff had access to a mobile electronic application to monitor and improve the service. For example, the application monitored response times and leaders ran reports to help improve response times. Leaders used the technology to share live communication relating to jobs with staff while they were mobile and off site. This meant they could communicate important information and changes.