

Oak Tree Reliance Ltd

OTR Ambulance Services

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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



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, they 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 provider 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.

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, they 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 provider 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.

Summary of findings

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Summary of this inspection

Background to OTR Ambulance Services

The provider, Oak Tree Reliance Ltd, was limited company. The provider's location was based in Watford, Hertfordshire. They had been registered with CQC (Care Quality Commission) since April 2018.

The service provided a non-emergency ambulance service, transporting adults and children. OTR Ambulance Services completed an average of 6500 to 7000 jobs each month. They used 38 vehicles, which were a combination of cars, wheelchair accessible vehicles and stretcher ambulances.

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 has had a registered manager in post since registration in July 2021 when this location was registered. This was the first inspection since registration.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 11 and 18 October 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 8 members of staff; 4 ambulance care assistants, the Operations Manager, the trainee Operational Support Manager, the registered manager and the nominated individual (the provider's representative). We looked at 6 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 1 survey from users of the service and 11 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 responsive to patient's individual needs and went above and beyond their expected roles to support patients on their journey. From gestures as simple being able to support a patient in their own language to listening to patients speaking about the effects of treatment and acting to lessen those, 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 focussed.
- Staff had a very clear understanding of the safeguarding process and how this could support and enable patients to overcome harm.

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:**

There were no actions the service **MUST** take to improve

Action the service **SHOULD take to improve:**

- The service should ensure all staff are aware of the need to check wheelchair lap belts are securely in place around the patient when they are in a moving vehicle and during transfer on and off the vehicle.
- The service should ensure all staff are aware of the need for patient details to remain confidential.

Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

Safe	Good 
Effective	Good 
Caring	Good 
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 a 100% completion rate for staff against a service target of 95% 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. Staff told us their induction training was “great” and they had all the training they needed to carry out their roles.

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 coded to show 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 100% compliance with training at level 3. The service had an in date and version controlled safeguarding children and adult's policies.

The registered manager told us they discussed safeguarding at management meetings and disseminated information to staff in a newsletter. We saw this information in management meeting minutes and staff newsletters. Information was also available for staff at the entrance to the office, which promoted guidance in an easy, quick way.

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 centred.

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 for ambulance care assistants or level 3 for safeguarding leads, 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 that referrals were completed in line with each local authority's guidelines, staff provided clear explanations of their concerns and why the patient was at risk of possible harm. The registered manager told us how this had led to protection for patients who had been suffering from financial and domestic abuse. It had also led to improvement in patients obtaining other services, such as occupational and physiotherapy and for one person this meant they became independent and no longer needed support.

The registered manager told us they followed up referrals to make sure staff had not missed previous opportunities to safeguard patients. This provided assurance that staff were reporting concerns immediately.

The provider had a safeguarding lead trained to safeguarding adults and children level 5, as well as the provider's nominated individual, who were available to staff for advice and guidance. The overall support staff received had enabled them to gain confidence in making safeguarding referrals and really change people's lives for the better.

Disclosure and Barring service (DBS) and other recruitment checks were in place. Staff were informed when their DBS 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.

Patient transport services

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We looked at 6 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 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 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.

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 (a type of program that you download on to your mobile phone or laptop equipment) 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, such as a specific harness, was used to accommodate their 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; all vehicles were serviced when required. Staff told us if there were any concerns about any equipment it was taken out of use immediately and repaired or renewed.

Patient transport services

Staff disposed of clinical waste safely. Staff were aware of how to safely store clinical waste and told us they use facilities at the ambulance base or at a hospital if they needed to.

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. Staff had access to client details and information to help assess and respond to risk. Staff used a secure online application to relay client information back to the service's office. 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.

We looked at 5 patient records which detailed personal profiles and up to date patient risk assessments. Staff received a handover from the referring organisation, if there was one, which included the client's medical 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, they assessed how best to support patients who were travelling with equipment, such as in a wheelchair, and what to do if anything went wrong. We saw they made sure to secure patient's wheelchairs in the vehicles, although the use of lap belts was not always assessed.

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.

The provider employed 44 ambulance care assistant staff, who worked on a full-time or part-time basis.

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 were 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.

Patient transport services

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 5 patient records that demonstrated staff had completed them clearly with any issues and actions taken clearly recorded. Patient records were completed in electronic format when a patient was collected, which were accessible to other staff at the service's location immediately.

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.

Records were stored securely. Staff had individual usernames and passwords to access electronic patient records securely. Paper records were kept securely locked in a cabinet, apart from those staff were working on.

Medicines

The service did not administer or store medicines. Patients kept personal medication with them during journeys. Staff transported patients who had their own medical gases, although staff were not responsible for administering this.

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. Staff understood the principles of duty of candour.

Managers investigated incidents thoroughly. Managers had undertaken training in carrying out an investigation of an incident, which ensured all aspects of the investigation process were completed properly. 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 in moving and handling, and confirm they understood the latest guidance and law to ensure their skills were up to date.

Are Patient transport services effective?

Patient transport services

Good 

We have not previously inspected 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 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, and the Mental Capacity Act and Deprivation of Liberty Safeguards.

When handing over patients, 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 food or drink for patients if this was required.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff told us most patient did not require food or drink as their journeys were short. Where there may be a long transport journey, staff planned to ensure they had adequate access to food and drink and 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.

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

Patient transport services

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 as far in advance as possible to minimise delays, although frequently the provider only received this information on the day of or the day before a journey.

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 registered manager 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 to ensure they were proficient in on the job requirements.

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. Leaders carried out observations to ensure compliance with policy and standards.

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 people with additional needs, for example, people 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.

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 with the team. They worked with managers and other professionals to help keep clients safe and provide a quality service.

The registered manager worked with local hospitals and reported having a positive relationship with commissioners of their service. 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 patients.

Staff received training in mental health awareness and the Mental Capacity Act 2005. At the time of inspection, 100% 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 languages and methods, and not relying solely on verbal communication. They used positive emotional support if clients became distressed during their journey or changed their minds about travelling.

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?

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

Compassionate care

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

Patient transport services

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed five patients being transferred between hospitals and their homes, and saw staff treat the patient with kindness, respect and dignity.

Staff did not always follow policy to keep patient care and treatment confidential. Staff understood the importance of maintaining patient confidentiality and privacy. The provider had a General Data Protection Regulation (GDPR) policy in place and made sure electronic devices had security measures to reduce the risk of information being overseen. For most of the journeys we observed, patient information was kept private. However, in trying to reassure a patient about who else they were travelling with, we saw a staff member breach confidentiality and disclose another patient's name to that person.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients. They spoke respectfully about patients, their needs and their families.

We reviewed feedback from referring organisations, patients' relatives, and hospitals which were overwhelmingly positive and complimentary about the care and respect shown by staff to patients. Comments included, "The drivers are polite, helpful and friendly," "Everyone ... are very happy with the service and communication and friendly, helpful, attitude."

Patients said staff treated them well and with kindness. Patients reported feeling well looked after and were very happy with the service they received. Comments included, "Very nice driver ... Was very kind when I was anxious, which was a great help, very polite and considerate. 100%!", "The driver was a credit to your service, nothing was too much trouble," and "I would recommend him for every journey. He had a foot stall for me to safely board the ambulance. Very well spoken and gentle in his manner."

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 emotional support and advice when they needed it. Staff talked to us about the importance of emotional support for people who used the service and others involved in their care. We observed staff interactions with a patient who were very reassuring, kind and considerate.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. We were given examples of how staff completing the transfer would try to ensure that the patient was not provoked or distressed by the staff or journey.

Staff talked to us about the skills and techniques they used to provide emotional support and communicate with empathy. We saw that staff were kind, caring and compassionate. They understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. These were included in pre-journey information.

Understanding and involvement of patients and those close to them

Patient transport services

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

Staff took time to explain to patients and gave them time to understand the information. We observed care provided prior during a transfer which demonstrated crew members ensured their patient understood and were involved in their care, and what the next steps of the journey would be. We saw that staff waited to make sure patients were completely ready before leaving and did not rush them to get ready.

Patients felt they were fully involved in their care and had been given the opportunity to ask questions. Patient feedback forms we reviewed corroborated this. Patients gave positive feedback about the service, thanking staff for their care and consideration.

Staff described being patient focused and involved them in discussions about their care.

Are Patient transport services responsive?

Good 

We have not previously inspected 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 organisations to plan service provision. The individual needs of the patient was central to all planned transfers. Staff ensured risk assessments were completed as part of the referral process and used this to tailor the crew and vehicle to meet individual patient needs.

The service was available 6 days a week, from approximately 5am until the last patient transport was completed. The registered manager told us Sunday journeys were available by prior agreement only.

The service offered transfers for patients across the country. However, staff told us that most transfers were short distance. When transfers were provided over longer distances, additional risk assessments were required to ensure there were enough staff.

The service had good links with local NHS and independent organisations and had developed good working relationships with service providers. The registered manager told us they frequently supported other independent ambulance services who needed a specific vehicle type to meet their patients' needs.

Facilities and premises were appropriate for the services being delivered. Vehicles were provided according to the patient's needs and risk. For example, patients who needed to use a stretcher were transferred in a vehicle that would securely take a stretcher.

Patient transport services

Managers monitored and took action to minimise missed appointments. The registered manager compiled a list of aborted journeys each month, which identified those the service was responsible for and those they were not. Data we received after this inspection showed the number the service was responsible for had reduced by approximately half from September 2021 to January 2022. This had reduced further prior to our inspection and in September 2022 the service had only one instance where the service was responsible for an aborted patient journey.

The registered manager monitored aborted journeys the service was not responsible for and these statistics were discussed in monthly management meetings. They identified this ranged between 4% and 7% of the total number of aborted journeys, against a service target of 5%. They also looked at the reasons why journeys were aborted and found that most were because patients did not wish to wait for the ambulance following their treatment and made their own way home.

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 people living with learning disabilities and autism. For example, for patients who struggled with unfamiliar situations. Staff encouraged these patients to bring something familiar with them, or an escort / carer if needed. Children would be accompanied by a parent or responsible adult.

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 or more than one crew member to ensure safety for all. We looked at 5 client records and saw documented where mobility considerations were required during transportation. We also saw clearly stated in client records where more than one staff member was needed.

Staff clearly understood that each patient had individual needs, they explained this in our discussions with them. We also saw that staff put this into practice when transferring patients. One staff member explained that they had become familiar through discussions with patients about needs patients with a particular medical condition often suffered following a medical procedure. The staff member made sure these needs were met, before setting off on their journey, and continued to ask these patients if they were comfortable throughout their journey. They had applied information explained to them to ensure individual needs were met, even when patients may not speak up.

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 and they discussed individual needs with patients, families, carers, and other professionals. Staff told us they matched patients who were non-English speakers with staff who were able to speak and understand the same language as much as possible. Staff had flags of the countries on their name badges where languages they understood were spoken.

Patient transport services

Staff had access to communication aids to help patients become partners in their care and treatment. Staff carried communication booklets with them and in vehicles to support patients who were not able to easily communicate verbally. These contained pictures and words so that staff or patients could show the other person what they wanted to ask about. Staff also carried white boards with them so patients could write their questions if this was an easier way to communicate for them.

The registered manager had acted on feedback from a blind patient who had asked that more was done for people with visual difficulties. They considered what would support these patients most and developed a Braille edition of their complaint procedure, so patients who read Braille could follow this without needing to ask for further support. The registered manager also arranged for staff to have 24 hour access to a BSL interpreter following feedback from a patient. These actions ensured that patients with sensory needs were listened to and actions were put into place to provide them with information in a way that best met their communication needs.

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.

The provider delivered a sub-contracted service. Staff told us they booked journeys after receiving requests from an intermediary company. They monitored timeliness to ensure clients received an appropriate service in a timely way. 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. The complaints procedure was also available in Braille.

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 contracting provider. Staff were provided with details for learning and improvement purposes. The registered manager told us very few complaints had been made in the previous 12 months, as they and staff managed concerns appropriately before they became complaints.

Patient transport services

Are Patient transport services well-led?

Good 

We have not previously inspected 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 registered manager, and supported by the nominated individual (the provider's representative). 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, "Very good, [they are] always there for you if you have any issues and [I] see them most days." Other staff said, "I communicate a lot with the managers all the time even when they are not working and I ask a question and I get an answer," and "Leadership team are nice and friendly, I see them every day, they all helpful and polite."

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 September 2022, which provided information to continue the running of the service. There was a vision and values statement to help direct the service into the future. This was available for all staff to read and fed into how staff felt about the service. A quality strategy, developed by managers and staff, and a leadership strategy also drove improvement. Staff members told us they felt part of the service and saw themselves as long term employees with a vested interest in how well the service ran.

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.

Patient transport services

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. The provider had a Freedom to Speak Up Guardian and contact details were made available to all staff. The provider had also received an 'Investors in People' silver award.

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. A staff member told us, "Good relationship with our patients, trying to develop ourselves as much as possible, very friendly environment with a family feel." Other staff told us, "We all work as a team so this company is all as one together," and the culture of the service was one of, "Helping people."

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.

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 incident reports, infection prevention and control, fleet and equipment 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, "Minutes of meeting are taken and sent to all staff via our staff portal."

Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used 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

Patient transport services

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 the effects of COVID-19, inflation and energy prices, and a poor CQC rating. All three priority risks had appropriate mitigations in place. For example, staff had access to adequate supplies of personal protective equipment (PPE).

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 registered manager 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.

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.

The registered manager 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 electronic 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 any 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.

Patient transport services

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.

The registered manager told us they had learned lessons from an inspection of a previous location, which identified a significant number of issues. We saw during this inspection that they had taken the appropriate action so these issues were not replicated. 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.

The registered manager 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. 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 the registered manager ran reports to help improve response times. Staff 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.