

Medexpress Ltd

# Medexpress

## 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?

Insufficient evidence to rate 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This was the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients.
- Staff provided good care and treatment. The service monitored response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients to plan and manage services and all staff were committed to improving services.

However:

- There was no formal eligibility criteria and no formal process for staff to follow in the event of them being unable to facilitate a journey.
- There was no formal vision and strategy for the service.
- Management meetings were not documented.
- The service did not have a robust process in place to monitor the overall outcome of audits and the completion of audit actions.

# Summary of findings

## Our judgements about each of the main services

### Service

**Patient transport services**

### Rating

Good



### Summary of each main service

This was the first time we rated this service. We rated it as good. See the summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to Medexpress

MedExpress is operated by MedExpress Ltd. The service opened in 2009. It is an independent ambulance service based in Cambridgeshire providing non-emergency patient transport services to the public sector. The service carried out journeys transporting patients from home to hospital or other care providers. The service worked closely with local NHS providers where regular shifts were available and they also received some ad-hoc booking requests.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely.

The registered manager for this service had been registered with the Care Quality Commission since February 2013.

The service had 3 managers, including the registered manager, and employed 12 other members of staff. All staff members were on zero hours contracts. The fleet consisted of 15 vehicles and the service carried out 2,108 patient journeys between 30 March 2022 and 29 March 2023.

The service was last inspected in March 2017, but it was not rated.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 30 March 2023. The inspection was announced in order to enable us to access the service for inspection. We have not previously carried out a ratings inspection of this service. We spoke with 5 members of staff, reviewed patient transport booking records, personnel files for 7 members of staff and policies and procedures for the service.

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

The team that inspected the service comprised a CQC lead inspector and another CQC inspector. The inspection team was overseen by Antoinette Smith, Interim Head of Hospital Inspection.

## Areas for improvement

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

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

- The service should ensure that a formal eligibility criterion is documented and shared with staff and stakeholders, which includes a protocol for staff to follow in the event that they are allocated an inappropriate booking. (Regulation 17(2))
- The service should ensure management meetings are documented. (Regulation 17(2))

# Summary of this inspection

- The service should ensure there is a process in place for monitoring the overall outcome of audits and the completion of audit actions (Regulation 17(2)).
- The service should consider creating a formal vision and strategy for the service. (Regulation 17(2))

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

# Patient transport services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

## Is the service safe?

Good 

This was the first time we rated this service. We rated it as good because:

### 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. Mandatory training included infection prevention and control, manual handling and basic life support training. Mandatory training completion was 100% for all members of staff at the time of our inspection.

The mandatory training was comprehensive and met the needs of patients and staff. The service used an external training provider which provided e-learning in 33 relevant modules to all members of staff.

Staff completed training on learning disabilities awareness, dementia awareness and communication. Completion rates were 100% for these training modules.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers contacted staff individually when their training was due to be updated. Training compliance was recorded electronically through a portal set up with the training provider. The portal highlighted when training was nearing expiry by colour coding.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. All staff received mandatory training at level 2 and level 3 for safeguarding vulnerable adults and safeguarding children. The completion rate for safeguarding training was 100% for both adults and children at level 2 and level 3.



# Patient transport services

One of the managers was identified as the safeguarding lead for the service. The safeguarding lead received level 2 and 3 training in safeguarding adults and level 2 and 3 training in safeguarding children.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up to date policy in place for safeguarding adults and children. The policy was comprehensive and provided staff with a clear process to follow if they recognised or received a disclosure of abuse.

Staff knew who to inform if they had safeguarding concerns. Staff were aware of the service's safeguarding process and gave examples of when they had raised concerns. Staff described, for example, what action they would take to protect patients if an appropriate package of care was not in place following a patient's discharge from hospital.

The service had a recruitment policy and Disclosure and Barring Service (DBS) policy. Staff had DBS checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. If a member of staff declared any convictions, a manager would complete a risk assessment. The risk assessment process was included in the DBS Policy.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and vehicles visibly clean.**

Vehicles and equipment were visibly clean. Vehicles were in good condition. Clean linen, hand sanitiser and decontamination wipes were on board the vehicles.

Personal protective equipment such as disposable plastic aprons and different sized gloves were available in the vehicles.

The service used cleaning facilities at the hospitals they worked with for vehicle and equipment cleaning as they did not operate from a base location.

Managers informed us they carried out hand hygiene audits on a quarterly basis.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service's cleaning records showed regular cleaning of the vehicles. Vehicles were cleaned daily and after every patient transfer.

Deep cleans of the vehicles were carried out weekly. Deep cleans were completed by designated staff at the service. At the time of our inspection, deep cleans were not recorded by staff. We returned to the service announced on 12 April 2023 and found that a deep clean log had been implemented.

The service had an infection prevention and control policy in place, dated December 2022. The policy referred to national guidance and vehicle cleaning was carried out in line with the policy. Staff used a checklist when carrying out cleaning activities. Our review of the records demonstrated any equipment and items that were defective were well documented, and appropriate actions were taken to address any matters of concern.

We spoke with 2 members of staff who explained the process for cleaning vehicles and ensuring they were fit for use. Staff told us they checked vehicles at the beginning and end of every shift for cleanliness and used antibacterial wipes to clean down any equipment prior to use.

# Patient transport services

Staff explained they exchanged dirty linen at the various NHS locations they visited and always ensured linen was clean for the next patient to use.

## Environment and equipment

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

The service had several vehicles which were kept at various locations, including at the home addresses of staff members overnight as the service did not operate from a base. We carried out visual checks of 2 vehicles and found them to be clean and in a good state of repair. The vehicles had up to date Ministry of Transport (MOT) certificates and insurance records. The vehicles were fit for purpose and in a good state of repair.

Staff were required to carry out daily safety checks of vehicles before use. These were documented and identified whether equipment was in good working order and whether there were any defects. Staff could record any equipment or vehicle faults. The service accessed a local garage for any vehicle repair or maintenance.

The service used an external company to check all electrical and ambulance equipment. Vehicles contained equipment such as a defibrillator, vital signs monitor and stretcher. Equipment that we checked during the inspection was clean and within date for testing.

Staff disposed of clinical waste safely. The service had an informal agreement with the local NHS hospitals it worked with that clinical waste could be disposed of in the appropriate clinical waste bins at the hospitals.

## 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.**

The service did not have a formal eligibility criterion, however managers and staff were clear on the types of patient they could transport. The service provided non-emergency patient transport and staff knew the limitations in relation to access and equipment. For example, the service did not typically transfer bariatric patients, however there could be individual exceptions to this. The service transferred patients with mental health conditions who were deemed to be at low risk, and would only transport children if they provided their own suitable equipment and an escort. The service had shared the informal eligibility criteria with the NHS providers it worked with, so they were aware of the types of journeys that could be booked. Staff we spoke with were experienced and knew when they would be unable to safely facilitate a transfer, however there was no written protocol for them to follow in such circumstances. This meant there was an increased risk of unsafe journeys being completed by the service.

The service carried out risk assessments ahead of patient journeys. The service recorded all the patient details on the patient booking form. Records we reviewed showed that the service recorded any specific issues likely to affect the patient during the transfer. Risk assessments were carried out at the point of booking and the information was recorded on the patient booking form. The form recorded information such as time of pick up and pick up and drop off location. There was other information captured at the point of booking which included any relevant conditions, the patient's equipment needs during transfer and whether they were accompanied.

# Patient transport services

Staff informed us that risk assessments were carried out when they received handovers before transporting patients from hospitals or other care facilities.

The service had a staff handbook, which included a policy relating to the management of a deteriorating patient. Staff were able to describe what action they would take in the event of a patient deteriorating. In extreme circumstances, staff would call 999 for support and follow their advice. This was in line with the service's policy.

## 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 gave staff a full induction.**

The service had enough staff to keep patients safe in line with transport agreements. The service had 3 managers and employed 12 members of staff who all worked on a zero hours contract. Most staff members had worked for the service for several years. Managers told us the service had good levels of staff retention and had low staff turnover rates.

The managers could adjust staffing levels daily according to the needs of patients. Due to the working arrangements the service had with local NHS providers, there were regular shifts available, and managers planned the rota to ensure staff worked the hours they wanted to. There was also ad-hoc work available, and some staff were able to work flexibly to cover this work.

The service had an induction process for new staff. All new staff were required to complete the mandatory training for the service, they had access to all the service's policies and procedures. One of the managers accompanied new starters to support them before being part of a crew for the first time.

The service had a recruitment policy that included requirements for references, background checks and proof of identification. We reviewed the recruitment records for 7 members of staff and found required documentation was in place. For example, we saw Disclosure and Barring Service (DBS) documentation, appropriate identification checks and a declaration of fitness to work.

## 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.**

Staff received ad-hoc job information to their personal mobile phones through a messaging application. Managers told us the messaging application was set to ensure the information was deleted after 24 hours, in order to protect the security of patient information.

Journey information for the regular transport arrangements at local NHS providers was arranged at the transport desk of these providers who liaised directly with staff.

All staff completed a daily running sheet that included patient information. Details recorded included the patient's name, the location of pick up and drop off, and if the patient had any specific requirements, for example if they used a wheelchair or an escort was required.

# Patient transport services

The service identified people with do not attempt cardiopulmonary resuscitation (DNACPR) decisions in place either at the point of booking or when staff received handovers prior to transporting patients. If a patient had a DNACPR decision in place, the DNACPR form remained with the patient for the duration of the journey.

Records were stored securely. Daily running sheets were completed by hand and kept in a folder in the cab of the vehicle or locked in the glove compartment. The paper records were collated on a weekly basis, scanned into the company system, and the paper copies were destroyed.

## Medicines

**The service did not store or administer medicines; however, it used medical gases.**

Staff followed systems and processes to prescribe and administer medical gases safely.

The service did not store, prescribe or administer any medicines. When patients were transported with their own medicines, these remained the responsibility of the individual and remained in their possession. For transfers where staff members from other organisations accompanied patients, medicines were held by those staff members.

The service carried oxygen to support patients who were prescribed medical gases. Oxygen cylinders were within service date and secured appropriately on the vehicles we inspected. The provider used an external provider to replenish oxygen cylinders directly onto vehicles, so there was no requirement to store oxygen at a location.

There was an oxygen and entonox storage policy in place to provide guidance for the safe storage of medical gases. However, at the time of our inspection, the policy did not provide clear guidance for staff supporting patients who may need to change their oxygen cylinders during a journey. Following our inspection, the service provided evidence that the policy had been updated to reflect the existing process.

## Incidents

**The service had processes in place to manage patient safety incidents. Staff could evidence that they recognised incidents and near misses and there were processes in place for them to be reported. There were processes in place for managers to investigate incidents.**

Staff raised concerns and reported incidents in line with the service's policy. The service had an incident and serious incident management policy in place to guide staff in the process of reporting incidents. The policy included the process for reporting incidents. The service reported no incidents between March 2022 and March 2023.

Staff knew what incidents to report and how to report them. Staff were aware of the incident reporting process and were able to provide examples of incidents they should report.

Staff understood the duty of candour. Staff demonstrated awareness of the requirements of duty of candour and when it needed to be applied. The service's policy included duty of candour, and the need to be open and honest when things went wrong. Staff had not had to instigate duty of candour, but there were processes in place should they need to in future.

# Patient transport services

## Is the service effective?

Good 

This was the first time we rated this service. We rated it as good because:

### **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. We reviewed policies, procedures and guidance information which referenced national guidance such as the Human Rights Act 1998 and the Equality Act 2010.

Staff knew how to access guidance. Staff could access all the service's policies through a shared electronic drive. This meant that policies could be easily accessed by staff while working remotely.

Managers monitored the service to ensure care was provided in line with evidence-based guidance. The service had an annual quality report which monitored patient satisfaction, response times, delays, incidents, staff training and appraisals.

### **Nutrition and hydration**

**Staff assessed patients' food and drink requirements to meet their needs during a journey.**

Due to the nature of the service provided, food was not routinely offered to patients. However, in the event of long journeys, staff would allow sufficient comfort breaks to ensure patients could have their nutritional and hydration needs met.

### **Response times**

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

The service did not have agreed response times as commissioners had not set any key performance indicators for the service.

Managers monitored response times for journeys to understand how the service was performing. The service achieved good outcomes for timeliness and arrived on time for 97.2% of journeys from January to December 2022.

Managers monitored the reasons for any delays, which enabled them to use the information to make improvements to the service.

# Patient transport services

Managers monitored client satisfaction. Feedback from the local NHS providers the service worked with showed ratings of excellent or good for call response time and service response time.

## 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. Mandatory training was in date for all members of staff.

Managers gave all new staff an induction tailored to their role before they started work. Staff we spoke with confirmed they completed an induction and informed us that they were supported by one of the managers on their initial journeys and crewed with experienced staff for the first few months of employment. Managers confirmed progress was monitored through appraisals. The process for new staff members was reflected in the recruitment and new worker policy.

Managers supported staff to develop through yearly, constructive appraisals of their work. Information shared by the service following our inspection showed that 100% of staff received an appraisal in 2022. Staff we spoke with confirmed they had received appraisals.

The service did not hold team meetings. The service had a small long-term workforce. Staff we spoke with told us they had regular contact with the managers. The managers had a process in place for sharing information with all staff.

## Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked well with other agencies to establish all the relevant information they needed in order to transfer a patient. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.

Staff collected patients from several local NHS providers on a regular basis and had developed positive working relationships with these services.

## 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.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood the relevant consent and decision-making requirements of the Mental Capacity Act 2005. Staff were required to complete training in the Mental Capacity Act.

# Patient transport services

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff we spoke with understood how to support patients to make informed decisions. Staff obtained consent verbally or inferred for all transfers.

Staff could describe and knew how to access the capacity to consent policy. The policy was located in the staff handbook and it included detailed information about the Mental Capacity Act. The policy provided specific guidance for staff to follow and made reference to national guidance.

## Is the service caring?

Insufficient evidence to rate 

We did not rate this service because we did not have enough evidence to rate it.

### Compassionate care

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

Staff described how they were discreet and responsive when caring for patients. Staff said they took time to interact with patients and those close to them in a respectful and considerate way. Staff told us they treated all patients with respect. Staff told us they transported patients without judgement to ensure they engaged with patients in their care.

Staff described that when they transported patients home they always checked they had food, central heating and use of a telephone. Staff gave examples where they raised concerns and returned patients to hospital because their living environment was not suitable.

Managers told us that they contacted patients with ad-hoc bookings 1 to 2 days before their booking to confirm the arrangements and to begin to build a rapport with the patient and their family.

Patients said staff treated them well and with kindness. The managers told us the service received compliments and positive verbal feedback from patients. Feedback we reviewed from patients was consistently positive. We reviewed feedback forms from 33 patients between April 2022 and March 2023. All patients scored the service as excellent for manner, professionalism and helpfulness of staff, as well as comfort, cleanliness and temperature of the ambulance and overall experience.

Staff followed policy to keep patient care and treatment confidential. Patient booking forms and journey logs were stored securely.

### Emotional support

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

## Patient transport services

Staff told us they gave patients and those close to them help, emotional support and advice when they needed it. 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. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Managers told us that they supported a number of patients who required regular transport. The service ensured the same crews transported the same patients to build trust and positive working relationships to help support patients.

Where patients required transport to attend appointments, the service always provided a wait and return service. Managers told us they received positive feedback from patients about this and it helped patients, particularly those who were vulnerable, feel supported throughout the duration of their appointments.

Information provided on booking forms helped staff to meet the emotional needs of patients. We saw an example where staff were asked to drive slowly because the patient felt anxious about the journey.

### **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 told us they spoke with patients, families and carers in a way they could understand. The service encouraged a relative or carer to travel with patients if they wished to in order to support the patient's wellbeing.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged patients and relatives to provide feedback. There were feedback forms kept on the vehicles.

## Is the service responsive?

This was the first time we rated this service. We rated it as good because:

### **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 local organisations to plan care.**

Managers planned and organised services so they met the changing needs of the local population. For example, the number of bookings, and shifts available from local NHS organisations helped determine how many staff would be required.

The service accepted ad-hoc bookings through a secure email address. The service operated 7 days per week, 365 days per year. The service completed journeys at weekends to accommodate the needs of patients they supported.



# Patient transport services

The service provided non-emergency patient transfers between a range of locations, including hospitals and care homes. The service ensured patients were able to attend booked appointments on time, and ensured patients were able to be discharged home when they were ready to leave hospital after inpatient stays.

## Meeting people's individual needs

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

Staff established each patient's needs in advance. This included if they required oxygen, or if they needed specific support or equipment during a journey. The service was flexible and assessed booking requests on an individual basis against the informal eligibility criteria to establish whether they could safely transport patients.

The ambulances were wheelchair accessible, and the service provided wheelchairs and stretchers.

The service transferred one patient at a time, which meant the service could be personalised to meet the patient's needs.

Staff told us, where appropriate, they would encourage a family member to travel with the patient to aid communication or for other support needs if this was the patient's preference. Staff described how they would use skills they had learnt to aid communication with patients who had a learning disability or autism.

## Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed. Staff recorded waiting times and the managers monitored timeliness to ensure patients received appropriate care in a timely way. Managers also monitored delays, the length of delays and the reason for delays. Delays due to local NHS services, for example, the patient not being ready to travel when the crew arrived to collect them from hospital, were responsible for 63.6% of delays. Factors including vehicle breakdowns, or the crew arriving late for a patient were responsible for 20% of delays. Situations outside of the service's control, such as traffic or bad weather were responsible for 16.4% of delays. The data was collated in the annual quality report and managers used the information to make improvements to the service.

Feedback from external stakeholders stated the service consistently met their transport requests.

Managers monitored when patient appointments were cancelled and recorded them on the service's risk register with mitigations in place to help prevent them occurring in the future, in order to promote a better patient experience.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

The service provided information about how to raise a concern. Patient satisfaction and complaint forms were carried on the vehicles, and staff encouraged patients to share their feedback. However, there was no notice on display in the vehicles describing how to give feedback or raise concerns about the service.

## Patient transport services

The service had an up-to-date complaints policy, which outlined the processes of acknowledging complaints, investigating them and the timeline for a response. It also included a grading system which advised staff on the seriousness of a complaint. Staff were aware of the process for dealing with complaints.

The service had not received any complaints within the last year; therefore, we were unable to assess whether complaints were investigated thoroughly or whether lessons learned were shared with staff.

### Is the service well-led?

Good 

This was the first time we rated this service. We rated it as good because:

#### 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 staff.**

The service was a family run organisation led by 3 managers, including the registered manager. The registered manager had significant relevant experience of working in ambulance services. The service employed 12 other members of staff who worked on a zero hours contract. The managers were responsive to feedback throughout the inspection process.

Staff we spoke with were clear about the roles and responsibilities of the leaders of the service. Staff informed us they had regular contact with the managers. They told us the managers were always approachable and supportive.

#### Vision and Strategy

**The service had an informal vision for what it wanted to achieve. The vision was focused on sustainability of services.**

Leaders had an informal vision for what they wanted the service to achieve. They wanted to remain a small non-emergency patient transport service that was focussed on patient centred care. Leaders felt their business had remained successful for so many years because they kept it small and that ensured it was always manageable.

Managers worked to achieve this vision by developing links with local NHS organisations to secure regular work, as well as seeking out other potential opportunities for work to ensure the service's sustainability if they lost any of their existing work. However, there was no formal strategy in place.

#### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where staff could raise concerns without fear.**

# Patient transport services

Staff spoke positively about working for the service. They reported good relationships with colleagues including the managers of the service. Staff told us they felt supported by the managers and told us they felt able to raise any concerns with them. Staff and managers described the organisation as a family.

The registered manager described positive working relationships with staff. Managers cared about the welfare of staff and wanted them to feel valued within the organisation. Managers supported staff with paid sick leave and arranged social activities for everyone to enjoy as a team.

Managers and staff prioritised providing safe and responsive care for patients. There was a culture of engaging with patients who used the service in a positive way and ensuring a safe, caring experience while in the care of staff employed by the service.

## Governance

### **Managers did not always operate effective governance processes throughout the service.**

The managers held joint accountability for the service and upheld different responsibilities. For example, one manager held responsibility for managing the fleet, while another was responsible for running the day-to-day operations and maintaining the administration aspects of the service.

Managers met regularly to discuss the service, however these meetings were not documented. There was no evidence of what was discussed or reviewed in these meetings to help keep patients safe and improve the service. Following this feedback, managers told us they would ensure their meetings were documented in future.

There were no team meetings with all members of staff at the time of our inspection, however there was a process in place to share information with staff.

Audits were carried out for vehicle cleanliness on a monthly basis. Audits of uniform, adherence to infection prevention and control (IPC) procedures and hand hygiene were carried out on a quarterly basis. The service had an IPC audit policy which confirmed the audit programme.

Vehicle cleanliness audits were carried out on a monthly basis. The audit demonstrated good compliance with vehicle cleanliness from April 2022 to March 2023. The audit document had a section for comments, which included any actions taken, however there was no clear tracking that the required actions had been completed or when they had been completed. There was no process in place for monitoring the overall outcome of the audit, such as a percentage figure for compliance of all vehicles in a given month.

Managers ensured policies were comprehensive, up to date and reflected changes in national guidance to help improve staff member's understanding and knowledge.

Staff knew and understood their roles and responsibilities and who they could go to for advice and support. There were clear processes for escalation which meant staff were supported in understanding their main duties.

Staff recruitment systems and processes ensured that staff were suitable to employ. Staff files had appropriately completed paperwork. For example, we saw photo identification, fitness to work documents and driving licence checks.

# Patient transport services

However, the service did not record interview notes from staff interviews and relied on verbal references when offering potential employees a role within the service. The managers advised us they would change their practice to ensure they keep a record of the interview notes and seek written references in the future. All other pre-employment checks and documentation were completed as expected.

## 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.**

Managers had an up-to-date risk register where they recorded risks to the service. There was a process to record and review current risks that might impact on safety and quality of service. Risks were scored depending on the degree and likelihood of harm. All risks had mitigating actions in place and identified an individual responsible for the risk and the action.

Managers monitored service performance through the annual quality report. The report monitored response times, delays, patient and client feedback, appraisals, patient safety incidents, staff training and vacancy rates. The collation of this data meant that managers had oversight of service performance and could use the information to make improvements to the service.

The service had an up-to-date business continuity plan. This provided instruction for staff to manage and communicate unexpected events. For example, in the event of significant staff shortage, or loss or damage to vehicles, which could impact on the business being able to provide its usual service. Managers tested the business continuity plan in December 2022.

The provider had appropriate public liability insurance in place.

## 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.**

Managers understood service performance through completion of the annual quality report, which was updated on an ongoing basis. The report monitored response times, delays, patient and client feedback, appraisals, patient safety incidents, staff training and vacancy rates. Managers had a good understanding of performance from the information that was collated in this document, and the information was used to make decisions and improvements to the service.

Staff used their personal mobile phones to retrieve ad-hoc job information through a messaging application. Managers told us that the messaging application was set to ensure the information was deleted after 24 hours, in order to protect the security of patient information. Managers could share updates via the application which were immediately available to staff.

Staff understood information governance and the importance of securely storing patient information. Journey logs were completed as paper records, copied to an electronic version and stored securely. Patient information was only accessible to the managers once it was stored.

# Patient transport services

## Engagement

### **Leaders and staff engaged with patients, staff and local organisations to plan and manage services.**

Managers and staff told us that staff engagement took place on a regular basis. The service did not hold formal meetings with staff, however information was shared with staff through a messaging application on a regular basis. Staff informed us that they had frequent ad-hoc communication with managers.

There were feedback forms available on the vehicles to enable patients to share feedback about the service. Staff informed us that they actively encouraged patients to provide feedback about their care. Patient feedback was consistently positive about the care they received and overall experience.

Managers provided an example of how they had made changes following patient feedback. A patient had previously commented that the temperature of the vehicle was uncomfortable for them during a journey. This was subsequently added to the feedback form and staff were encouraged to ask patients if the temperature of the vehicle was comfortable for them during their journey.

Managers and staff engaged with local organisations and developed positive working relationships. Managers sought feedback from stakeholders they worked with. The stakeholder feedback we reviewed was positive and reported good satisfaction with the service's performance.

Staff collaborated regularly with local providers to ensure they worked together to safely care for patients. Staff engaged with local health providers to share appropriate information to help provide suitable care for patients and improve the service.

### **Learning, continuous improvement and innovation**

#### **The service explored different ways of working.**

Managers worked to ensure the service's future sustainability. The service used an IT system that the managers could access from any location.

The service was responsive to feedback and had made improvements since our last inspection. Managers had introduced a risk register, an overall performance monitoring system and a more robust audit programme.

Staff told us they were committed to working for the service and would like to see it continue to be successful in the future.