

EMFS Group Ltd

# EMFS Group - Blewbury (EMC Medical)

## 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

Our rating of this location improved. 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, acted on them and kept good care records. They managed medicines well. The service managed incidents well and learned lessons from them. Staff collected data and used it to improve the service.
- Staff provided good care and treatment, and gave them pain relief when they needed it. 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 seven days a week.
- Staff treated patients with compassion and kindness and ensured patients understood their care and treatment. 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 to monitor performance. Staff understood the service's vision and values. Staff felt respected, supported and valued and were clear about their roles and accountabilities. Staff were committed to continually improving services.

However:

- Some policies were not detailed and/or did not contain specific guidance for staff.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

The service had improved since our previous inspection. The service used information and data to proactively improve standards. Managers were conscientious of their environmental impact and undertook mitigations to reduce emissions. At the time of inspection, the service was the only independent ambulance to provide professional prehospital care training and education to their workforce.”

#### Emergency and urgent care

Good



The service had improved since our previous inspection. Managers now ensured all medicines management was in line with legislative standards. Third parties contracted with the service praised the service and the standard of performance.

# Summary of findings

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# Summary of this inspection

## Background to EMFS Group - Blewbury (EMC Medical)

EMFS Group is an independent ambulance service, training and medical provider, based in Blewbury near Didcot. The service provides Patient Transport Services (PTS), Emergency and Urgent Care (EUC), events cover and fire training services. The ambulance service was previously known as EMC Medical Services, but has since merged with two other companies to create EMFS Group. The service is contracted with three local NHS trusts to provide PTS and Emergency and Urgent Care. Independent hospitals and private patients could also access PTS services on an ad hoc basis. The service had 10 PTS vehicles and four EUC vehicles.

The service is registered to perform the regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely.

EMC Medical was inspected in March 2020, it was rated as requires improvement in the safe and well led key questions and rated as good in the effective, caring and responsive key questions with an overall rating of requires improvement. This was the first inspection of the merged service between EMC Medical, SE Medical and Event Fire Solutions.

The main service provided by this service is PTS. Where our findings also apply to Emergency and Urgent Care, we do not repeat the information but cross-refer to the PTS service.

CQC currently does not regulate event cover and therefore we have not inspected this part of the service.

## How we carried out this inspection

This was a short notice announced inspection, CQC policy for inspecting ambulance services is to provide 48 hours' notice to ensure managers and staff are on-site, available for interview and that vehicles will be available for inspection.

We spoke with 14 members of staff and seven patients. We checked five vehicles, reviewed five patient records, three complaints, three incidents and 10 policies.

The inspection team included a CQC Inspector, an Assistant Inspector and a Specialist Advisor with ambulance managerial experience.

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:

- At the time of inspection, the service was the main bariatric Patient Transport Service (PTS) for London. All PTS vehicles had been converted to provide bariatric, frontline and PTS from the same vehicle.

# Summary of this inspection

- The service built and developed data, information reporting systems and dashboards themselves to tailor the system to their own needs.
- Managers analysed data in a proactive manner to prevent incidents and improve the performance of the service.
- Managers introduced an Associate Ambulance Practitioner (AAP) accredited course in October 2022. This was an 18-month training programme that was financed by the service and delivered inhouse. Managers introduced the course in response to the national shortage of paramedics and to support the development of staff. There were six staff currently on the cohort and at the time of inspection the service was the only private ambulance service to provide this.

## Areas for improvement

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 the safeguarding policy includes guidance for staff regarding non-urgent referrals.
- The service should consider clarifying what constitutes extreme weather in their medicine's storage and temperature risk assessment.
- The service should ensure that all leaders are aware of risk register management procedures.

# 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
Emergency and urgent care	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 

### Is the service safe?

Good 

Our rating of safe improved. 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. At the time of inspection, 99% of staff had completed their mandatory training. Managers reviewed the compliance rate of 95% and found they were consistently missing the target due to staff turnover and had reduce the target to an achievable 85%.

The mandatory training was comprehensive and met the needs of patients and staff. Training was a mix of online and face to face. Topics included; conflict resolution, equality, diversity and human rights, fire safety and information governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service now had an electronic system that allowed managers to have oversight of mandatory training compliance. The system created a weekly report that detailed the completion of staff records as well as a notification to staff six weeks prior to training expiring. The registered manager also completed monthly audits to ensure the reliance of the system.

#### Safeguarding

**Staff understood how to protect patients from abuse and received training on how to recognise and report abuse.**

Staff received training specific for their role on how to recognise and report abuse. At the time of inspection, 99% of staff had completed safeguarding adults and children training to level three.



# Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff understood the signs and symptoms of abuse, and this was now detailed in the safeguarding policy. Staff demonstrated how to use the electronic reporting system and advised each referral was allocated a managerial lead who had accountability for following up the referral.

We viewed the adult and children's safeguarding policies and saw they now contained reference to the intercollegiate document 'Safeguarding Children and Young People: roles and competencies for healthcare staff and safeguarding policy protecting vulnerable adults' (2015). Although the policies advised staff what to do in an emergency safeguarding situation, they did not include reference to referring non-urgent concerns to the local authority.

Managers met with third party contractors monthly to review data and performance. However, managers advised us due to operational pressures, third parties did not always share updates regarding safeguarding referrals. Therefore, there were missed opportunities for learning.

The service now had two safeguarding leads at each site, both were trained to the required level four training in both safeguarding adults and children and staff knew who their lead was.

## Cleanliness, infection control and hygiene

### **The service controlled infection risk well. They kept equipment, vehicles and the premises visibly clean.**

The service generally performed well for cleanliness. We inspected five vehicles and all areas of the base and found them to be visibly clean and well maintained. The service scored 100% for the most recent cleaning audit. We saw the audit record showed a fail where the auditor noted a smell in the vehicle and a dirty exterior. Managers advised when this was identified they recleaned the vehicle and spoke to the person who conducted the cleaning. Managers then re-audited the vehicle.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We checked 10 cleaning records that listed cleaning tasks and found they were complete, up to date, signed off and audited by management to check for compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE). We inspected five vehicles and found they contained a variety of personal protective equipment including gloves, aprons and masks. These came in a variety of sizes in accordance with Health and Safety Executive guidance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service used a three-step cleaning process, at the start of the day, at the end of the day, and deep cleaning. At the beginning of a shift, staff checked all equipment on vehicles to ensure they were clean and ready for use. This was signed off on an online checking system. We observed staff using the system, disposing of consumables and cleaning equipment after every use.

## 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.**

# Patient transport services

The Blewbury base was located next to a farm in the Oxfordshire countryside. The service shared the immediate area with several other businesses including a garage that the service used for repairs, MOT and servicing. On-site facilities included staff room and staff facilities, training rooms, secure storage and managerial offices.

We checked five vehicles; all had received an MOT and servicing within the last 12 months. All vehicles were tracked and managers were able to monitor speed and location on new vehicles. Older vehicles only monitored location, however there was a replacement plan in place.

At the beginning of a shift, staff scanned a QR code on the vehicle keyring. This directed them to the online checking system. The system detailed; when the vehicle was last deep cleaned, MOT and servicing due dates and the report status of any defects. Staff also completed a visual daily inspection of the vehicle to ensure consumables were in stock, equipment was working, and the vehicles were clean.

The service analysed local clean air initiatives using their in-house data collection systems. For example, if a vehicle was required to enter a city where a clean air initiative or congestion charge was in place, staff could access an automatic pay system. The system also included information regarding equipment checks and inventory including tracking oxygen cylinders via their serial number and any defects. Managers used the data to create a triage adjustment rating for each vehicle which informed their financial planning as documented in the fleet vehicle replacement plan.

For example, managers noted from the data that vehicles were taken off the road due to heating and air con facilities not working in the height of summer and winter. They therefore ensured all vehicles were serviced in spring and autumn when temperatures were not extreme. Since this was introduced the number of vehicles taken off the road had reduced.

Staff showed us an isolation area for default equipment. This ensured staff did not accidentally use faulty equipment. We also saw Oxygen and Entonox tanks were stored in secure cages and kept separate according to whether they were empty or full. We found a fire extinguisher on top of the cage, however this was reported to management and immediately removed.

Managers ensured staff were trained to use equipment. We saw a training programme for a new stretcher the service had introduced. This ensured all staff were trained to use equipment before it was rolled out onto vehicles.

The most recent environmental audit scored 100%.

Staff disposed of clinical waste safely. Staff described the process for disposing of clinical waste. The service stored clinical waste securely on-site, this was then removed for incineration by a third party.

## 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 understood their responsibilities in supporting a patient that deteriorated and acted according to their qualification, the type of journey and their third party contracted requirements. Staff received mandatory training in first aid and adult and children basic life support. At the time of inspection, 99% of staff had completed training.

# Patient transport services

Staff completed risk assessments for each patient and knew about and dealt with any specific risk issues. The booking team completed risk assessments at the point of booking, for example, whether the patient or the person travelling with them had Dementia, allergies, equipment requirements, current infections as well as their medical history. These were signed off by management to ensure all mitigations were in place. The booking system allowed staff to record notes that could be recalled if a patient was rebooked. For example if the patient was aggressive. Also, if a patient had certain requests like only wanting all male or female crew. We saw five patient records and saw all risk assessments were completed, including mitigations and actions.

Staff were required to sign to say they had read all patient risk assessments and notes and understood actions and next steps. For example, staff signed to state they have checked any Do Not Attempt Resuscitation orders. When patients were required to travel with prescribed medicines, staff signed to state those medicines were with the patient during the journey and had been handed over to the third party on arrival at their destination.

Managers reviewed data to assess patient risk and provide mitigations. Patient data showed the service had seen an increase in end-of-life transfers, therefore managers introduced specific training to better enable staff to support patients, their carers and families.

## Staffing

**The service had enough staff 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 service had enough staff to keep patients safe. Staff were a mix of full-time and zero hour contracts. All shifts included a 'resilience crew' to support staff in case of sickness and unexpected events impacting the service.

The staff matched the planned number. The service used an online application rota to monitor shifts and ensure all journeys and contracts were covered. The system used colour coding to match appropriately trained staff to each job or contract. For example, staff highlighted as pink were on probation, green were paramedics and red were clinical leads. The colours corresponded with the epaulets on staff uniform. Full-time staff were able to allocate themselves to specific contracts or journeys, The rota was overseen by two managers and all requests required sign off from management to prevent staff requesting a job they were unqualified for. Staff on zero contract hours added their availability to the rota and management contacted them individually to fill any spaces.

Sickness and vacancy rates for staff were low compared to other similar sized services within the independent ambulance industry.

Managers monitored staff working hours to ensure staff took sufficient breaks between shifts. All full-time staff were required to declare if they had another job in order that managers could monitor their working patterns and ensure they did not breach employment law. The service did not use agency staff.

## 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 transport services

Patient notes were comprehensive, and all staff could access them easily. Staff held all patient records on secure password protected personal electronic devices. We viewed five patient records and saw they were in-depth, included all patient risk assessments and clearly documented allergies and patients own medication and were signed off.

Paper patient documentation that travelled with the patient, was stored in a red satchel that accompanied the patient throughout their journey in the ambulance and medical pathway.

The services most recent audit of records scored 100%.

## Medicines

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

Oxygen cylinders were stored safely and securely. We viewed the storage area and found cylinders were separated according to whether they were empty, full or half full. Staff knew to use the half full cylinders first and knew not to use those that were empty. This was in line with the Department of Health 'Medical Gases Health Technical Memorandum' (2006) guidance.

We checked two medicines grab bags and the medicines storage area and found all medicines were in date and secure. Medicines stored in grab bags had security tags attached. Staff understood their responsibility in checking tags and knew to report when a tag was tampered. Medicines stored on-site were kept in locked cabinets and keys were provided to specified personnel.

The service now monitored ambient storage temperatures of medicines. Staff understood how to use the electronic temperature recording system, which was monitored daily. In the event of temperatures falling out of range, staff advised us they referred to the medicine's storage and temperature risk assessment. We viewed the risk assessment and found some references were vague, for example it referred to "Extremes in weather" and "Exceptionally hot or cold days" without clarifying what constituted extreme weather or an exceptionally hot/cold day.

We viewed the most recent medicines audit, which scored 100%. Managers investigated where audits failed, for example, managers were reviewing whether medical gases were required to be held upright or on their side.

Patients or their accompanying carers were responsible for their own medicines' administration when being taken to and from their appointments.

## 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.**

Staff knew what incidents to report and how to report them. Staff completed incident training during the induction process. Staff we spoke with understood their responsibility in reporting incidents and near misses. Staff demonstrated the incident reporting system and knew how to access the incident policy.

# Patient transport services

Managers shared learning with their staff from investigations of incidents. Incidents were allocated to a member of management who completed the investigation. These were escalated to the monthly operations meetings to ensure oversight. The service used an online application that provided real time feedback, that staff could access at any point during an investigation. The findings from incidents were discussed at monthly team meetings and learning was displayed on the electronic noticeboards. Staff also had the opportunity to discuss learning from incidents at appraisal.

Managers used data collection to predict areas of potential increase in incidents and took action to mitigate risks. For example, as the service was the main contractor for bariatric transfers in London, managers introduced specific bariatric training that taught staff how to manage bariatric patients in both an emergency and non-emergency situation, for example, use of additional bariatric manual handling equipment, resuscitation and airway management.

Managers reviewed incident trends, for example, damaged vehicles. In response to this, managers hired an external driving assessor to complete assessment on all drivers. This was completed annually and had seen a reduction in driver related incidents.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had a duty of candour policy, staff knew where to access it and understood their responsibility in being honest when errors were made. Managers logged when duty of candour was appropriate within the incident record. Staff advised us there was an open culture where people were not afraid of reporting incidents and concerns.

## Is the service effective?

Good 

Our rating of effective stayed the same. 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 policies to plan and deliver high quality care. Staff could access all service policies electronically from their personal devices. Staff advised us this enabled them to review procedures whilst out on the road. Staff were required to sign to state they had read and understood policies after they had been updated.

Managers created a register of policies, which was overseen by the operations support team. Each manager was allocated a portfolio of policies to manage and ensure they were kept up to date. The register highlighted when policies were due to expire. After policies were updated, they were reviewed by the clinical governance committee to ensure compliance with national guidance.

The service used Joint Royal Colleges Ambulance Liaison Committee (JRCALC) personalised policies that ensured all policies followed the latest national guidance. We reviewed 10 policies and found them all to be in date, however we found some policies did not detail up to date guidance, for example, the safeguarding adults and children policy, or were vague, for example the medicines policy. Therefore, the current system was not robust.

# Patient transport services

## Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff included food and comfort breaks into journey expectancy times.

Staff used local food outlets, which enabled them to cater for all dietary requirements.

## Response times

### **The service monitored, and met agreed response times so that they could facilitate good outcomes for patients.**

The service monitored numerous response times, for example, length of journey, handover timeframe and whether the crew picked up and dropped off at the requested time. We viewed data from the 12 months prior to inspection, and saw the service was meeting its required response times.

If a vehicle was taken off the road for any reason, the booking process allowed messages to be sent to the booker to inform patients of any possible delays.

Managers reviewed response times with third party contracts at monthly engagement calls.

## Competent staff

### **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.**

Managers gave all new staff a full induction tailored to their role before they started work. We saw induction packs that included welcome, your role, disclosure, vaccinations and health risk assessments completed by occupational health. Managers monitored completion of induction via an electronic system and staff were unable to sign up for shifts until the induction had been signed off by Human Resources and the managerial team.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection, only one member of staff had not received an appraisal in the last 12 months. Staff we spoke with advised us they received ample time to prepare for the meeting, meetings were detailed and not rushed, and staff appreciated the opportunity to discuss career progression.

Managers identified poor staff performance promptly and supported staff to improve. The registered manager completed ad hoc observations of staff to monitor performance including driving skill.

Managers introduced an Associate Ambulance Practitioner (AAP) accredited course in October 2022. This was an 18-month training programme that was financed by the service and delivered inhouse. Managers introduced the course in response to the national shortage of paramedics and to support the development of staff. There were six staff currently on the cohort and at the time of inspection the service was the only private ambulance service to provide this.

# Patient transport services

## 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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. We observed staff handover patients and found they provided detailed information on the patients physical and mental health. Staff ensured patients had all medicines, equipment and personal belongings with them before leaving a job.

Managers met with third party contractors on a monthly basis to review performance.

## Consent and Mental Capacity Act

**Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patient consent was reviewed throughout the patient pathway; firstly, at the point of booking, then again on collection and finally when the patient reached their destination. Staff clearly recorded consent in the patients' records.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and provided scenarios where they would question whether a patient had the capacity to make decisions regarding their care, for example if they had a brain injury. Staff understood that patients had the right to make unwise decisions, even when staff themselves did not believe those decisions were in the patient's best interest. For example, we observed a patient refuse to attend hospital. Staff clearly explained the reasons why the patient was requested to attend, however respected their choice to decline and ensured there was full documentation of all conversations and decisions.

Staff completed mandatory training regarding the Mental Capacity Act 2005 during the induction process. It was a requirement that this training was completed before staff were able to sign up for shifts. At the time of inspection, 99% had completed training.

## Is the service caring?

Our rating of caring stayed the same. 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 took time to interact with patients and those close to them in a respectful and considerate way. We observed seven staff interactions with patients. Staff spoke with patients in a kind, considerate manner. Staff explained what they were going to do before commencing a task, explained any noises or movements beforehand, notified patients of upcoming speed bumps and regularly checked patients were comfortable.

Patients said staff treated them well and with kindness. Patients who regularly used the service advised they had built up good relationships with staff and trusted the team to look after them and their families.

### Emotional support

#### **Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood that patients and their families could be nervous, frightened and worried about attending hospital appointments. The service had seen an increase in end-of-life transfers. In response managers had organised for staff to complete specific end-of-life training that included emotional support for patients and families.

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 talked about the importance of keeping patients calm and stated they cared for family and friends as well as the patient to allay fears. Patient feedback highlighted this, for example "(The crew) were a big blessing to me as I was really scared seeing my husband in this situation. They both calmed me down and they were so comforting and (the) nicest people I have ever seen...they comforted me a lot".

### Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. During the booking process, staff obtained information to enable them to support patients. This included the use of communication aids.

Staff supported patients to make informed decisions about their care. We observed staff using plain language and ensured patients and their families had regular opportunities to ask questions and check understanding.

Patients gave positive feedback about the service. We saw numerous feedback forms stating the staff had gone above and beyond as well as communications from local NHS trusts advising the team were the most professional independent ambulance service they had worked with. Comments from patients included; "Absolutely outstanding and couldn't have done more for...Dad or... the family". "Very professional, caring, extremely kind and reassured massively". "Been angels for me". "I'll never forget how kind they were" and "Wonderful members of the ambulance service."

### Is the service responsive?

Our rating of responsive stayed the same. We rated it as good.



# Patient transport services

## **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.**

Managers and team leaders planned and organised services well to provide safe transport to hospitals and other providers. At the time of inspection, the service had contracts with an NHS ambulance service and an NHS acute trust as well as providing ad hoc transfers for independent providers and private patients.

Managers organised set car parking allocations for all staff parking on-site. The staff car park was divided into shift areas; staff parked in their allocated area to prevent other staff being blocked in by employees still out on the road. This improved the flow within the on-site area and prevented ambulances and other businesses being impacted.

## **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.**

All staff had completed the Oliver McGowan Mandatory Training on learning disabilities and Autism. This was introduced in spring 2023, following the Oliver McGowan case. Staff also completed specialist dementia and disability training.

Staff had access to communication aids to support them to communicate with patients, families and carers who did not speak English, those whom English is not their first language and those with learning difficulties. Examples included a translation service, picture communication booklets, facial recognition pain scales and phrase booklets that translated into seven languages. Some members of staff were trained to use sign language.

All vehicles had a built-in ramp. This ensured patients, carers and their families with difficulties mobilising could access the vehicle safely.

All vehicles were adaptable to transport bariatric patients (the branch of medicine that deals with the study and treatment of obesity) and the service was the main bariatric Patient Transport Service (PTS) for London.

## **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.**

Independent patients were able to arrange ad hoc journeys by contacting the service directly. The services website included an email address, telephone number and webform for patients to use to make bookings. These were managed by the booking team who ensured all relevant information, for example, risk assessments and Do Not Attempt Resuscitation (DNACPR) forms were complete, accurate and attached to the booking information for staff to access.

The service was available, 24 hours a day, seven days a week.

## **Learning from complaints and concerns**

## Patient transport services

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

Patients and the public knew how to complain or raise concerns. Patients we spoke with knew how to raise a concern and give feedback to the service. We observed staff give feedback forms to patients after a journey. Vehicles clearly displayed posters that included a QR if people wished to provide feedback electronically. Staff we spoke with understood their responsibility in reporting complaints, concerns and suggestions.

Managers investigated complaints and identified themes. Managers monitored complaints on an electronic log which clearly displayed whether they were active, pending, under investigation or closed. We viewed five complaints from the log and noted they were responded to in accordance with the guidance detailed within the service's complaints policy.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared at team meetings, as well as displayed on the electronic notice boards. Staff were able to receive real time feedback and updates regarding complaints via an app. This ensured there was continuous review and learning from complaints, rather than once completed being filed away.

### Is the service well-led?

Good 

Our rating of well-led improved. We rated it as good.

#### Leadership

**Leaders understood and managed the priorities and issues the service faced. They were visible and approachable.**

The service was led by several managers with specific roles and responsibilities including the registered manager and training manager. They were managed by the four directors and supported by fleet and Human Resources. All managers had individual key performance indicators and objectives that were overseen by the directors. During the merger the directors sought support from a third party that specialised in improvement process mapping to ensure the transition went smoothly.

Organograms showing the managerial team were available onsite. Staff advised us they understood each managers role and responsibilities and knew who to speak with if they had a specific concern. All staff we spoke with were positive regarding the managerial team and said they felt comfortable going to managers with issues, concerns and suggestions.

#### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood how to apply these and monitor progress.**

# Patient transport services

The strategy for the business was focused on the recent merger including creating adhesive teams, analysing data from the three entities to ensure strengths were developed and weaknesses reviewed and improved and ensuring standardisation across the service.

The vision and values of the service were displayed across the base. Staff we spoke with knew the values and described the 'buy in' from managers and the team as a whole.

## Culture

### **Staff felt respected, supported and valued. The service had an open culture.**

We found a positive, open culture where staff felt respected and listened to. All staff we spoke with advised us managers were supportive.

As part of the business strategy, managers had developed a two-year cultural plan that included a natural change evolution from the initial merger in 2020 where the new group acquired three entities, to April 2023 where there was a 'wind down' into one business. Managers focused on staff buy in to the new service and ensuring staff within the teams did not experience preferential treatment.

Managers introduced a number of initiatives to improve staff culture. For example, the new pay role system allowed staff on minimum wage to claim a part of their salary mid-month when required. Managers were creating a business plan for introducing an on-site private GP in order that staff could access healthcare around their shift patterns. This was in response to staff advising they struggled to get appointments as the local area had a reduced service.

## Governance

### **Leaders operated effective governance processes. Staff had regular opportunities to meet, discuss and learn from the performance of the service.**

The service now had governance processes in place that gave assurances of performance. Managers had moved away from one general meeting to several regularly occurring meetings with specific agendas, allocations and actions and a decisions log.

Managers held a weekly informal meeting to 'touch base' and review any immediate risks or concerns.

The corporate support services and the operations team held monthly meetings to review compliance against the newly developed electronic dashboard. The dashboard used a red, amber and green rating system for cleaning, fleet, documentation, patient experience, incidents, equipment and staff sickness. This was developed to simplify the review system and ensure managers retained oversight.

The agenda and risks from the operations and corporate support meetings fed into the bi-monthly governance and compliance meeting. This meeting reviewed high level operational concerns that required a change to policy or practice, system approaches and purchasing. This was attended by all four directors, the managerial team and Human Resources. The most recent meeting reviewed replacing the Freedom to Speak Up Guardian and introducing charcoal for overdose cases, both of these points had an action log for implementation.

# Patient transport services

All committees had a term of reference to ensure all areas of the service retained oversight. The content from the above meetings fed into the monthly board of directors' meetings.

Managers met regularly with third parties to review performance against contract requirements and share learning of complaints, incidents and safeguarding where it was available. Managers advised us third parties were not always forthcoming in sharing learning. However, managers should show they are proactive in trying to improve from incidents involving patients from third party contracts.

## Management of risk, issues and performance

**Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service now had a system for identifying and capturing risks. The service now had a risk register. Managers advised us they had developed individual site risk registers for Blewbury and Sevenoaks, however due to duplication of company risks, these were merged into one overarching document. Some managers were unsure of the risk register arrangements and how risks were rated, therefore, there was an opportunity for learning and ensuring the leadership team were working uniformly. Managers understood the risks to the service and described actions plans for improvement as detailed in the corporate risk register, which was reviewed monthly at the governance committee. Risks were not able to be rerated or removed from the register without sign off from the committee.

The service now ensured systems were in place to monitor risks and that risks were escalated in a timely manner. Managers now used an electronic system that was developed specifically for the service to monitor performance data and provide oversight of risks. The risk registers policy detailed actions, timelines and expectation for actions of risk depending on whether a risk was rated as red, amber or green.

The service planned for unexpected events. Managers completed business related risk assessments, for example, the service had a lone worker policy which detailed actions to reduce risk and ensured staff completed appropriate training. Staff were issued with a panic button, this was demonstrated and alerted all managers of the staff member, vehicle location and information regarding who was onboard. The service had a business continuity plan for fire, adverse weather and systems breakdown, and there was always a duty manager on call 24 hours a day, seven days a week.

The service now had a registered manager and at the time of inspection, the paperwork was being processed with Care Quality Commission.

## Information Management

**The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service now had effective systems for monitoring recruitment and ensuring pre-employment checks were completed prior to staff commencing work. Managers demonstrated the new electronic employment system that recorded staff training and personnel files. The system included a sign off feature that prevented staff uploading the electronic rota application until recruitment, development, fit to ride and compliance were signed off. The Human Resources department oversaw this process. This system also completed a Disclosure and Barring Service update every seven days to ensure files were up to date and any recent activity was monitored.

# Patient transport services

Managers used systems to monitor performance against key performance indicators, for example lost bookings and response times. The data was reviewed monthly, audited and discussed at third party contractual meetings. At the time of inspection, the service was meeting its performance targets.

Policies and procedures were stored on secure, password protected devices and access to information was dependent on seniority.

Staff received data protection training and the service had not had any data breaches in the 12 months prior to inspection.

Staff we spoke with understood their responsibilities regarding submitting data and notifications to third parties, for example Care Quality Commission and Local Authorities and demonstrated good understanding of the submission systems.

## Engagement

### **Leaders and staff encouraged active and open engagement to plan and manage services.**

Managers organised monthly team meetings where they communicated service wide updates and staff received feedback from incidents and complaints. These were minuted in order that staff who were unable to attend were able to remain informed. Managers created a staff Facebook page, which included informal updates and wellbeing initiatives, staff could also access this information on the electronic noticeboards located in the staff room.

Managers were in the process of sending out a new staff survey in order to understand any staff concerns or trends following the new ownership. The Freedom to Speak Up Guardian had recently left employment at the service and managers were in the process of allocating a new guardian.

The public was able to engage with the service via feedback cards. We observed staff hand these to patients at the end of their journey. We also saw posters within vehicles that included a QR code that members of the public could scan if they wished to leave a comment electronically. Managers were in the process of introducing local community coffee mornings to promote the service within the local area.

## Learning, continuous improvement and innovation

### **Leaders and staff were committed to continually learning and improving services.**






At the time of inspection, the service was the main bariatric Patient Transport Service (PTS) for London. All PTS vehicles had been converted to provide bariatric, frontline and PTS from the same vehicle.

The service built and developed their data and information reporting systems and dashboards themselves in order to tailor the system to their own needs.

Managers introduced an Associate Ambulance Practitioner (AAP) accredited course in October 2022.

The service was also accredited to the national ISO Framework, which was a standard for quality management. Accreditation included data security, environment using a global framework to monitor environmental impact, occupational health and safety and quality assurance systems.

## Emergency and urgent care

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

### Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

#### Mandatory training

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

For information about Mandatory Training please see Patient Transport Services.

#### Safeguarding

**Staff understood how to protect patients from abuse and received training on how to recognise and report abuse.**

For information about Safeguarding please see Patient Transport Services.

#### Cleanliness, infection control and hygiene

**The service controlled infection risk well. They kept equipment, vehicles and the premises visibly clean.**

For information about Cleanliness, infection control and hygiene please see Patient Transport Services.

#### 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.**

All vehicles used for Emergency and Urgent Services contracts were based at the Sevenoaks site. The service had a contract with a garage half a mile away from the base, this was used when vehicles required repair, MOT or servicing.

# Emergency and urgent care

The most recent environmental audit for the Sevenoaks site scored 100%.

For all other information about Environment and equipment please see Patient Transport Services.

## 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.**

For information about Assessing and responding to patient risk please see Patient Transport Services.

## Staffing

**The service had enough staff 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.**

For information about Staffing please see 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.**

For information about Records please see Patient Transport Services.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Patient Group Directions (PGDs) allow certain healthcare professionals to supply and administer prescription-only medicines without an individual prescription. A PGD as defined by the Human Medicines Regulations 2012, should be drawn up by a multi-disciplinary group involving a doctor, a pharmacist and a representative of the professional group expected to administer or supply medicines under the PGD. The service now signed off all PGD's in accordance the Human Medicines Regulations, including pharmacist sign off.

The service now had an electronic system for monitoring staff to say they had read the PGD and understood how to administer the medicine.

The service provided secure on-site storage for Controlled Drugs. At the time of inspection, the service was not using them. However, managers had obtained a Home Office license in order that the service was in a position to resume using CD's when required. Providers administering CD's must have a Home Office licence in accordance with the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.

Emergency vehicles did not have safes for transporting CDs. Managers planned to have safes installed. When the service used CDs as part of an event, the paramedic has been in control of the CD and carried them upon their person, which met legislative guidelines.

# Emergency and urgent care

## 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.**

For information about Incidents please see Patient Transport Services.

## Is the service effective?

Good 

Our rating of effective stayed the same. 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.**

For information about Evidence-based care and treatment please see Patient Transport Services.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff checked patient pain levels using number of different tools depending on the patients ability to communicate. For example, staff used; numerical rating scales, visual analogue scales and categorical scales including a scoring system. Zero indicating no pain, up to 10 for extreme pain. This was documented on the patients record. Staff advised us they checked the efficiency of pain medicines by intermittently checking patient scores and adjusting pain relief accordingly.

## Response times

**The service monitored, and met agreed response times so that they could facilitate good outcomes for patients.**

The service monitored numerous response times, for example; running times, time when the crew arrived on scene and hospital handover times. We viewed data from the 12 months prior to inspection and saw the service was meeting its required response times.

Managers reviewed response times with third party contracts at monthly engagement calls.

## Patient outcomes



## Emergency and urgent care

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service monitored patient outcomes including; blue light transfers, discharges and whether treatment was declined. We viewed the services most recent figures and found all outcomes were positive and in line with national standards and expectations. Managers discussed outcomes with third parties during contract meetings.

### Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.**

For information about Competent staff please see Patient Transport Services.

### 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.**

For information about Multidisciplinary working please see Patient Transport Services.

### Consent and Mental Capacity Act

**Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

For information about Consent and Mental Capacity Act please see Patient Transport Services.

## Is the service caring?

Our rating of caring stayed the same. 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.**

For information about Compassionate care please see Patient Transport Services.

### Emotional support

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

# Emergency and urgent care

For information about Emotional support please see Patient Transport Services.

## Understanding and involvement of patients and those close to them

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

For information about Understanding and involvement of patients and those close to them please see Patient Transport Services.

## Is the service responsive?

Good 

Our rating of responsive stayed the same. 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.**

The service was contracted to provide emergency and urgent care to the public via two local NHS trusts.

Trusts we spoke with provided positive feedback regarding the service.

## Meeting people's individual needs

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

For information about Meeting people's individual needs please see Patient Transport Services.

## 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.**

For information about Access and flow please see Patient Transport Services.

## 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 staff.**

For information about Learning from complaints and concerns please see Patient Transport Services.

# Emergency and urgent care

## Is the service well-led?

Good 

Our rating of well-led improved. We rated it as good.

### Leadership

**Leaders understood and managed the priorities and issues the service faced. They were visible and approachable.**

For information about Leadership please see Patient Transport Services.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood how to apply these and monitor progress.**

For information about Vision and strategy please see Patient Transport Services.

### Culture

**Staff felt respected, supported and valued. The service had an open culture.**

For information about Culture please see Patient Transport Services.

### Governance

**Leaders operated effective governance processes. Staff had regular opportunities to meet, discuss and learn from the performance of the service.**

For information about Governance please see Patient Transport Services.

### Management of risk, issues and performance

**Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

For information about Management of risk, issues and performance please see Patient Transport Services.

### Information Management

**The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

# Emergency and urgent care

For information about Information management please see Patient Transport Services.

## Engagement

**Leaders and staff encouraged active and open engagement to plan and manage services.**

For information about Engagement please see Patient Transport Services.

## Learning, continuous improvement and innovation

**Leaders and staff were committed to continually learning and improving services.**

For information about Learning, continuous improvement and innovation please see Patient Transport Services.