

Inter-County Paramedic Ltd

# Inter-County Paramedic - Riverside Park

## Quality Report

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Date of inspection visit: 1 February 2017  
Date of publication: 12/04/2017

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Inter-County Paramedic Riverside Park is operated by Inter-County Paramedic Ltd. The independent ambulance service provides bespoke medical cover to sporting events which included medical care and treatment on the event site (this activity is not regulated and therefore is not included in this report) and conveyance to hospital for patients that required more definitive care. The care and treatment provided during conveyance to hospital is regulated and is the focus of this inspection. The service was inspected under the patient transport service framework.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 1 February 2017 along with two unannounced visits to the service on 8 and 14 February 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

The only service provided by Inter-County Paramedic Ltd was patient transport services.

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had a system in place for reporting, recording and learning from incidents.
- There were robust systems in place to maintain patient safety which included medicines management, infection prevention and control and vehicle maintenance.
- There was a lead for safeguarding and staff knew who this was. Staff knowledge around safeguarding vulnerable adults and children from abuse was evident.
- The service stored patient record forms (PRFs) appropriately and audited to ensure good completion by staff.
- Staff followed evidence-based care and treatment and nationally recognised best practice guidance, which included the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines from 2016.
- The service had processes in place to ensure all staff who were employed were suitably qualified, medically fit and experienced in their roles.
- There was good coordination with other members of the multidisciplinary team and staff from the organisations medical cover was provided for.
- Staff had a strong focus on providing a caring, compassionate and professional service.
- Measures were taken to meet the individual needs of patients treated.
- There was a system for handling, managing and monitoring complaints and concerns. The service had not received any complaints from January 2016 to January 2017.
- Staff felt valued by the manager and proud to work for the service.
- The service had taken steps to improve and innovate their systems for stock management and maintaining a responsive service at events they are providing a medical cover for.

However, we also found areas that the service provider needs to improve:

- The service did not have a Home Office licence in place for the management of controlled drugs.

# Summary of findings

- The service did not have a system in place to regularly receive medicine and medical device alerts.
- There was no risk register in place to give an overview of all known risks.
- Staff were unaware whether there was a vision and strategy for the service.
- There were limited systems in place to measure quality and service improvement.
- There was an appraisal process in place, however at the time of our inspection, only 39% of staff had received one.
- Not all staff had completed mandatory training. At the time of our inspection, compliance with mandatory training was between 54% and 88%.

**Ellen Armistead**

**Deputy Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

### Patient transport services (PTS)

### Rating Why have we given this rating?

#### Are services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- We found staff were knowledgeable about the incident reporting system and received feedback when they submitted an incident.
- All vehicles were visibly clean and tidy and we saw evidence of regular deep cleans of the vehicles.
- All vehicles were serviced, an up to date MOT and the service maintained a database which highlighted when these were next due.
- There were comprehensive records to demonstrate medicine management which provided an auditable trail for where all medicines were located. Medicines were regularly checked and we saw evidence of these checks.
- All patient record forms (PRFs) were stored in accordance with policies and procedures, and were not kept on the vehicles.

However, we also found the following issues that the service provider needs to improve:

- The service did not have a Home Office licence for the management of controlled drugs, although they had previously tried to seek advice on whether this was required or not.
- There was no process in place for the service to receive alerts from the central alerting system (CAS), to alert them to any medicine or medical device safety alerts.
- Information provided by the service at the time of the inspection showed mandatory training compliance was between 54% and 88%.

#### Are services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

# Summary of findings

- Staff followed evidence-based care and treatment and nationally recognised best practice guidance. All staff had access to the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines from 2016.
- All staff worked well with members of the multi-disciplinary team as well as working well with each other.
- All 14 staff files we reviewed contained the relevant documentation including Disclosure and Barring Service (DBS) checks, photo identification, references and health checks.
- Staff were aware of the requirements for consent to treatment and recorded consent on patient record forms. The service had forms available for patients who refused treatment.
- The service conducted regular six monthly reviews of all staff with a driving licence.

However, we also found the following issues that the service provider needs to improve:

- Appraisal rates were low at the time of inspection with only 39% of staff having an up-to-date appraisal. However, all staff permanently employed by the service were included in those who had received an appraisal.
- The service did not benchmark their performance internally or against other providers of a similar service.
- Only one staff file contained evidence of immunisations and immunity against infections.

## **Are services caring?**

We do not currently have a legal duty to rate independent ambulance services.

- During our announced and unannounced inspections, we did not observe any patients being treated during regulated activity.

However:

- We spoke with staff and conducted a telephone interview with a patient about the care and treatment they received whilst they were conveyed to a local acute hospital.

## **Are services responsive?**

# Summary of findings

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service had access to translation and interpretation services through a recognised translation service.
- The service were able to meet the individual needs of patients with hearing deficiencies.
- The booking system was straightforward and co-ordinated by the manager. The main events for which they were contracted to were prioritised and any additional work would only be accepted if the service could meet the requirements.
- The service had not received any complaints from January 2016 to January 2017.

However, we also found the following issues that the service provider needs to improve:

- There were no additional aids for communication for patients with sight deficiencies.
- The service had not provided training for meeting the needs of patients with learning disabilities or people living with dementia.

## **Are services well-led?**

We do not currently have a legal duty to rate independent ambulance services.

We found the following issues that the service provider needs to improve:

- The service did not have a clear vision or strategy which was shared with staff members.
- There was no risk register available which provided an over-sight of the risks to the service.
- There were no formalised meetings between staff for governance purposes where risk management and quality measurement was discussed.
- There was no formalised audit programme for the service, although there was evidence of clinical auditing happening.

However, we also found the following areas of good practice:

- All staff spoke highly of the manager of the service and the professional and well organised service they ran.

# Summary of findings

- All staff told us the manager was supportive and had an open door policy. All staff told us they would feel comfortable approaching the manager if they needed to.
  - The service had implemented an inventory system to improve their stock rotation and minimise unnecessary waste.
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# Inter-County Paramedic - Riverside Park

## Detailed findings

### Services we looked at

Patient transport services (PTS)



# Detailed findings

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## Background to Inter-County Paramedic - Riverside Park

Inter-County Paramedic is an independent ambulance provider which was incorporated as a private limited company in 2005. The primary purpose of the organisation is to provide dedicated and bespoke ambulance services to private events, which predominantly are related to motor sports. Other services provided by the organisation are ambulance services for county and country shows, football clubs and occasional non-emergency transfer of patients from acute hospitals.

On all occasions, the purpose of the provider is to provide treatment onsite and where necessary transfer patients to local acute hospitals for definitive care. The care and treatment provided during conveyance to hospital is the regulated activity which was the focus of our inspection.

The provider operates from a single location, an ambulance station and has 12 vehicles in total with two vehicles permanently located at sites which they regularly provide services for.

The service has had a registered manager in post since September 2011 when the service was first registered with the Care Quality Commission.

## Our inspection team

The team that inspected the service was led by CQC inspector, who was accompanied by two other CQC inspectors, a CQC pharmacy inspector and two specialist

advisors one of which was an advanced paramedic and one who had experience as a clinical director managing urgent and emergency care and patient transport services.

## Facts and data about Inter-County Paramedic - Riverside Park

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the registered location and accompanied staff to an event in the evening with the intention of observing care and treatment during

regulated activity. We spoke with 11 staff including; registered paramedics, nurse practitioners, ambulance technicians, emergency care assistants and management. During our inspection, we reviewed 13 sets of patient records and spoke with one patient who had previously received care and treatment from the staff at Inter-County Paramedic. We also conducted two unannounced inspections where we visited events they were providing medical cover for to try and observe the staff carrying out regulated activities.

# Detailed findings

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice, and the most recent inspection took place in January 2014, which found that the service was meeting most standards of quality and safety it was inspected against apart from supporting workers. A follow up was later conducted in June 2014 and found that they met this standard.

Activity (January 2016 to January 2017)

- In the reporting period January 2016 to January 2017 there were 1,163 events covered by the service.
- There were 404 patients seen by the service in the reporting period January 2016 to January 2017, 47% of these patients were conveyed from the event to a local acute hospital.

A total of 26 staff worked for the service, this included four permanently employed staff members and the remainder worked as part of a bank of staff on zero hour contracts.

Track record on safety

- There were no never events reported by the service.
- There were three incidents reported from January 2016 to January 2017. The service did not rate their incidents; however all were deemed low level risk.
- There were no serious injuries reported by the service.

There were no formal complaints recorded from January 2016 to January 2017.

# Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

## Information about the service

Inter-County Paramedic is an independent ambulance provider which was incorporated as a private limited company in 2005. The primary purpose of the organisation is to provide dedicated and bespoke ambulance services to private events, which predominantly are related to motor sports. Other services provided by the organisation are ambulance services for county and country shows, football clubs and occasional non-emergency transfer of patients from acute hospitals.

On all occasions, the purpose of the provider is to provide treatment onsite and where necessary transfer patients to local acute hospitals for definitive care. The care and treatment provided during conveyance to hospital is the regulated activity which was the focus of our inspection.

The provider operates from a single location, an ambulance station and has 12 vehicles in total with two vehicles permanently located at sites which they regularly provide services for.

## Summary of findings

Patient transport services (PTS) is the only service provided by Inter-County Paramedic. We have not rated this service as we currently do not have the legal duty to rate independent ambulance services. This was a comprehensive inspection which inspected all elements of the five key questions, however during our announced and unannounced inspection period; we did not observe any patient care during regulated activity.

We found robust systems in place to maintain patient safety which included incident and near miss reporting, medicine management, infection control and vehicle and equipment maintenance. Staff had a good level of safeguarding knowledge and there was a lead for safeguarding. All staff knew who the lead was and also had details to access more specialist knowledge and support if required.

Staff had access to policies and procedures which were evidence based and also had access to the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines from 2016. All staff had the required documentation present in their personal files.

However, the service did not have a Home Office licence for the management of controlled drugs at the time of inspection due to previous conflicting information being given. There were no systems in place to receive medicine and medical device safety alerts from the central alerting system (CAS). Although the service was aware of their risks and completed regular risk assessments, there was no risk register to provide an

# Patient transport services (PTS)

overview of the risks to the service. Audits were undertaken by the service, however reports and action plans were not always produced, but all staff were made aware of the results of audits.

At the time of inspection, 39% of staff had an up-to-date appraisal. This did however include all permanent members of staff. Despite there being no formalised staff meetings, all staff members felt they were updated on all relevant information.

## Are patient transport services safe?

### Incidents

- There were no never events reported by this service from January 2016 to January 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There were no serious incidents reported by the service from January 2016 to January 2017. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- There were three incidents reported using the incident reporting system between January 2016 to January 2017. These incidents were not graded however; they were all considered low-level risk due to the lack of impact on patients and staff.
- Staff were all aware of the incident reporting policy and had access to the forms required to report an incident.
- The service had an untoward incident reporting policy dated April 2011 which was being reviewed by the manager at the time of our inspection. This detailed the system for reporting and investigating incidents and included a table of incidents which staff were required to report. At the time of the inspection this policy did not contain details about the duty of candour regulation 20 of the Health and Social Care Act 2008 (regulated activities) regulations 2014 which all providers are required to comply with. The service was however in the process of completing a separate duty of candour policy, which provided all staff with relevant information on what the duty of candour, was and how this should be implemented.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients or

# Patient transport services (PTS)

other relevant persons of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff, we spoke with were aware of their duty for being open and honest when incidents had occurred.

- There had been no incidents which required the duty of candour process to be implemented.

## Clinical Quality Dashboard or equivalent

- The service did not use a clinical quality dashboard as this was not appropriate. However there was no alternative measurement of safety management used.
- The service did not regularly receive updates or alerts from the central alerting system. Staff told us they occasionally received alerts by a national organisation they were members of, however these were not always relevant to the service provided. Staff did not have a system in place to record when alerts were received and where actions were taken when required.

## Cleanliness, infection control and hygiene

- We inspected eight ambulances and all were visibly clean and tidy.
- There was a vehicle cleaning policy dated July 2012 which contained details of when vehicles should be cleaned and who had responsibility for these cleans. This contained details of what staff should do in the event of gross contamination of the vehicle from blood and bodily fluids or transportation of a highly infectious patient.
- All vehicles were deep cleaned on a monthly basis through steam cleaning and hydrogen peroxide fogging. During fogging, staff used a sign to indicate to other members of staff that this was in progress. We saw evidence of these monthly deep cleans being completed.
- In the event of severe contamination of a vehicle whilst at an event, the service had a cleaning support vehicle which would go out and complete a full clean or deep clean if required. The vehicle contained a Hoover, steam cleaner, cleaning materials and methods for disposing of items once used.
- All vehicles had wipes available for decontamination of equipment after staff had used them on patients. Staff also had access to spill packages in the event of a spillage of blood or bodily fluids.

- Cleaning materials were available for staff to use for daily cleaning. The service used colour coded buckets and single use mop heads for cleaning the vehicles. There was information available highlighting to staff which mop bucket they should use and when to prevent the risk of cross infection.
- All vehicles were stocked with personal protective equipment and alcohol hand gel.
- All staff were responsible for decontaminating their own uniforms. There was a policy for all staff to follow in regards to decontamination of their uniforms. In the event a uniform was grossly contaminated, there was direction for staff to dispose of this in clinical waste.
- All vehicles inspected had clean linen. There were arrangements in place with the local acute hospital for disposing of dirty linen and replenishing with clean linen.
- Staff completed daily vehicle checks which included reviewing the cleanliness. If there were any deficiencies found, this would be rectified at the time. The service however, did not conduct any formalised infection prevention and control audits including hand hygiene.

## Environment and equipment

- Staff were required to complete a form to highlight deficient or used equipment which required replenishing and to identify when a vehicle had problems. We saw examples of where these forms had been completed during the inspection. During the inspection, we observed one vehicle that had a blue flashing light on the side which did not work. This was highlighted to the manager and information received after the inspection confirmed this had been fixed.
- The service had 12 vehicles in total, one rapid response car which did not convey patients, one van and 10 ambulances. At the time of inspection, two vehicles were off the road.
- All vehicles were in date with valid MOT (Ministry of Transport) certificates and servicing. We saw a database, which had all details of when vehicles were due to have their next inspections. This database also included details of any repairs that had been conducted.
- Vehicle keys were stored securely inside the ambulance station.

# Patient transport services (PTS)

- All equipment reviewed had been serviced and safety tested and labelled to show when the next service was due.
  - Resuscitation and accompanying emergency equipment was standardised across all vehicles. All vehicles contained a defibrillator, suction unit, pacing unit and an automatic cardio-pulmonary resuscitation device. We saw evidence of daily checks being conducted and recorded on these items.
  - All vehicles had safety restraints fitted to ensure patient safety whilst conveying to hospital. The restraints were in working order in all vehicles we inspected. We also observed secure high back seats designed for the safe carriage of children in vehicles.
  - The service had implemented a new inventory system, which recorded the amount of stores available to replenish the vehicles and information about the dates on the stock. This had enabled the service to be more efficient with stock rotation and identified when more stock needed to be ordered in to prevent running out of items. We found no out of date consumable items on the vehicles at the time of our inspection.
  - The service had separate medical bags of equipment, which were only for use at football events. These bags were checked as part of the make ready process when departing from the service location. We observed these checks being completed by staff.
  - There were first aid boxes available in the station environment to be used in the event of a small accident or injury. We found all items contained inside were in date.
  - The service had large waste bins at the ambulance station for staff to place clinical waste bags from the vehicle in, on return to the station. These bins remained locked at all times. An external contractor collected this waste regularly.
- Medicines**
- The service had access to a clinical pharmacist as a source of up-to-date medicine information and advice. The manager had also accessed the pharmacist to review a patient group direction (PGD) for a medicine they used regularly on trauma patients. A patient group direction allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predefined group of patients without them having to see a doctor.
  - Arrangements were in place for the transportation, security, storage, recording and disposal of medicines. There was a medicines management policy available, this was being updated at the time of inspection.
  - Medical gases were securely stored on the vehicles and there was a cage which stored spare bottles of medical gases inside the ambulance station.
  - We found one out of date canister of Entonox on one of the vehicles and four oxygen cylinders on a different vehicle which were out of service date. These out of date items were immediately removed and replaced at the time of inspection.
  - Controlled drugs (CDs) were stored securely with restricted access which met the safe storage and safe custody regulations for controlled drugs.
  - We saw evidence of staff regularly checking CD medication and recording these checks. All CDs were accurate at the time of the inspection.
  - Regular stock checks were made on all medicines. At the time of our inspection, all medicines kept in the ambulance station and on the vehicles were accounted for.
  - Robust systems were in place for issuing medicines and medical gases. We saw evidence of appropriate requisition documentation for medicines used by the service.
  - The service had access to an online national database which provided information about the routine diagnosis, treatment and management of patients suffering exposure to a wide range of medicines. The staff used this database to monitor antidotes for any potential overdoses of medicines which they carried.
  - The service was trialling a new method of inhaled pain relief for trauma patients. The assistant medical officer had introduced this to the service and all staff had received training on this. The manager was currently compiling data on the effectiveness of the pain relief.
  - CDs were available as a stock supply; however following conflicting advice from various sources, the service was

# Patient transport services (PTS)

unsure whether this supply required a Home Office licence. Following the inspection, it was identified that the service would require a Home Office licence to ensure CDs were stored and supplied in line with legal requirements. The manager had taken the required action to obtain a Home Office licence.

## Records

- Staff completed patient record forms (PRF) for all patients treated and transferred to hospital. A copy of this form was given to staff receiving the patient at the local acute hospitals for more definitive care and a copy retained by the service.
- Staff posted the service copies of the PRFs into a locked post box on return to the service location where they were collected by the manager the next working day. No completed PRFs were stored on the vehicles we inspected.
- Once reviewed by the manager, completed PRFs were stored in accordance with information governance requirements. The service stored completed forms onsite for two years. After this, PRFs were stored in secure offsite storage.
- We looked at 13 PRFs and found they were of a good standard. There was adequate amount of details about the treatment provided, relevant medical history and clear outcomes.
- The clinical lead paramedic reviewed all completed PRFs and provided immediate feedback to the individual who completed the form and the team as a whole. We saw evidence where feedback from a recent review was displayed on the notice board.
- The service was trialling electronic patient record forms (EPRFs). This system used a digital pen, which recorded all the patient details and uploaded them to a database. All staff we spoke with told us they had been trained to use this system.
- Staff personnel files were stored in a locked cupboard at the providers registered location. Only the managers had access to these files to ensure confidentiality.

## Safeguarding

- There was a nominated safeguarding lead for vulnerable adults and children and staff were all aware of who this

was. The lead for safeguarding had completed level three training for safeguarding children and was aware of where to find further specialist support if this was required.

- The service had details of all relevant safeguarding contact details for the local authorities in counties where they provided their service, in the event of needing specialist advice. We saw evidence of these details on all vehicles during our inspection.
- All staff were required to complete safeguarding vulnerable adults and children safeguarding training to level two. Information provided showed 85% of staff had completed vulnerable adults safeguarding training and 81% of staff had completed children's safeguarding training. Staff told us this training was meaningful and in-depth and included child sexual exploitation and modern day slavery.
- Two members of staff (one nurse and one paramedic) had completed safeguarding level three training through their substantive employment which was in line with national intercollegiate guidance Safeguarding children and young people: roles and competences for health care staff (2014) for the role they completed.
- The service had separate vulnerable adults and children safeguarding policies. These policies were both dated February 2011 with no record of any amendments since this date. It contained specific details on what abuse consisted of and actions for staff to take if they suspected the individual was being abused. These policies were in the process of being updated at the time of the inspection. The manager told us details of the lead for safeguarding would be included in this new policy.
- Safeguarding report forms were available on all vehicles and we saw evidence of this.
- There had been no safeguarding alerts raised by staff at the service. However, staff were knowledgeable of what they should be aware of when caring for children and vulnerable adults. One member of staff provided an example where they had stopped on the way home from an event as they saw a child who was bleeding and hurt. Although this did not turn out to be a safeguarding incident, this showed staff were aware of their duty when it came to safeguarding.



# Patient transport services (PTS)

- Staff received relevant safeguarding information for patients they transported from local acute hospitals. This information was given as part of handover details.

## Mandatory training

- Mandatory training consisted of health and safety, moving and handling, fire safety, infection control, safeguarding vulnerable adults and children, deprivation of liberty safeguards, mental health awareness, control of substances hazardous to health, equality and diversity, conflict resolution, data protection and intermediate life support (ILS). Training was a combined process of e-learning and taught sessions.
- Additional role specific training was also provided for staff to support the roles they were conducting. This included training in bleeding control, cardiopulmonary resuscitation equipment, pre-hospital trauma life support and pain relief management.
- Information provided by the service at the time of the inspection showed mandatory training compliance was between 54% and 88%. The service did not have a mandatory training compliance target. The topics with the lowest compliance levels were Deprivation of Liberty Safeguards (54%) and equality and diversity (64%). Fire safety had the highest level of compliance (88%).
- All staff that drive the vehicles had completed advanced driver training as part of their primary work role or as part of previous employment. The service was currently looking into providing staff with refresher training.

## Assessing and responding to patient risk

- All staff were trained in intermediate life support (ILS). Paramedic staff had the opportunity to complete advanced life support (ALS). Twenty-two out of 26 members of staff were in date with ILS, although the training matrix highlighted four staff members were due to complete refresher training. Three paramedics were recorded as completed ALS and one member of staff had not yet verified what training they required or had already completed.
- The ILS course, which all staff attended, also included basic paediatric life support. Staff also had the opportunity to attend an optional paediatric intermediate life support course (PILS) which provided

staff with more skills and knowledge when dealing with a paediatric emergency. Ten members of staff had completed this course, two of which were due to attend an update.

- All paramedics were given the opportunity to advance their practice through completing the pre-hospital trauma life support course. This was an intense course to develop staffs skills and knowledge when treating a trauma patient before they reached hospital.
- We saw evidence of regular observations completed for all patients. This included blood pressure, pulse, respirations, temperature, oxygen saturations, pain score and conscious level. Staff told us from the changes in observations; this would indicate if a patient was deteriorating. Staff however did not use an early warning score to assess whether they were deteriorating. Staff told us their training enabled them to recognise when a patient was deteriorating and an early warning score would not change their management plans for an individual.
- All staff had the contact details for the accident and emergency departments for the local acute hospitals. If required, the staff would contact them to warn them about an urgent trauma or cardiac arrest patient (known as red calls) they were transporting to them. If the staff were out of their usual areas for an event, they would always find out the details for the accident and emergency department at the local acute hospital they would transport patients to in the event they needed to make a red call.
- If a patient showed signs of deteriorating whilst being transported to hospital, staff used emergency blue lights and hastened their journey to the hospital. A red call would also be made to the local acute hospital where they intended to transfer the patient.
- In the event of only one crew being present for an event, if they conveyed a patient to hospital, the event would be stopped until they returned. Staff confirmed this and told us of occasions when this had happened.
- Conflict resolution training was part of all staffs mandatory training package. At the time of our inspection, 69% of staff were in date for this training.

## Staffing



# Patient transport services (PTS)

- The service had 26 members of clinical staff registered with them. This included two nurses, 10 paramedics, nine emergency care assistants (ECA) and five ambulance technicians. Of the 26 members of staff, four were employed by the service and the remaining 22 were bank staff.
- One member of staff completed part-time work as a cleaning and maintenance staff member and part-time work as an ECA.
- The registered manager did not actively recruit staff; however people who wanted to join the team could access an application form on the website and were invited in for an interview.
- There were no staffing or skill mix recommendations for this service. The registered manager allocated staff to the events and did so on the medical cover required. Most events covered had one crew of a paramedic and either an ambulance technician or ECA. Some events required a double crew due to the risk of injury or specific requirements from the events management. There were some events however that would only require first aid level medical cover; therefore two ECA staff may be allocated to these events.
- Each crew had a team lead that provided immediate support to other members of the team. If escalation of a situation was required, all staff had access to the manager to seek further support.
- Staff were required to complete a minimum number of shifts (two 12 hours shifts or three eight hours shifts) per month to remain on the services register. If they are inactive for a period of time, they were removed from the register of staff for the service and if they returned to the service would undergo the required checks again before commencing employment.
- The registered manager told us they had no staff absences or sickness concerns. On each event, an additional member of staff was allocated to the job and would be used to cover any gaps that may occur on the day. In the event of no gaps occurring due to sickness on the day, the member of staff would be used to reinforce a team at an event.
- The service had no contracts or service level agreements to participate in any major incidents if they occurred near their location.
- If a major incident was declared at an event they were covering, the service would work alongside the local ambulance trust and complete a transfer of undertakings document during the incident.
- Staff had an awareness of local emergency action plans and major incident plans at the event sites they covered, and were aware of what role they would be expected to undertake.

## Are patient transport services effective?

### Evidence-based care and treatment

- The service provided policies and procedures based on best practice as directed by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). All staff had access to the most recent guidelines published in 2016. These were available on the intranet site and in hard copy on each vehicle.
- The service also followed other national guidance including National Institute for Health and Care Excellence (NICE) and Resuscitation Council UK.
- All staff were aware of the policies and procedures and had access to them at all times.
- All patient information leaflets were based on national guidance for best practice.

### Assessment and planning of care

- All patients who were transferred from events by the service were nil by mouth until they were reviewed by healthcare professionals at an acute healthcare establishment.
- Staff completed a full medical assessment of a patient when called to attend to them, this included completing a past medical history check. If a patient was unconscious, a medical history would be taken from any relatives accompanying them.
- On occasions where staff completed patient moves from one hospital to another, all relevant information about the patient would be handed over to the crew before completing the job. The manager told us this is a key

### Response to major incidents

# Patient transport services (PTS)

part of assessing whether they were capable of completing the task, as they did not accept requests for patient moves under a Section 136 of the Mental Health Act (moving patients who were sectioned to a place of safety for further assessment). They also could not transport a patient in a wheelchair, as the vehicles did not have the correct tracking to move the patient safely. If a patient was a wheelchair user, they would only accept the job if the patient was able to be transferred on the stretcher inside the vehicle or sitting on the chair within the vehicle.

## Response times and patient outcomes

- From January 2016 to January 2017 the service provided medical assistance to 404 patients. Of these, 47% were conveyed to an acute hospital for further treatment. The remaining 53% were reviewed by staff and discharged at the scene.
- The service maintained an accurate diary of all events and patient transport moves from hospital which they covered and which staff had attended the events or conducted the moves.
- The service did not benchmark their performance; however the manager did review each patient record form (PRF) to review the time taken for transportation to the local acute hospital. However, we did not see anything that the provider did with this information.

## Competent staff

- Appraisals were completed on an annual basis and staff confirmed these were regular and meaningful. At the time of the inspection, 39% of staff appraisals were completed. The manager had a plan in place to complete all appraisals by the end of March 2017 however acknowledged that due to not all staff being full time, it was difficult to arrange a suitable time for an appraisal to be undertaken. All core staff employed by the service had an appraisal completed.
- There was a procedure in place to manage staff with poor or variable performance. This was available in the staff area of the website. Staff requiring additional support would be paired with an experienced member of staff and regular reviews by the registered manager would take place.

- If disciplinary action was required against a staff member, the policy advised the staff member of their rights, which included having a mediator in the meeting.
- There was an induction policy, which applied to all new starters. All new staff were required to complete an induction workbook, which contained vital information and key events for them to complete to become familiarised with the role they would undertake in the future. Once this was completed, it was kept in the staff member's personal file.
- We reviewed 14 staff personal files and found all staff had disclosure and barring services (DBS) checks, photographic proof of identity, evidence of continual professional development, two references and evidence of professional registration where applicable.
- All staff files reviewed had evidence of self-completed health checks in them. Staff were also required to declare which immunisations they had received. Only one file contained evidence of blood results, which showed immunity against relevant immunisations. The Department of Health Green Book and the Health and Social Care Act (2008) Code of Practice on the Prevention and Control of Infections and Related Guidance advised that employers should seek satisfactory evidence of protection, which includes either confirmation of vaccinations given or results of positive antibody tests.
- The service did not have access to an occupational health department; however the registered manager told us if staff declared any medical condition on their health checks, a review by a medical professional would be required. If this included any vaccinations, the service would reimburse the staff member for this.
- Driver and Vehicle Agency (DVLA) checks were conducted at the start of employment and on a six monthly basis. All staff were required to complete forms every three years, which authorised managers to conduct checks with the DVLA. Staff were also required to notify the manager of any changes to their licence in line with national and local policy.
- Staff did not participate in formal clinical supervision sessions; however we observed staff completing informal reflective sessions.

# Patient transport services (PTS)

- Staff were supported by the manager to revalidate if this was required by their professional bodies.

## **Coordination with other providers and multi-disciplinary working**

- Staff from the service attended meetings with key staff from the locations they provide medical cover for. This was to discuss ongoing arrangements for medical cover and how they worked together to provide safe care for patients.
- We observed staff interacting with members of the multidisciplinary team to discuss medical management and safety during the event which could impact on their ability to undertake regulated activity safely and in a timely manner. All staff interacted well and there was clear recognition of what was required from the service and who would take the lead in incidents.

## **Access to information**

- The service predominantly covered events as part of their work; however staff told us if they were covering a hospital transfer, they had access to information about the patient in advance. This included information around the patients infection control status, do not attempt to resuscitate (DNACPR) status, any mental health or mental capacity concerns.
- The internet site had a staff area, which required passwords to access. Contained in this area were any messages the registered manager needed to pass on and policies and procedures.
- Staff told us they used their own satellite navigation systems if they were required to attend an event in area where they were not familiar with or would plan the route in advance.

## **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- Information provided showed 54% of staff had completed Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training. All staff we spoke with had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, however acknowledged that generally patients they provided care for did not have mental capacity problems.
- Staff were aware of the requirements for gaining consent from patients and documenting this on the

patient record forms (PRFs). If a patient was unable to give consent due to their medical condition, staff would act in their best interests and would document this on the PRF.

- Of the 12 PRFs we reviewed, we found evidence of consent being recorded on them. We also found an example of where a patient had refused to give consent for an aspect of treatment but agreed to other aspects of treatment. This was clearly documented and evidence of the patient's wishes respected.
- All staff were aware of the principles of Gillick competency (used to decide if a child is mature enough to make decisions about their care and treatment).

## **Are patient transport services caring?**

### **Compassionate care**

- During our announced and unannounced inspections, we did not observe any patients being treated during regulated activity, despite attending events during announced and unannounced inspections.
- However, we spoke with staff and conducted a telephone interview with a patient who had been treated by staff from the service.
- The service had received two letters thanking them for the care provided. Within the letters, the staff were praised for their compassionate care and respect towards the patients they were caring for.
- Nine other letters containing compliments were forwarded by organisations which contracted the service for medical care. All letters complimented the staff on their professionalism and caring nature towards the patients they had cared for.
- All staff we spoke with presented themselves as caring and compassionate. One staff member explained they always introduced themselves to a patient and tried hard to maintain their dignity whilst caring for them.
- Staff would always gain the consent of the patient before allowing a relative or friend to accompany them in the ambulance.

# Patient transport services (PTS)

- A patient told us they could not praise the staff at the service enough for the excellent compassionate care they provided and felt they owed them their life. Their privacy and dignity was maintained as practically possible during their care and treatment.

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

- Staff made it clear they worked with the patients and their families to ensure the nature of the patient's injury and treatment was understood.
- A patient told us the staff kept them informed of all treatment and care being provided for them after their accident. Due to the nature of their injuries, staff informed the patient they would have to go to the nearest acute hospital rather than the nearest trauma unit.

## Emotional support

- Members of staff told us about an occasion when a patient had died as a result of injuries prior to leaving the event. Staff provided emotional support to a bereaved family before taking the deceased to hospital.
- A patient told us staff provided them with emotional support during a traumatic experience involving the death of their friend as well as significant injuries to the patient themselves. Staff were sensitive to the emotions of the patient and provided appropriate information at the time. They also remained professional and focused on providing them with timely care and treatment they required.

**Are patient transport services responsive to people's needs?**  
(for example, to feedback?)

## Service planning and delivery to meet the needs of local people

- The service received dates and times from the companies they provided medical cover for at events well in advance of the date required. These would be entered in the diary and staff members allocated to these events.

- Additional work was reviewed on an individual basis and dependent upon what was already planned for the day. If the service was already fully booked, the manager would reject the request for the additional work.
- The service location where the majority of the vehicles were stored when not in use, was suitable for the needs of the staff and service. The vehicles were all suitable for the type of care and treatment which took place within them.

## Meeting people's individual needs

- The service had access to a telephone translation service all year round. All staff had the access details for this service in a policy folder kept on the vehicles they worked from. We saw evidence of these details during our visit.
- Staff told us some patients who they transferred from events had their own professional interpreters who would accompany them.
- All staff had access to pictorial pain charts for younger patients they treated.
- For patients with hearing deficits, staff told us they would write down information for the patient if the situation allowed this. There were also basic sign language signs in the information folders on the ambulances.
- Staff did not have access to any additional aids to help communicate with patients who had sight impairments.
- There was no specific training provided for people living with dementia or learning disabilities, however staff told us they had completed training in their other employments which informed them how to meet the needs of these patients if they treated them. Staff informed us they had not provided care and treatment for people living with dementia or had learning disabilities as part of their work for the service.

## Access and flow

- The service did not operate set working times. Staff would work for the duration of the event being covered.
- The manager was responsible for all bookings and maintained an accurate diary of events and staff

# Patient transport services (PTS)

required for these events. If organisations contacted the manager for any 'ad-hoc' work, this would be considered against what was already planned for that date.

- Staff liaised with the organisations they provided medical cover for so they were placed in the most appropriate positions around the event which enabled them to provide a timely response to a medical emergency.

## Learning from complaints and concerns

- There were no complaints received from January 2016 to January 2017.
- Leaflets advising patients on how to raise a complaint were available on the vehicles for staff to give patients if required.
- The organisations which the service provided medical cover for would forward any letters of complaint to the manager if they were received. They also forwarded any letters of compliment to the manager if they received them.

## Are patient transport services well-led?

### Leadership / culture of service

- The registered manager had the skills, knowledge and experience required to lead the service effectively. He was an advanced paramedic who completed clinical duties alongside his staff.
- All staff told us they all worked for the service because they thought it was a well-organised and professional service. All staff commented on how supportive the manager was and they would feel comfortable going to them with any problems, work related or not. One member of staff commented that the manager had always operated an open door policy.
- Staff felt proud of working for the service and were passionate about performing their role to a high standard. This was corroborated by the initial results of the staff survey, which showed 88% of staff were very/extremely proud of the work they do with the service.

- The manager of the service and the clinical team leaders were visible and provided support to all staff members. All staff felt they had the right level of support and informal supervision from their managers.
- There was a high level of morale within the service and staff felt that all staff were supportive and friendly towards each other.
- Staff said there was no bullying or harassment within the service and they felt all staff regardless of backgrounds were treated equally.
- All changes which affect the service were communicated with all staff. During our inspection, we observed an example of this and witnessed many discussions with staff about the potential change.

### Vision and strategy for this this core service

- There was a clear statement of purpose reflective of the service they provided.
- The registered manager told us they had no plans for further growth of the service, they now focused on maintaining their current contracts and providing the best service they could for these events. Staff were not aware of any vision or strategy for the service.

### Governance, risk management and quality measurement

- The service did not have formalised operational or governance meetings. The manager and medical officer had informal meetings about the service however; these were not minuted and there was no auditable trail of these meetings to assess the quality of them.
- Staff told us they did not have any team meetings; however, they did not see this as a problem as most of the staff had other employment and completed work for the service on a part-time/ ad-hoc basis and this would therefore make it difficult to arrange a time and date for most staff to attend.
- We saw evidence of proactive engagement with all staff members through the use of bulletins displayed in the ambulance station, covering information usually discussed at meetings. Staff also told us they received emails and text messages from the manager if there was important information to share. The manager was also always available to staff if they had concerns.



# Patient transport services (PTS)

- There was no risk register, which gave an overview of the risks to the service. The registered manager did complete risk assessments for all perceived risks, which contained actions on how to mitigate these risks.
- The manager was clear about their main risk to the service, which was the renewal of contracts.
- The service were completing audits on patient record forms (PRFs) and medicine audits however there was no comprehensive clinical audit programme for the service. The audit results from audits completed were communicated with staff and highlighted areas where improvements were required.
- The service had recruitment procedures in place that included robust pre-employment checks to ensure that all crews were suitably qualified and experienced for the role.
- There was a formal log of all incidents and near misses reported. This meant the service had an overview of incidents and any trends that were occurring, and also enabled the service to learn from incidents and near misses reported.
- There was no formal measure of quality in place (use of key performance indicators) however through the use of policies based on the most recent evidence and adherence to the most recent version of Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines this ensured best practice at all times.
- The policies and procedures we reviewed were clearly written however, they were dated 2011 and 2012 and had no evidence of regular reviews or updates being completed. All policies and procedures were going through a planned update at the time of our inspection. Recent information from the manager shows the policies are now complete and have been implemented.

## **Public and staff engagement**

- A recent staff survey was completed by all staff. Although the results had not all been analysed by the manager at the time of inspection, initial results were positive. The findings so far indicated that staff felt their work was meaningful, they were well supervised and their opinions mattered. This was also supported by what staff told us during the inspection and the interactions we observed between all staff members.
- The service engaged with organisations for which they provided medical cover to establish the quality of service they had provided. All responses were overwhelmingly positive and this was demonstrated by the customers continuing to renew the contracts.
- The organisations who contracted the service to provide medical cover also shared with the service any letters of compliment or complaint, which they received. We saw nine examples of letters forwarded by organisations, which praised the staff from the service for the medical cover they provided.

## **Innovation, improvement and sustainability**

- The introduction of the inventory of consumables had improved the service through maintaining an effective stock rotation and had reduced the amount of wasted stock.
- The manager of the service considered the sustainability of the service during contract negotiations. The manager told us they did not wish to expand the service further but wanted to focus on the contracts they currently had.

# Outstanding practice and areas for improvement

## Outstanding practice

- The use of the cleaning support vehicle which responded to ambulances which may have become severely contaminated during an event was a positive example of responsiveness and management of resources.
- The inventory of consumable stock had improved the way the service managed their stock levels and also stock rotation, preventing items from going out of date on the vehicles.

## Areas for improvement

### Action the hospital SHOULD take to improve

- The provider should ensure that a Home Office licence is obtained to ensure controlled drugs are managed in line with legal requirements.
- Although the provider was aware of their risks, the provider should consider completing a risk register which contains an overview of all known risks and the actions taken to mitigate the risk.
- The provider should develop systems further to measure and audit the quality and performance of the service.
- The provider should consider utilising the information collected on response times and patient outcomes to demonstrate the effectiveness of the service.
- The provider should look at ways they can receive regular safety alerts and record when actions have been taken in response to an alert.
- The provider should consider acquiring assurance of staffs immunity status to all immunisations required as a healthcare worker.
- The provider should consider providing opportunities for all staff to meet as a collective team to supplement the communication and supportive system already in place.
- The provider should make sure all staff receive an appraisal and a copy of the appraisal stored in their personal file.
- The provider should review whether all staff have received appropriate levels of safeguarding children training applicable to their role.