

Cartello Adams Ltd

Cartello Ambulance

Quality Report

Unit 6
West Cannock Way
Hednesford
Staffordshire
WS12 0QW
Tel: 0845 459 9968
Website: www.cartello-ambulance.co.uk

Date of inspection visit: 15 and 22 of October 2019
Date of publication: 07/01/2020

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.

Ratings

Overall rating for this
ambulance location

Requires improvement



Patient transport services (PTS)

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Cartello Adams is operated by Cartello Adams Ltd . The provider provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 15 October 2019, along with an announced visit on 22 October 2019.

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?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was a patient transport service.

This was the first time we rated the service. We rated it as Requires improvement overall.

- Not all staff were trained to the correct level of safeguarding and there was no safeguarding lead.
- Staff did not always complete risk assessments for patients to minimise risks.
- Not all staff had completed their infection control and prevention training.
- Staff records of patients' care and treatment were variable. Records were not always clear or up-to-date.
- Not all incidents were disseminated down to front line staff.
- We did not see evidence that the provider was using data to make improvements.
- There were no local clinical audits completed.
- Managers did not always appraise staff's work performance, only 50% of staff had received appraisals.
- There was no formal recorded vision and strategy for the service.
- Risks and issues and identified actions to reduce their impact were not always documented.
- Leaders sometimes understood and managed the priorities and issues the service faced. There was inconsistent feedback about how visible and approachable leaders were in the service for patients and staff.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service-controlled infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. 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.
- Staff identified and quickly acted upon patients at risk of deterioration. The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service used systems and processes to safely administer, record and store oxygen. The service provided support based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Summary of findings

- Staff assessed patients' drink requirements to meet their needs during a journey. The service monitored, and agreed response times so that they could facilitate good outcomes for patients. 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 providers of healthcare.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. Staff treated patients with compassion and kindness, respected their privacy and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- 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 inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it and were able to provide the service at short notice. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with requirement notice(s), Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Requires improvement



Why have we given this rating?

Cartello Adams provides a patient transport service. The service is available 24 hours a day 365 days of the year. The service transports patients to and from hospital outpatient appointments and patients who are discharged from hospital.

Requires improvement 

Cartello Ambulance

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to Cartello Ambulance	6
Our inspection team	6
Facts and data about Cartello Ambulance	6
Our ratings for this service	7
Action we have told the provider to take	23

Background to Cartello Ambulance

Cartello Adams is operated by Cartello Adams Ltd . The service was first registered with CQC in September 2014. It is an independent ambulance service in Hednesford, Staffordshire. The service primarily serves the communities of the West Midlands.

The service has had a registered manager in post since 2017. The service is registered for the regulated activities of patient transport services. This was the second inspection of this service and the first time to be rated.

The inspection was undertaken on 15 October unannounced followed by an announced visit on the 22 October 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one CQC inspector and two specialist advisors with expertise within ambulance services. An inspection manager oversaw the inspection team and Bernadette Hanney was Head of Inspection.

Facts and data about Cartello Ambulance

The service is registered to provide the following regulated activities:

- Patient transport service

During the inspection, we visited Hednesford (Staffordshire) location. The service provided regular services, such as taking and picking up children with complex medical needs from school or day centres; and supplying ambulances to another private ambulance provider on a sub-contractor basis, transporting NHS patients discharged from hospital or attending outpatient appointments. The service was also contacted on an

ad-hoc basis if other patient transport services were could not meet patient demand. During the inspection, we visited the Hednesford location, where the office and garage, which housed the vehicles, were situated.

The service had six ambulances providing a patient transfer service each day, three vehicles were off road during our inspections.

We spoke with nine staff including; patient transport drivers, management and trainer. We spoke with three patients and one relative. During our inspection, we reviewed four sets of patient records.

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.

Activity (January to September 2019)

- There were 3,327 patient transport journeys undertaken.
- Nineteen patient transport drivers worked at the service, two managers and one fleet worker. Staff worked on a zero-hour contract and all, but one staff

member worked solely for Cartello Ambulance. Two of the managers were also mechanics who serviced and repaired the vehicles. A scheduler took bookings for ambulances.

Track record on safety:







- Zero never events
- Zero clinical incidents
- Zero serious injuries
- Three complaints

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Good	
Well-led	Inadequate	
Overall	Requires improvement	

Information about the service

Cartello Adams provides a patient transport service. The service is available 24 hours a day 365 days of the year. The service transports patients to and from hospital outpatient appointments and patients who are discharged from hospital.

Summary of findings

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

- Not all staff were trained to the correct level of safeguarding and there was no safeguarding lead.
- Staff did not always complete risk assessments for patients to minimise risks.
- Not all staff had completed their infection control and prevention training.
- Staff records of patients' care and treatment were variable. Records were not always clear or up-to-date, however, were stored securely and easily available to all staff providing care.
- Not all incidents were disseminated down to front line staff.
- We did not see evidence that the provider was using data to make improvements.
- There were no local clinical audits completed.
- Managers did not always appraise staff's work performance, only 50% of staff had received appraisals.
- There was no formal recorded vision and strategy for the service.
- Risks and issues and identified actions to reduce their impact were not always documented.

Patient transport services (PTS)

- Leaders sometimes understood and managed the priorities and issues the service faced. There was inconsistent feedback about the how visible and approachable leaders were in the service for patients and staff.

However, we found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service-controlled infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. 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.
- Staff identified and quickly acted upon patients at risk of deterioration. The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service used systems and processes to safely administer, record and store oxygen. The service provided support based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff assessed patients' drink requirements to meet their needs during a journey. The service monitored and agreed response times so that they could facilitate good outcomes for patients. 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 providers of healthcare.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. Staff treated patients with compassion and kindness, respected their privacy and took account of their individual needs. Staff provided emotional support to patients,

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

- 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 inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it and were able to provide the service at short notice. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Patient transport services (PTS)

Are patient transport services safe?

Requires improvement



We rated safe as **requires improvement**.

Mandatory training

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

The provider had a corporate mandatory training policy. Staff were required to undertake wide range of general and role specific mandatory training modules in line with their policy and training schedule.

The service mandatory training programme included a three-day level three first aid at work, basic life support, manual handling, bariatric equipment training, personal protected equipment, automated external defibrillators, airway management and medical gases. The training manager told us that all training was carried out on induction, all staff had to complete all the training prior to start working in the community. All staff were up to date with their training, the provider had set a target of 100%. We saw records evidencing that all staff were up to date on their mandatory training.

Training and development included 'face to face' and 'e-learning' modules. Staff training were kept up to date and each staff member had their own logging system to manage own training online. One of the managers also kept their own training record that also sent reminders to inform staff of their training.

The service had recently appointed a new clinical trainer following the departure of the Cartello Adams company trainer. The new appointed clinical trainer had identified requirements to make improvements to the training packages offered, for current ambulance attendants but also to all new and future ambulance attendants. The clinical trainer provided us with a bespoke and comprehensive training package plan, and the rejuvenated training package was designed to meet Cartello Adams' company policies and procedures. The training development included subjects such as a three-day first aid at work, safeguarding level three for both adults and children, oxygen both practical and assessment.

Senior managers informed us additional training would commence as of December 2019 and information would be shared with CQC once training had been completed.

At the time of our inspection, we saw that all staff had training for undertaking vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required. Vehicle checks were done daily on each vehicle before leaving for a job by the crew.

During the last inspection in 2017, there were no checks on driver's driving competence. Since then we have seen improvements. We reviewed 19 staff records and saw staff who were drivers had completed a full assessment workbook on a driver's awareness course. The course was in line with the Highway Code and Police Drivers Road craft course. The manager told us that they had recently employed a community rapid responder who would carry out the driving assessment training during staff induction. We reviewed the service driving policy, which covered training, alcohol and drugs, licence, speeding and fines and many more important guidance for all staff to follow. This policy was due for review in 2020.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff were trained to the correct level of safeguarding and there was no safeguarding lead.

Staff we spoke with were aware of their role and responsibilities in making safeguarding referrals.

The service had a safeguarding policy in place that covered level two training for both safeguarding adults and children. Which included all required information such as details of the levels of safeguarding training and its frequency, types of abuse including information on neglect, female genital mutilation and modern slavery.

Safeguarding vulnerable adults and children level one and two was included in the service mandatory training programme. Whilst on site we saw evidence of 100% had completed their safeguarding training. However, not all staff were trained to the correct level of safeguarding. Staff were only trained to level two for both children and adult, with no safeguarding lead appointed.

Patient transport services (PTS)

We raised our concerns with the provider around lack of safeguarding lead and training levels. Senior managers told us they would be including level three safeguarding children and adult safeguarding training once their new appointed trainer had been trained to level four in safeguarding. The trainer was due to complete their teaching qualification including safeguarding level four by December 2019.

Staff demonstrated a good understanding of their responsibility to report safeguarding concerns. We saw that contact details for safeguarding teams were available for each area the service covered.

Safeguarding concerns were monitored within the services incident and complaints guidance as needed. Significant concerns were monitored directly by the service leads who would then contact their providers and local authority for guidance and support as needed.

Cleanliness, infection control and hygiene

The service-controlled infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. However, not all staff had completed their infection control and prevention training.

We reviewed the service infection prevention and control policy; the policy was in date and review date due in April 2020. The policy was robust and provided all staff with most up to date guidance on Infection prevention and control.

We saw that crew staff had annual infection control and prevention training during their induction followed with annual updates, this was to ensure that all staff received appropriate training. However, fleet staff had not completed any infection control and prevention training despite carrying out deep clean duties on all vehicles. We raised our concerns with senior managers, that told us they would provide the fleet manager with all appropriate training by November 2019.

We saw vehicles and equipment were all visibly clean. Cleaning schedules were documented electronic and we saw that vehicles were cleaned daily and deep cleaned

every four weeks. We saw that the electronic system also flagged when vehicles were due to be deep cleaned. Records we saw confirmed that deep cleans had been undertaken.

We saw all staff we spoke with were bare below the elbows. This enabled effective hand cleansing. Staff used hand held sanitizers and washed hands in between patients. We observed staff wearing personal protective equipment, such as gloves.

We saw clinical waste was disposed of safely and there were appropriate arrangements in place for this to be collected, which met the requirements of the Environmental Protection Act 1990.

A private cleaning company was contracted to provide general cleaning duties for disposing of clinical waste.

We saw that coloured coded mops and buckets were used appropriately with a chart specifying which colour should be used to minimise the risk of cross infection. There were appropriate arrangements in place for laundering dirty and contaminated linen.

We saw that staff wore uniforms, which were clean and smart. All staff were responsible for washing their own uniform and if they required a new uniform they would complete a request uniform form. We saw that there was adequate personal protective equipment available for staff to use when caring for patients. At the time of our inspection, no audits had been undertaken to assess staff compliance with hand hygiene. The managing director told us that they had started to undertake staff spot checks which included a hand hygiene assessment. This was raised in the 2017 inspection and during our inspection of 2019, we saw no evidence of hand hygiene audits had been completed but we saw evidence of regular spot checks had been done.

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 staff we spoke with said that they had access to the equipment they needed. We saw the design and maintenance of the station environment met the requirements of the service.

Patient transport services (PTS)

Clinical and offensive waste were discarded in the appropriate containers and stored in locked cupboards. These were secured by keypads by which they were not accessible to anyone without the appropriate pass.

We saw training records to show that all staff had been assessed as competent with using equipment, such as defibrillators.

The vast majority of vehicles had identical layouts and equipment storage. This meant that crews could easily access equipment without delay.

One vehicle suitable for patients with obesity was available. Most staff had been trained to use the specialist vehicle including the equipment. All equipment in use was up to date with testing or in date with its use by label.

Records for vehicle servicing, maintenance and MOTs were robust and available electronically and flagged when service checks or MOT was due. A third party undertook vehicle MOT

checks and we saw evidence that vehicles met compliance with MOT testing. Vehicle servicing was up-to date with effective processes in place to ensure they were well maintained. The service had its own workshop and mechanics that ensured any issues were rectified in a timely manner.

Staff completed a vehicle checklist when they were allocated a vehicle. We observed four crew members carrying out the vehicle checklist during our inspection, which confirmed that the vehicle met basic safety standards, such as functioning lights, windscreen wipers, seat belts, and tyres were of an appropriate safe standard and all identified equipment was available.

We observed staff during a patient transport journey, using wheelchairs clamp securely to the ambulance floor with purpose made equipment and locked to a fixed upright 'docking station'. Staff also showed us that a three-point seatbelt harness secured to plates in the ambulance floor that was used to secure patients in their own chairs. This met safety standards.

We saw the automated external defibrillators were stored in overhead lockers in the ambulance, storage arrangements met safety standards to ensure that equipment was stored securely.

Assessing and responding to patient risk

Staff did not always complete risk assessments for patients to minimise risks. However, staff identified and quickly acted upon patients at risk of deterioration.

All staff we spoke with had a good awareness and understanding of when it would be appropriate to call an NHS ambulance and when a patient should be transported to an emergency department.

Staff were able to give us examples when they contacted the NHS emergency ambulance service, one example was a patient presenting with stroke like symptoms during their journey, crew urgently contacted support from an NHS emergency ambulance. We reviewed the providers escalation policy, which indicated that crew would contact 999 if they were ever concerned about their patients. All staff were trained up to first aid level three to enable them to provide first aid if needed.

The service provided a regular service taking and collecting children with complex medical problems to school. We asked to see a plan of care for these children. We saw some children had individualised care plan, and actions to be taken in an emergency. Staff documented in children's records during each journey and if the child had been poorly at home the parent would let the crew know and this was then documented in the child's records. This information was to be shared with emergency services if they ever needed additional support whilst being transported.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service employed 22 staff in total including office and management staff. Of those, 19 were patient transport drivers/assistants. During our inspection we saw the required numbers of staff were available to transport and care for patients safely. Planned and actual staffing levels were on display in the main office.

Some records we reviewed contained evidence that recruitment checks were undertaken prior to employment. These included proofs of identification, references and with the appropriate criminal records checks through the Disclosure and Barring Service. The service had a

Patient transport services (PTS)

recruitment policy that set out the standards it followed when recruiting staff. However, during our inspection we reviewed 19 staff records and nine records did not have any references, despite the managers contacting the named referee nine employers were working with no references. We raised this with the senior teams who responded promptly, and we received an action plan that included a manager to contact the named referees through email, then telephone if email was unsuccessful. Managers were to request other names from the employer to contact as referees, seven out of the nine had successfully received a reference, two staff members were waiting.

Majority of staff were employed on a 'zero hours contract', some staff had no other employment and worked solely for Cartello Adams. The four staff who worked in the office were also trained to drive ambulances and support patients and colleagues when required.

The service had a staff member in the office who worked solely as a scheduler who used an electronic system to identify patient transport jobs and the availability of staff to ensure all jobs were staffed to the correct level. We saw the scheduler documented all jobs and information on a noticeboard in the main office, which identified all planned work with appropriate staff for the current and following week. Between January and September 2019 there were no reporting incident where staffing did not meet the appropriate level.

The managers informed us that they were able to supply staff to their regular contracts but if they had an ad-hoc request and were unable to meet the staffing requirement, they would not accept the job, but this was rare for the service to decline.

Managers told us that all drivers had their driving licence and availability to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence that the provider checked staff driving licence every six months.

Records

Staff records of patients' care and treatment were variable. Records were not always clear or up-to-date, however, were stored securely and easily available to all staff providing care.

Staff told us, and we saw all staff received a paper based job allocation sheet with printed information about

patients they were going to transport, such as patients name, address, if they would be travelling alone or with a carer, any significant health or mobility issues and time to pick up and when they were required to arrive at a specific destination.

The service transported up to four children who had life limiting conditions and complex medical problems to and from school. We asked to see records of the plan of care of these children. There were only plans of care for two of the four children and we saw that the care plans included all care needs, such as actions to be taken in an emergency. We informed managers of this and the service shared their revised plans of care which included information about the children's needs, and actions staff should take in an emergency.

Staff we spoke with told us that crew always handed over patient information to clinical staff. We observed handovers where staff handed over to hospital staff or nursing homes and the level of information was appropriate.

Patients' job sheet records were stored securely in a locked cabinet in a room locked with key code access. The service did not hold any patient records as the NHS ambulance trust that sub contracted the work retained all patient data. Third party contractor disposed of confidential waste.

When we spoke with scheduling staff and patient transport service staff, they informed us that they had access to information, such as end of life care or a patient's preference regarding 'do not attempt cardio pulmonary resuscitation' decisions (DNACPRs). Front line staff demonstrated a clear understanding of how to respond to end of life care should they be presented with or told of a DNACPR decision. Staff were aware that original copies of DNACPRs should travel with the patient to hospital or their destination.

Medicines

The service used systems and processes to safely administer, record and store oxygen.

Medicines were not carried on ambulances and staff did not administer any medicines except for oxygen.

We reviewed the service oxygen therapy policy and procedure, we found it to be robust. The policy was in date and review date was due 2020. The policy described the limited indication for oxygen therapy and the associated

Patient transport services (PTS)

risks. The subsequent procedures also described the ordering, delivery, handling and storage to ensure the safety and a full audit trail was maintained. All staff were up to date and all staff were required to complete oxygen training and were required to read and sign once staff member was familiar with the policy.

We spoke with staff about oxygen training, and one staff member told us they did not administer oxygen or carry out any duties involving oxygen therapy as they were not trained and did not wish to carry out duties involving oxygen.

Oxygen was stored appropriately and safely in a locked cage. Empty cylinders and full cylinders were kept separate. A third party were responsible for delivering and pick up of the oxygen cylinders.

Oxygen were stored in appropriate fittings within all vehicles to ensure they were secure.

Incidents

Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents. When things went wrong, staff apologised and gave patients honest information and suitable support. However, not all incidents were disseminated down to front line staff.

No serious incidents had been reported between January and September 2019. Staff we spoke with were clear about what constituted a serious incident.

The provider reported zero never events between January and September 2019. 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.

Not all staff we spoke with were able to demonstrate good understanding around duty of candour (DoC). DoC is a regulatory duty that relates to 'openness', 'honesty' and 'transparency' and requires providers of health and social care services to notify patients or other relevant person(s) of certain notifiable safety incidents and provide reasonable support to that person. However, when we asked them what happen if something went wrong they told us that they would apologise to the patient. We saw

evidence that showed us that DoC was included as part of their induction training and we saw the service duty of candour policy, which was in date and for review in 2020. The policy covered when DoC should be applied, levels of harm and how to report DoC related incidents.

Staff had access to an incident reporting forms which were available on all vehicles. Staff we spoke with were clear on how to raise and report incidents. Staff were aware of their responsibilities in raising concerns, recording safety incidents, and near misses. Staff were able to give us examples that if there were any incidents, such as a road traffic collision, patient accident or incident they would phone the office to inform management and would fill out a reporting incident form. Majority of staff we spoke with told us that they did not always know the outcome of their incident and that information was not always disseminated down to the front-line staff.

Safety performance

We saw evidence that all vehicles were covered with emergency breakdown for any vehicle failures whilst on the road. The staff described how they dealt with a breakdown; calling breakdown services and the office for a replacement ambulance whilst managing the needs of the patient.

We reviewed the service business continuity plan and saw how to deal with a range of emergencies and major incidents that may affect the daily operation of the service. Risks identified included adverse weather preventing vehicles from operating. The plan ensured that the service would be able to maintain services to patients in the event of an incident affecting the availability of the building or the services required to run the building.

Staff were made aware of the service responsive to job performance and when improvements were needed actions were put in place.

Are patient transport services effective?

Requires improvement



We rated effective as **requires improvement**.

Evidence-based care and treatment

Patient transport services (PTS)

The service provided support based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Staff were able to show us how they accessed guidelines and local policies on their staff portal intranet page along with hard copies in a designated area within the main office. The provider carried out quality spot checks on both the drivers and their vehicles. Senior staff would locate the drivers in between jobs, intercept them and complete a checklist. We saw completed checklist that contained information, such as whether the vehicle appeared clean and tidy, and was the tail lift operational, were staff wearing correct uniform and ID badges were worn.

The service provided care based on national guidance and evidence of its effectiveness, such as correct manual handling to ensure patients in wheelchairs were safe and secure in the vehicle, Managers checked to make sure staff followed guidance.

Staff completed their driving assessment and managers carried out regular driving licence checks prior to commencement of employment. The service also received notification from the Driver and Vehicle Licensing Agency notifying them of drivers whose driving status changed, such as penalty points on their driving licence.

The provider was contracted based on their referring criteria and the service they provided. Cartello Adams were a non-emergency service and would not accept any jobs unless all staff were trained and competent.

Nutrition and hydration

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

Patients were offered drinks during long journeys, staff told us if patients were in need of drinks they would stop the vehicle to ensure they had access to drink.

Parents ensured their children had drinks available prior to crew transporting them on journeys.

Response times

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

The service had a target of two hours to dispatch to arrival which the service was meeting. We saw the September 2019 figures and saw that 31% (95) patient were seen in five

minutes, 14% (44) were seen in 10 minutes, 5% (15) patient were seen in 15 minutes, 5% (17) patients were seen in 20 minutes, 10% (31) patients were seen in 30 minutes, 15% (45) patients were seen in 60 minutes and 20% (60) of patients were seen in over 60 minutes and total patients transported was 307 under two hours.

As at September 2019, Cartello Adams collected data around collection times to pick up patients. 62% (53) collection times were met on time and 38% (33) collection times failed on time.

As at September 2019, Cartello Adams appointments times met data showed that 75% (12) of patients had arrived on time to their appointments and 25% (4) patients did not arrive on time for their appointments. We did not see evidence that the provider was using this data to make improvements. This information was shared with their Clinical Commissioning Groups and their customers.

Competent staff

The service made sure staff were competent for their roles. Managers did not always appraise staff's work performance.

Staff had appropriate qualifications, skills and experience to do their job. Staff we spoke with were knowledgeable about their role. All staff undertook an induction programme that detailed the expectations and requirements of the role, the company, policies and procedures. Their mandatory training then followed the induction.

Staff we spoke with were not always positive about the training they received. All staff before they went out on ambulances completed an extended first aid at work course, which met the standard of first person on scene (level 3). The course also included information and management in an emergency of chronic diseases, such as stroke, diabetes and epilepsy.

We saw there was a training room with equipment available, such as a fake dummy and resuscitation equipment for staff to use. Staff told us they were able to have regular refresher training and practice if required. Staff told us the trainer used to carry out spot checks during the day to ensure staff were competent, we spoke with senior staff who informed us that the regular trainer had left, and they had recently employed another trainer. We spoke with the new trainer who informed us they will be re-assessing

Patient transport services (PTS)

the training syllabus and ensuring all training was suitable for patient transport service role, and that all staff would receive refresher training every 12 months. The trainer was booked on to complete a training educational qualification in November 2019 and this would ensure that the trainer was fully competent to teach and up to date on their own skills.

Staff we spoke with told us that whilst they regularly met with the managing director, they did not always have an appraisal. We reviewed 22 staff folders and found 11 had not received their appraisal. We raised our concerns with senior managers who informed us that this was something they were focussing on, they had recently introduced a system to ensure all staff would either receive a face to face appraisal or a telephone appraisal.

Since the last inspection in 2017, the service had improved its competence checks. The service had recently introduced a ranking status, which meant all staff were required to complete competencies checks and pass assessments if they wanted to develop in their role.

Staff were able to access their work email from their personal mobiles which helped them access new information or send emails to colleagues asking for assistance on certain topic.

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 providers of healthcare.

All relevant staff, teams and services were involved in assessing, planning and delivering patients' care and treatment.

We observed good multidisciplinary working with effective verbal and written communication between staff. Staff shared information about patients through a robust documentation and through a catch-up telephone call within the teams and across the service.

Senior managers worked with other providers of healthcare when they took bookings directly. When ambulances worked on a sub contracted basis, site managers, who worked at local trusts would coordinate transfer requests with available ambulances. This enabled communication

between the service and hospital staff. Any problems could be dealt with on site and questions regarding patient needs and requirements of crews could be discussed with the site managers.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Before any interactions were undertaken, we observed staff gaining consent throughout our inspection. We reviewed the service policy for obtaining consent, which was in date and review date due 2020. Consent was also included as part of the service induction.

Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 and understood the relevant consent and decision-making requirements of legislation. This was an improvement from the 2017 inspection, Deprivation of Liberty Safeguards and Mental Capacity Act 2005 was now part of staff induction programme and mandatory training. Staff told us that they completed training on the Mental Capacity Act 2005 as part of their safeguarding training.

Are patient transport services caring?

Good



We rated caring as **good**.

Compassionate care

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

We observed five direct patient care episodes over two days inspection. We observed staff members engaging with children in the back of the ambulance vehicle. Staff spoke with the children in a friendly manner and interacted well with the children and made the children smile on the journey from home to school.

Patient transport services (PTS)

Staff responded compassionately when patients or their relatives needed help. Support was given by caring staff as and when required by patients to meet their individual needs.

Staff introduced themselves before any interactions; we observed staff to be respectful, polite and friendly.

Patients and relatives confirmed that staff responded promptly and addressed the needs of patients when they were distressed.

We saw that confidentiality was respected in staff discussions between patients and those close to them.

We saw examples where staff had assisted patients beyond their normal scope including supporting patients who had been discharged from the service and accessing additional services to support them as individuals.

Comments we saw within some thank you cards included "Thank you ambulance staff for the care and attention given to me, the warmth and professionalism from all staff has meant a lot to us whilst recovering"; another thank you card said "top class company you have been brilliant"; and another said "thank you for looking after me and keeping me safe".

We saw the service patient survey September 2019 information, (17 patients responded). We reviewed the patient satisfaction section; no patient response identified a poor service had been provided. Comments we saw within patient surveys identified: staff names and "staff are very caring, I had bad news today, but they were there and supported, thank you very much".

Emotional support

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

Staff provided emotional support to patients to minimise their distress and considered their individual needs.

Staff responded promptly when people requested support or had any concerns.

Throughout our inspection we observed staff giving reassurance to patients with additional support given when it was required, especially if patients were apprehensive.

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.

Staff contacted parents for information about their child's needs whilst being transported from home to school. We saw this was documented in children's care plan.

Parents or relative told us that staff were always helpful and supportive to them and their child or relative.

Are patient transport services responsive to people's needs?

Good



We rated responsive as **good**.

Planning and delivering services which meet people's needs

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.

Cartello Adams Ltd provided patient transport services for patients who were unable to use public or other transport due to their medical condition. This included those attending hospitals, outpatient clinics, patient discharges from hospital wards and school.

The service provided NHS and Local Authorities patient transport and ad-hoc private work. Bookings were undertaken either through a direct contract with the trust or via a second ambulance provider.

The service also provided out of area and out-of-hours patient transport on an ad-hoc basis.

The service had a policy to identify appropriate referrals and an appropriate exclusion criterion, for example they would only transport non-emergency patients any patient outside their scope they would decline the job.

Facilities within the service were adapted to meet the needs of patients with a variety of needs, such as disabled access or facilities for patients with obesity.

Patient transport services (PTS)

Meeting the needs of people in vulnerable circumstances

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

The provider was contracted based on their referring criteria and the service they provided. Cartello Adams were a non-emergency service and would not accept any jobs unless all staff were trained and competent.

Patients' needs, and preferences were considered and acted on to ensure that services were delivered in a way that met their individual needs. Staff told us at the time of the booking for transport the call taker asked about the patient and their needs.

Patients with fluctuating capacity or lived with dementia were supported in line with good practice, all staff demonstrated good understanding of patients living with dementia.

Cartello Adams provided ambulances suitable for patients with obesity. These ambulances were equipped with the necessary equipment to accommodate patients with obesity.

Scheduling staff liaised with partner agencies prior to transfer to ensure that Cartello Adams staff did not interfere with protected meal times.

Whilst the service could not directly influence which drivers were assigned certain shifts, drivers were often assigned the same patient to transport. This was particularly common, the registered manager told us, where the patient had daily transportation needs, such as children with learning disabilities transporting to school. This meant that patients had a certain level of continuity of care and were able to build a rapport with the drivers, we saw two examples during our inspection of two children who had a learning disability and were hard of hearing, staff were able to communicate effectively using facial expression, and hand gestures. Children transported during our inspection appeared to be a happy and comfortable with the staff on duty.

Staff said that at the time of booking it was asked if the patient required a relative or carer to support them. This ensured that an appropriate vehicle was allocated to

ensure seating arrangements were suitable. Care plans considered the specific needs and wishes of patients and this was discussed with Cartello Adams staff prior to the job.

The service had access to use a telephone interpreting system to support people whose first language was not English. Senior managers told us they had not needed to use this service.

Access to the right care at the right time

People could access the service when they needed it and were able to provide the service at short notice.

Patients had access to care, that was managed to take account of patients' needs through NHS providers and clinical commissioning group. Cartello Adams were able to provide the service at short notice if needed.

The service had its own target with their own customers of two hours to dispatch to arrival which the service was meeting. We saw total patients transported between January 2019 and September 2019 was 307, all within under two hours. Fifty-three patients were not collected on time and 12 patients had arrived on time to their appointments and four patients did not arrive on time for their appointments. We did not see evidence that the provider was using this data to make improvements. This information was shared with their Clinical Commissioning Groups and their customers.

The office was open 9am to 5pm for both telephone and email bookings. After 5pm there was an on call diverts to the three managers' phones to ensure they could respond to transport requests and other issues. In addition, all three managers had access to emails outside the office so email enquiries were responded to out-of-hours. This meant that the service and its staff were available 24 hours a day, seven days a week.

The main office had a whiteboard that identified staff on duty and vehicles that were available. Jobs were then allocated to staff and vehicles. Staff attended the Hednesford location at the beginning and end of their shift with a plan of patient transfers that had been booked and the keys and ambulance were booked in and out.

Learning from complaints and concerns

Patient transport services (PTS)

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

We saw that information about making complaints and sharing patient experiences were displayed within the ambulances we viewed. There were three complaints from January to September 2019 there were no themes from complaints.

Information was easily available to assist patients to give feedback about their experiences, including how to raise any concerns or issues. All complaints were monitored and addressed.

Patients were advised on how to make a complaint or raise concerns. We saw information was available throughout the service and on the services website.

Complaints were investigated by the main service operator, complaints were shared, discussed and investigated throughout Cartello Adams and customers.

Are patient transport services well-led?

Inadequate



We rated well led as **inadequate**.

Leadership

Leaders understood and managed the priorities and issues the service faced. There was inconsistent feedback about the how visible and approachable leaders were in the service for patients and staff.

The management team consists of managing director, CQC and compliance manager, trainer and ambulance coordinator.

We found that most staff considered the leadership team to be supportive, visible and approachable. However, some staff told us they did not receive regular communication from the directors and senior managers to understand how the service was performing, its plans and the challenges it faced. Staff told us they would receive regular emails if something needed to be changed, one example given was around sickness all staff had to call in not text, this was shared with all staff.

We observed a positive culture throughout the service. Staff we spoke to were proud of the work that they carried out.

Staff told us that team meetings were not held, and they usually met individually with the managing director if needed. We spoke with senior staff who told us that they did not have team meetings due to staff availability, they had previously trialled a Sunday team meeting, but staff did not turn up and therefore communication were then done through emails.

Vision and strategy

The service vision and strategy for the service was not embedded with staff.

We saw the service business continuity plan that stated their vision was to offer fast, responsive and quality experience to all service users, and their mission was to provide an effective and efficient patient transport service in the community. We did not see this on display at the head office or on vehicles. The service business continuity plan was last reviewed in September 2014.

Staff we spoke with were not aware of Cartello Adam's vision and values.

Senior managers also told us that the values for the organisation included being caring.

Culture

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

Staff knew about the service's whistleblowing policy and said they felt they would be supported by senior managers to express their views about the service without fear of threat or retribution. We reviewed the service whistleblowing policy and staff were aware of the policy.

All staff told us of a good team working culture where staff helped each other. Staff told us they felt able to raise concerns without fear of retribution. Staff told us morale was positive.

There was an open culture where staff were encouraged to report concerns and incidents.

Managers dealt with poor staff performance when needed.

Patient transport services (PTS)

Cartello Adams focused on the needs of patients receiving care. They were one of the only providers in the area that were able to transport children with a learning and/or physical disability from home to school. Cartello Adams were able to provide the staff and vehicle to ensure these children were able to attend school and participate in education.

Governance

Leaders did not always operate an effective governance process. Staff sometimes were clear about their roles and accountabilities but did not have a regular formal meeting to discuss and learn from the performance of the service.

The service did not have a clear governance structure in place, there was no framework in place for the service to describe its governance arrangements. There were no formal meetings or recordings of meetings. We raised this with the provider during our inspection and managers told us they had many informal meetings but going forward they would commence a formal meeting and record them; and CQC will be informed of the minutes. We received governance board meeting minutes that was held on the 29 October 2019 with the next meeting arranged for 8 November 2019. The agenda for the meeting was around response crew organisation and other business, seven senior team attended with actions to be completed by the next meeting.

Staff did not participate in any local clinical audits. For example, infection control audits. There were no formal governance or business meetings. Information was not fed into appropriate committees to board level.

We found that arrangements to ensure effective information sharing to support decision making were weak. Risk management systems were in place but required regular review to ensure risks were regular monitored.

We saw that the service had insurance in place and included employer's liability and public liability insurance, motor insurance and roadside and recovery insurance.

Staff were kept updated through regular emails from the management team, staff were aware of their responsibilities and who they reported to.

The electronic monitoring fitted to each of the company's ambulances provided managers with evidence on the way the driver had been driven. Monitoring included feedback about acceleration, braking and speed. This encouraged drivers to practice safe driving techniques and improved safety and comfort for patients and other staff.

Management of risks, issues and performance

Leaders and teams used systems but did not manage performance effectively. They identified and escalated some risks and issues and identified actions to reduce their impact; however, these were not always documented.

The service collected, analysed, managed and used information to support all its responsive job activities. The information used for responsiveness to job calls, performance management and monitoring was consistently found to be accurate, valid, reliable, timely and relevant.

We saw the service had three risks documented, (1) general risk assessment that covered risks around slips and trips, means of transports, infection control and spillages of chemicals, (2) office and unit assessment that covered slips and trips, infection control, electrical and manual handlings of deliveries and equipment, and (3) ambulance assessment that covered risks around slips and trips, infection control, vehicles including equipment and oxygen.

Staff had access to information relating to risk management, information governance and how to raise concerns. Staff were knowledgeable about the service's incident reporting process.

Risks and concerns were not rated or prioritised against a set of indicators to ensure those which presented a higher risk to patient care were prioritised. However, managers could describe the key risks and their area of responsibility. They were able to describe how these risks were kept under review and updated but was not updated on their general risk assessment documentation. Senior managers had some oversight of the areas for development affecting front line staff and patient safety and experience, the documentation of reviewing risks was weak.

The service conducted several vehicle internal audits to ensure that it was providing a safe quality service for their patients.

Patient transport services (PTS)

We were informed by managers that there were no examples of where financial pressures had compromised patient care.

Information management

Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.

Staff had access to the intranet to gain information relating to policies, procedures, guidance and training.

Important documents, such as the general risk assessment, office and unit risks, and ambulance risks could be accessed by staff on the intranet. The service monitored and agreed response times so that they could facilitate good outcomes for patients and their target aim was two hours. However, when this target was not met, we did not see evidence that the provider was using this data to make improvements.

Information systems we looked at were integrated and secure.

Public and staff engagement

Leaders and staff engaged with patients, staff, the public and stakeholders to plan and manage services.

The service publicly accessible website contained information for the public in relation to what the service was able to offer. However, the service website was out of date and the services advertised on their website was not available.

Staff were able to access information, such as policies and procedures and duty rotas through the service website. Staff also told us that they received emails from managers informing them of any changes or working arrangements.

Some staff said they were listened to and had regular contact with senior staff. They told us that sometimes senior managers acted upon their comments and recommendations or gave a rationale where action could not be immediately taken. The service had recently created a suggestion box to give staff opportunities to share their opinions, registered managers reviewed comments on a weekly basis, example of change due to staff comment was around oxygen cylinders, Cartello Adams oxygen cylinders was now marked and stamped with Cartello Adams marking to prevent confusion between Cartello Adams oxygen cylinders and NHS cylinders.

Some staff said they felt valued and senior staff recognised their contribution to the service.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services.

The service and its staff demonstrated a willingness to develop and improve the service they provided; however, the service did not always use data in areas to improve the service. The service identified and escalated some risks and issues and identified actions to reduce their impact; however, these were not always documented.

Staff we spoke with reported that the service developed staff and supported their training needs, however they did not always receive regular appraisals or supervision.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure all staff are trained as part of their induction, staff must receive safeguarding training that is relevant, and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns. (Regulation 13)
- The provider must ensure quality and risk management processes identify all clinical and non-clinical risks to patients. (Regulation 17)
- The provider must assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. (Regulation 17)
- The provider must ensure they carry out regular formal governance meetings and risk management meetings and ensure all meetings are recorded. (Regulation 17)
- The provider must ensure they complete risk assessments for patients to minimise risks. (Regulation 17)

Action the hospital **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should consider there is a formal recorded vision and strategy for the service.
- The provider should ensure all staff receive regular appraisal of their performance and supervision to ensure they undertake their role appropriately. (Regulation 17)
- The provider should ensure all staff complete suitable driving course in line with the Highway Code. (Regulation 12 and 17)
- The provider should ensure they use their data to make improvements. (Regulation 17)
- The provider should ensure all staff working for Cartello Ambulance complete an annual infection control and prevention training during their induction followed with annual updates. (Regulation 12 and 17)
- The provider should ensure their website advertise the correct and most up to date information for the public in relation to what the service has to offer. (Regulation 17)

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13: Safeguarding service users from abuse and improper treatment</p> <p>13.(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.</p> <p>13(2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>13 (1)</p> <p>All providers must make sure that they have, and implement, robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight, with overall responsibility held at board level or equivalent.</p> <p>13 (2)</p> <p>As part of their induction, staff must receive safeguarding training that is relevant, and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1). Good governance</p>

Requirement notices

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— 17(2)(d) maintain securely such other records as are necessary to be kept in relation to—(i) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity;

(a) Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(d) Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This applies to all staff, not just newly appointed staff. Providers must observe data protection legislation about the retention of confidential personal information.