

Ikon Ambulance Services Ltd

Grange Farm

Quality Report

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Date of inspection visit: 13/07/2017

Date of publication: 25/09/2017

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

Grange Farm is operated by Ikon Ambulance Services Ltd. Grange Farm supplies paramedics, emergency technicians, first responders, and first aiders to provide first aid cover and patient transport services (PTS) at organised sporting and public events such as stock car racing, horse shows, and agricultural shows amongst others.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 July 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?

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 PTS. Where our findings on Grange Farm for example, management arrangements also apply to other services, we do not repeat the information but cross-refer to the PTS core service.

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 ambulance we inspected was visibly clean, staff completed daily records of hygiene routines and ambulance inspections. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.
- The registered manager ensured that policies and procedures were up to date and reviewed in line with set review dates.
- The online electronic event management system was effective and enabled the registered manager to allocate staff and resources in line with specific event risk assessments.
- Staff stored patient report forms securely within the ambulance and the ambulance station. In the main, staff completed patient report forms to a good standard. The registered manager reviewed these for themes, trends, and took appropriate action where staff failed to complete these appropriately.
- Staff maintained the ambulance station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning staff of the dangers in relation to COSHH (Control of Substances Hazardous to Health Regulations 2002) and other key health and safety issues.
- Medication was stored and maintained appropriately. The registered manager was in the process of implementing a new medications policy and updating existing patient group directions (PGD) at the time of our inspection.

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

- We found three small oxygen cylinders stored within the main ambulance station, secured against the wall with a metal chain and pad lock, on the floor, on a small metal tray at the side of an ambulance. Ideally these cylinders should be sited away from any sources of heat or ignition, have warning notices posted prohibiting smoking and naked lights within the vicinity of the store and be secure enough to prevent theft and misuse (British Overseas Chemical (BOC) guidance).

Summary of findings

- The registered manager did not ensure that staff received appropriate disclosure and barring scheme (DBS) checks, in line with DBS guidance.
- The registered manager did not maintain a risk register or overarching quality assurance and governance system to measure the performance of the service or manage any risks associated with the safe operation of the service.

Following this inspection, we told the provider that it should take some actions to comply with the regulations. Details are at the end of the report.

Name of signatory

Heidi Smoult

Deputy Chief Inspector of Hospitals on behalf of the 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?

We inspected but did not rate this service, however we found:

Ikon Ambulance Services Ltd had an 'Incident and Risk Assessment Form' that we reviewed prior to inspection. The provider reported no incidents between July 2016-July 2017.

All four staff we spoke with knew what categorised an incident, and how to report it within the service.

The ambulance we inspected was visibly clean, staff completed records of hygiene routines and ambulance inspections. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.

Medication was stored and maintained appropriately. The registered manager was in the process of implementing a new medications policy and patient group directions (PGD) at the time of our inspection

The service had no policy for the management of deteriorating patients. However, staff followed a Red Flag system to escalate concerns regarding deteriorating patients.

Patient record forms were completed and stored appropriately.

All of the service directors and registered manager had completed a Safeguarding Officers course.

We found the online staff booking system effective and enabled the provider to utilise staff and resources to meet the needs of the events safely.

Staff gave us examples of supporting patients who became distressed following incidents at events. Staff explained how they used their skills and experience to provide reassurance to the patient.

The registered manager had developed good working relationships with events providers to seek opportunities and sustain the business income.

Summary of findings

The service had a complaints process in place. However, the service had not recorded any complaints and the majority of feedback in relation to its service from clients and patients was very positive.

We spoke with event providers who found the service to be professional, reliable, and flexible in order to meet their needs.

The staff we spoke with described the registered manager as easy to get along with and always willing to help. Staff described the culture of the service as friendly, happy, with a professional and well-organised approach.

However we also found:

The provider relied heavily on the training that the staff received in their permanent jobs. This was evident in the training records that we reviewed. The registered manager checked the staff skills, training and competencies prior to events.

The provider did not have a business continuity plan in place.

As the service only employed casual staff, the registered manager did not carry out appraisals.

The registered manager was not ensuring that all staff had received a disclosure and barring service (DBS) check or reviewing these on a three year basis in line with Ikon Ambulance Services Ltd policy.

The provider had no formal governance and risk management system in place to monitor the quality of the service.

The service held no formal risk register or business continuity plan at the time of our inspection.

The registered manager had no specific mechanism for measuring the quality of the service delivery.

Grange Farm

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Detailed findings from this inspection

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Background to Grange Farm

Grange Farm opened in 2008 and is operated by Ikon Ambulance Services Ltd. Grange Farm is a private ambulance company that provide paramedics, emergency technicians, first responders, and first aiders to organised sporting and public events. Staff work for the service on a casual basis and are deployed to events based on an electronic booking system overseen by the registered manager and operations director.

The registered manager, the operations director, the director of facilities and logistics and the training director are the only permanent members of staff.

At the time of our inspection, we inspected one four-wheel drive ambulance held in the ambulance station at the provider's location. The registered manager informed us that the service was in the process of purchasing a new ambulance to replace a recently decommissioned one.

The service supports organised events, for example, stock car racing, horse, and agricultural shows, amongst others, as a patient transport service (PTS).

The service rarely conveys patients off an events site. However, as the service has transferred patients from an event site via ambulance to local urgent and emergency centres between July 2016-July 2017, the service falls into the scope of our regulation.

The service is registered to provide the following regulated activities:

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

The service covers the East of England but also provides support to events on a nationwide basis.

The service has had a registered manager in post since 2008.

Our inspection team

The inspection team consisted of a lead inspector and a second inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Detailed findings

How we carried out this inspection

During the inspection, we visited Grange Farm. We spoke with the registered manager, four staff including a paramedic, emergency first responders, first aider, and the four directors of the service. During our inspection, we reviewed 26 sets of patient records.

Facts and data about Grange Farm

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (July 2016 – July 2017)

- The service made two patient transport journeys from organised events to urgent and emergency care centres between July 2016 and July 2017.

The registered manager leads the service with the support of an operations director, a director of facilities and a logistics and training director. The service utilises a casual work force of 11 registered paramedics, 12 emergency technicians, 15 first responders, and 16 first

aiders. The staff access the service website via a staff portal, to review the events available and then nominate themselves for a given event. The registered manager then ensures that the appropriately trained staff are deployed to specific events based on the event risk assessment, and reviewing the staffing requirements.

Track record on safety within the last twelve months:

- No Never Events
- No clinical incidents
- No serious injuries
- No complaints

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Grange Farm opened in 2008 and is operated by Ikon Ambulance Services Ltd. Grange Farm is a private ambulance company that provide paramedics, emergency technicians, first responders, and first aiders to organised sporting and public events. Staff work for the service on a casual basis and are deployed to events based on an electronic booking system overseen by the registered manager and operations director.

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At the time of our inspection, we inspected one four-wheel drive ambulance held in the ambulance station at the provider's location. The registered manager informed us that the service was in the process of purchasing a new ambulance to replace a recently decommissioned one.

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Summary of findings

We inspected but did not rate this service, however we found:

Ikon Ambulance Services Ltd had an 'Incident and Risk Assessment Form' that we reviewed prior to inspection. The provider reported no incidents between July 2016 and July 2017.

All four staff we spoke with knew what categorised an incident, and how to report it within the service.

The ambulance we inspected was visibly clean, staff completed records of hygiene routines and ambulance daily inspections. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.

Medication was stored and maintained appropriately. The registered manager was in the process of implementing a new medications policy and patient group directions (PGD) at the time of our inspection

The service had no policy for the management of deteriorating patients. However, staff followed a Red Flag system to escalate concerns regarding deteriorating patients.

Patient record forms were completed and stored appropriately.

All of the service directors and registered manager had completed a Safeguarding Officers course.

We found the online staff booking system effective and enabled the provider to utilise staff and resources to meet the needs of the events safely.

Patient transport services (PTS)

Staff gave us examples of supporting patients who became distressed following incidents at events. Staff explained how they used their skills and experience to provide reassurance to the patient.

The registered manager had developed good working relationships with events providers to seek opportunities to sustain the business income.

The service had a complaints process in place. However, the service had not recorded any complaints in relation to its service and the majority of feedback in relation to its service from clients and patients was very positive.

We spoke with event providers who found the service to be professional, reliable, and flexible in order to meet their needs.

The staff we spoke with described the registered manager as easy to get along with and always willing to help. Staff described the culture of the service as friendly, happy, with a professional and well-organised approach.

However we also found:

The provider relied heavily on the training that the staff received in their permanent jobs. This was evident in the training records that we reviewed. The registered manager checked the staff skills, training or competencies of the staff prior to events.

The provider did not have a business continuity plan in place.

As the service only employed casual staff, the registered manager did not carry out appraisals.

The registered manager was not ensuring that all staff had received a disclosure and barring service (DBS) check or reviewing these on a three yearly basis in line with Ikon Ambulance Services Ltd safeguarding policy.

The provider had no formal governance and risk management system in place to monitor the quality of the service.

The service held no formal risk register or business continuity plan at the time of our inspection.

The registered manager had no specific mechanism for measuring the quality of the service delivery.

Are patient transport services safe?

Incidents

- Never Events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. The service reported no never events between July 2016 and July 2017.
- Ikon Ambulance Services Ltd had an 'Incident and Risk Assessment Form' that we reviewed prior to inspection, updated by the service in May 2017 and staff read this on entry to the service.
- The 'Incident and Risk Assessment Form' contained guidance to staff on how to score incidents, near misses this should be done within three working days of an event. However, the provider reported no incidents between July 2016 and July 2017.
- All four staff we spoke with knew what categorised an incident, and how to report it.
- The service had no direct policy on the application of duty of candour. However, the services complaints and feedback policy specifically addressed the need for staff to be open, honest, and transparent when dealing with complaints.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The registered manager had no specific mechanism for measuring the quality of the service delivery. However, the registered manager did identify themes and trends from patient report forms and share these with the other directors for discussion. There was no formal process for recording any meetings of this nature.

Cleanliness, infection control, and hygiene

- We inspected one ambulance and found cleanliness and infection control to be of a good standard.
- The registered manager had a process in place to enable staff to carry out ambulance checks to ensure they were clean for use. We reviewed three sets of ambulance checks and found all were completed and dated prior to ambulance use.

Patient transport services (PTS)

- We reviewed four sets of ambulance cleaning records for the 5 and 15 June 2017 and found that staff signed and dated these, and all checklists were completed.
- Staff reported any areas of concern in relation to ambulance cleanliness directly to the director of facilities for action if there were compliance issues.
- The director of facilities and a logistics cleaned the ambulance weekly. We reviewed two sets of deep cleaning records for the ambulance, dated 22 and 29 June 2017. The director of facilities and a logistics cleaned the ambulance prior to deployment to an event and on their return to ensure the ambulance was ready for the next event.
- The director of facilities and a logistics deep cleaned the ambulance with appropriate detergent and steam cleaning on a monthly basis at the ambulance station, or sooner if the ambulance was heavily soiled at an event.
- Staff maintained the ambulance station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning staff of the dangers in relation to COSHH (Control of Substances Hazardous to Health Regulations 2002) and other key health and safety issues.
- The provider had waste bins clearly identified for clinical, non-clinical waste and confidential shredding locked inside a designated area within the ambulance station. A local waste company removed and emptied the bins as part of a service level agreement.
- We reviewed three sets of patient feedback collected by the provider over the last 12 months, who rated the cleanliness of the services. The ratings were out of ten, and the scores were seven, nine, and ten respectively. The seven rating related to the patient being in a tent at the time of the treatment, so there was no flooring available, which was out of the provider's control.
- On a monthly basis the director of facilities and a logistics, used a chemical aerosol to deodorise the ambulance, then tagged the ambulance with a specific "I am clean" tag so that staff knew the ambulance was safe and ready for use.
- We found the driver's seat in one ambulance had a small tear, with exposure of the interior fabric. This meant staff could not clean this area thoroughly posing an infection control risk.

Environment and equipment

- We inspected one ambulance held in the ambulance station at the provider's location. The registered manager informed us that the service was in the process of purchasing a new ambulance to replace a recently decommissioned one.
- Staff locked the ambulance station when not in use and the station was on a secure site. All interior doors leading to storage areas within the station had key code entry; the registered manager changed the code every quarter.
- Cupboards inside storage areas had individual locks, and the keys retained in a central safe with key code access.
- We checked the service records in relation to the ambulance and found it serviced and Ministry of Transport certified in line with specified requirements. The registered manager ensured the routine servicing of the ambulance and used an electronic calendar to monitor details of insurance and ambulance service dates.
- The service maintained a contract with an auto recovery service to support any ambulance breakdowns. The operations director gave an example of when an ambulance due to attend an event broke down and how they worked with the recovery company and local garage to get the ambulance back on the road within three hours to attend the event.
- We found no evidence of out of date stock during our inspection. We did see an out of date point of care glucometer, which the provider removed from service appropriately when brought to their attention.
- Relevant equipment available for both adults and children was available, stock was in date, and kept visibly clean, in safe storage areas locked within the ambulance station.
- The ambulance carried a spillage kit; these were up to date and stored correctly within the one ambulance we inspected.

Patient transport services (PTS)

- Staff stored ambulance keys in a locked key safe inside the ambulance station when not in use.
- We reviewed a major incident box that staff took to large events, stocked with space blankets, bandages, blood stop packs, and high visibility jackets. We found the box to be visibly clean and all consumables in date and stored correctly.
- We reviewed the fire extinguishers within the ambulance station and on the ambulance. We found all equipment serviced within the required dates and fit for use.
- We checked the heart start defibrillator on one ambulance and found this serviced in May 2017, powered, and fit for use.

Medicines

- Staff managed medication in line with the service policy, and we found records in relation to storage and disposal of medication to be comprehensive, dated and signed.
- We reviewed one of the medication grab bags, which was visibly clean with no leakages, medication was in date and stored appropriately. Bags were appropriately date tagged and sealed ready for use, the date tags were tracked on a spreadsheet by the registered manager, which also showed when medicines were due to go out of date or needed replenishment.
- Grab bags contained an up to date version of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical practice guidelines. Staff had access to the registered manager who could contact a doctor, that the service paid on a retainer basis, for further clinical advice.
- At the time of our inspection, the registered manager was reviewing the services existing medication policy and patient group directions for a number of medications including clopidogrel, clanthromycin, buscopan, and aspirin amongst others, to ensure staff had a clear pathway to follow and up to date guidance on medication administration.
- The registered manager maintained a contract with a doctor, who would review medications and give guidance on all aspects of medication the staff team where necessary.
- Controlled drugs were not stored on site, instead these were brought into the service by the registered

paramedics if an event was planned that specifically required these. The service relied on the paramedics following their own registration standards in relation to the controlled medication and purchasing these themselves. The registered manager would then reimburse staff for any medication costs.

Records

- Each ambulance had a supply of patient report forms (PRF) for use by staff, one form for minor injuries and one for major injuries.
- Staff kept the records in a closed organiser inside the ambulance, which was then stored in a closed storage compartment in the ambulance centre console. On returning to the station, staff placed the completed PRF inside a locked post-box, for the registered manager to retrieve and review.
- The registered manager collected PRF on a weekly basis. The records were then used to collate trends, identify good practice and ensure staff completed these appropriately.
- We reviewed 26 PRF forms from various events and found that staff had completed 22 PRF to a good standard. The registered manager had reviewed the four incomplete forms with the relevant staff members to identify why information had not been recorded.

Safeguarding

- The provider had a joint policy for safeguarding children and adults, this was reviewed by the registered manager and in date at the time of our inspection.
- All planned events had a dedicated risk assessment based on the likely incidents that may occur and contact details for various people at the event. The risk assessment contained the dedicated number for the appropriate multiagency safeguarding hub for staff to use in case there was a safeguarding disclosure.
- All of the service directors and the registered manager had completed an appropriate safeguarding officer's course.
- The service reviewed staff qualifications, training and skills as part of the event booking system. The provider

Patient transport services (PTS)

did not train staff in the safeguarding of children and adults, but reviewed staffs qualifications with their existing employer to ensure that their training was up to date.

- We spoke with four staff, all knew how to report a safeguarding concern and who to contact if they received a disclosure.

Mandatory training

- The provider relied on the training that the staff received in their permanent jobs. This was evident in the training records that we reviewed. It was evident that the registered manager checked the staff skills, training or competencies of the staff prior to any event taking place.
- The provider did offer a continual professional development day (CPD) annually. We spoke to one member of staff who told us they attended training on basic life support, medical gasses, airways, and burns amongst others as part of the annual CPD day.
- We reviewed the training records of 31 staff and found that eight staff had attended CPD days offered by the provider.

Assessing and responding to patient risk

- The registered manager had no formal escalation policy should a patient deteriorate during care or treatment. However, all staff had access to clear guidance held on the PRF, called the red flag system. This identified key observations that staff should complete on all patients, including levels of response, oxygen saturation, capillary refill, respiratory rate, amongst others. If staff had significant concerns regarding the patients well-being based on the red flag system they would immediately call 999 for an emergency ambulance.
- When planning event cover the registered manager would consider the likely risks and injuries as well as the risk level to the public, and deploy appropriately trained staff to the event based on the risk rating.
- We spoke with three staff, all knew how to deal with a deteriorating patient and escalate their concerns. They clearly understood the escalation process and described the actions they would take including providing first aid, administering oxygen where appropriate and calling the emergency service whilst making their way to the nearest hospital.

Staffing

- The registered manager leads the service with the support of an operations director, the director of facilities and a logistics, and the training director. The service utilises a work force of 11 registered paramedics, 12 emergency technicians, 15 first responders, and 16 first aiders.
- The workforce accesses the provider's website, to see what events are available for them to work and nominate themselves for a given event via an online booking system managed by the provider.
- The registered manager reviews all requests for work by the staff team and deploys them to an event based on individual skills, training, and competence.
- As part of the on line booking system, all staff wishing to work an event, have to disclose as part of the booking system that they are fit to work, have not completed too many hours or have been off sick with their main employer before offered an event.

Response to major incidents

- The provider did not have a business continuity plan in place. However, as part of its risk assessment on the type of event catered for, the service may liaise with the police and fire service to provide further coverage.

Are patient transport services effective?

Evidence-based care and treatment

- The service had comprehensive policies and procedures in place, for example safeguarding adults and children, incident reporting, medication amongst others, all had been reviewed within the review timescales and available as hard copies in the ambulance station or on line via the provider's website.
- In some cases, the policies had embedded links to external websites for further guidance on treatment of conditions, for example head injuries sustained during sporting events.
- Staff received updates on policies and procedures at annual continuing professional training days, offered by the provider. The registered manager explained that if

Patient transport services (PTS)

the service updated or made changes to policies and procedures, the registered manager would remind staff of this at their next planned event; however, we found no records to support this practice.

Assessment and planning of care

- When making bookings for events and conducting risk assessments, the registered manager considered the likely patient group, the risks associated with the event and the skills, knowledge, and experience required by staff deployed to the event.

Response times and patient outcomes

- The service did not measure response times as its provision was on event sites.
- The patient report form for minor injuries had a tear off slip at the bottom, with a unique identification (ID) number. Patients wishing to leave feedback on their condition or the outcome of their contact with the provider, could log onto the providers website using the unique ID and leave their confidential feedback. We reviewed three of these forms and noted that patients had left feedback on their ongoing care needs.

Competent staff

- As the service only employed casual staff, the registered manager did not carry out appraisals. Some staff may only work for the service once, based on their availability, or work on an adhoc basis.
- All staff had an induction to the service and had to submit evidence of continual professional development (CPD) when seeking to work as a member of staff. This included orientation with the station, ambulance, policies and procedures and checking of ambulance driving licenses. Staff we spoke with confirmed they had received an induction to the service.
- Staff submitted their up to date evidence of qualifications, competencies, and skills each time they applied for any of the events offered. The registered manager would check this to ensure the staff member was fit for the event organised.
- The ambulance we inspected was used on event sites. The vehicle was four wheel drive and did not meet the C1 category on a UK driving license due to its weight. Staff did not require the C1 category on a UK driving licence in order to drive it.

- The registered manager maintained a database containing the records of all staff that drive the vehicles for the service. We noted the registered manager checked staff driving licences to ensure they were in date and had the correct vehicle categories to enable staff to drive the provider's vehicle.
- The registered manager was not ensuring that all staff had received a disclosure and barring service (DBS) check. Instead, in some cases the provider relied on staff producing a copy of their DBS from their permanent employer.
- The registered manager was not ensuring that DBS checks were reviewed every three years in line with the providers own recruitment policy.
- We checked the records of 31 staff and found that seven had up to date DBS checks completed by the provider.
- However, following our inspection, the registered manager actively sought to address our DBS concerns. Data from the provider showed that following our inspection five staff DBS applications were and the provider had a plan in place to complete these for all staff.

Coordination with other providers and multi-disciplinary working

- We conducted telephone interviews with four clients who used Ikon Ambulance Services Ltd to cover their events.
- All of the clients we spoke with were highly satisfied with the service, stating that Grange Farm provided a professional, responsive, and thoughtful service.
- The registered manager would routinely meet with any client wishing to plan an event in order to carry out a comprehensive risk assessment and agree the resources that would be required.

Access to information

- Staff had access to a wide range of policies and procedures via the provider's website. We spoke with four staff; all knew how to access the provider's policies and procedures.

Patient transport services (PTS)

- If necessary staff could use satellite navigation systems, however as events were at fixed sites, this was not a necessity for the service. Staff accessed the information needed for specific events from the registered manager following an event being booked.
- The registered manager maintained a notice board inside the ambulance station, and displayed details of who to contact in an emergency, the health and safety policy and a safeguarding poster with a hot line number including whom to call in if they received a disclosure.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We spoke with three staff; all had good knowledge of the MCA and its application.

Are patient transport services caring?

Compassionate care

- Due to the nature of the business, staff only treated patients once and as a result kept no records in relation to patient personal details. We were therefore unable to contact patients directly to gather their views on the service or observe any direct any patient care.
- We spoke to two staff who told us they would use blankets to promote the patient's privacy and dignity where required.

Understanding and involvement of patients and those close to them

- We reviewed three sets of patient feedback collected by the provider over the last 12 months. Comments from patients included, "Friendly polite staff," "Very helpful," and "Friendly and cheerful staff".

Emotional support

Staff said they would often support patients who became distressed at events, sitting with them and keeping them calm whilst they had treatment or waited for family members. Staff explained how they used their skills and experience to provide reassurance to the patient.

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 registered manager had regular contact with the clients they provided services to, in order to maintain relationships and seek opportunities to provide services at other events.
- Grange Farm only worked directly with private clients and provided no services to the NHS.

Dealing with patients with complex needs including learning disability/dementia, older people with complex needs and access to translation

- Staff could access support for patients whose first language was not English. The registered manager explained that translation services were available via an online translation application.
- Staff carried point and sign booklets at events designed to enable a patient to point to specific icons depicting various conditions, for example, levels of pain and location of pain amongst other options.
- The provider held no bariatric equipment or specially adapted equipment to meet individual patient needs.

Access and flow

- The workforce accessed the provider's website, to see what events are available for them to work and nominate themselves for a given event via an online booking system managed by the provider. The size of the event determined the number of staff and physical resources required to meet the needs of individual events. Staff only transferred patients in an emergency capacity, if this was appropriate, otherwise they would call the emergency services.
- The registered manager reviewed all requests for work by the staff team and deployed them to an event based on individual skills, training, and competence.
- As part of the on line booking system, all staff wishing to work an event has to disclose their fitness to work as part of the booking system. Staff must state they have not completed too many hours or been off sick with their main employer before being offered an event.

Patient transport services (PTS)

Learning from complaints and concerns

- Between July 2016 and July 2017, the service reported no complaints.
- We spoke with four staff who all knew the providers complaints policy and the process of referring any concerns to the registered manager.

Are patient transport services well-led?

Vision and strategy for this core service

- Ikon Ambulance Services Ltd vision was to provide the most innovative and advanced technology whilst delivering the highest quality standards. At the time of our inspection, there were no plans to increase service volume or employ new staff to the business.
- We spoke to three staff in telephone interviews, only one knew of the provider's vision.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The registered manager recognised that there were threats to the business, for example, the ambulance going off the road or the loss of business, but had not formally placed these into a risk register or a risk rating system.
- The service did have a process for monitoring quality, this involved patients who were treated offering feedback after events. Patients used a unique ID code attached to a patient record form, to log onto the providers web site and leave feedback. However the service had transported only two patients in the last twelve months, so had minimal feedback from this process
- The provider did not hold routine meetings with the staff, in the main this was due to the casual nature of workforce. We did not see any records of meetings held within the business and we were not assured that key decisions and actions taken by the provider were being scrutinised within a governance system.

- We reviewed four event risk assessments and found these to be comprehensive, well written, and involved the event organiser in an end-to-end planning process to ensure the risk assessment was live until the event was completed.

Leadership / culture of service related to this core service

- The registered manager leads the service with the support of an operations director, the director of facilities and logistics and the training director. They agree and coordinate the business delivery as well as deploy staff to various events.
- We spoke with three staff in phone interviews who told us that directors were easy to get along with and always available by phone if they needed them.
- The staff we spoke with described the registered manager as easy to get along with and always willing to help. Staff described the culture of the service as friendly, happy, with a professional and well-organised approach.
- The staff we spoke with felt they could raise an issue or concern at any time and that the registered manager or any of the directors would listen to them and take their concerns seriously.

Public and staff engagement (local and service level if this is the main core service)

- During our inspection, we saw no evidence that the service had a formal process for staff engagement. However, the service did collate feedback from the public via its patient record forms and the detachable feedback sheet. We found this to be a good option for the public at a busy event, who could leave feedback anonymously later.

Innovation, improvement, and sustainability (local and service level if this is the main core service)

- During our inspection, we saw no evidence of innovation, improvement, or sustainability of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The registered manager should take prompt action to ensure that all staff receive appropriate disclosure and barring scheme (DBS) checks, in line with DBS guidance whilst maintaining a central record that demonstrates staff compliance.
- The provider should ensure that any changes in policies and procedures are communicated to staff, and record when this has taken place.
- The registered manager should implement a risk register or overarching quality assurance and governance system to measure the performance of the service and manage any risks associated with the safe operation of the service.