

VKL Transport Services Limited

VKL Transport Services

Quality Report

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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

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

VKL Transport Services is operated by VKL Transport Services Limited. The service provides a patient transport service. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC, which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20 March 2018 and on 12 April 2018.

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 Health Act (1983) and the Mental Capacity Act 2005.

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

Services we do not rate

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

We found the following areas of good practice:

- The service had enough skilled staff to safely carry out the booked patient transfers. The service ensured a minimum of three staff were allocated to each patient transfer depending on risk and need.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had an effective understanding of the Mental Health Act (1983) and were aware of their restrictions under this legal framework.
- Recruitment procedures were in place to ensure that all staff were appointed following a robust check of the suitability and experience for the role, together with robust pre-employment checks having been carried out.
- We saw that staff were caring and respectful of patients using the service. Staff treated patients with confidentiality and dignity and sought to gain feedback from patients regarding their journey using a patient experience form.
- The service demonstrated the effort made to meet individual needs of patients using the service; such as considering the gender mix of transport staff and requesting staff that spoke a specific second language to provide translation services if needed.
- Staff told us, and we saw, that the leadership of the service was open, approachable and inclusive.
- The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients.
- Effective systems were in place to ensure patients received safe and high quality care and treatment at all times.

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

- To embed the quality monitoring of infection control precautions in the service.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region), 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?

VKL Transport Services provides a patient transport service in the private ambulance industry. The service was available 24 hours a day, 365 days of the year, and specialised in the transportation of mental health patients.

We saw the service provided a safe, effective and responsive service to patients, which was well led. Staff were caring and respectful towards patients and demonstrated a good awareness of the needs of patients detained under the Mental Health Act (1983). The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients. Effective systems were in place to ensure patients received safe and high quality care and treatment at all times.

VKL Transport Services

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to VKL Transport Services

VKL Transport Services is operated by VKL Transport Services Limited. The service opened in 2013. It is an independent ambulance service in Borehamwood, Hertfordshire. The service primarily serves Hertfordshire and London. The service said around 42% of its activity is in Hertfordshire and 40% in London.

The service provides secure mental health patient transport across the United Kingdom for both adults and children. The service initially worked with hospital trusts within the Hertfordshire area; transferring patients between wards within the trusts. However, VKL Ltd now provides patient transport services to a number of NHS trusts and private providers across England, Scotland and Wales. The types of transport provided includes transfers

from secure mental health services to prison or courts, transfers from mental health inpatient units to general acute settings for medical care, transport from patients' home addresses to a mental health inpatient setting, and transfers for patients using community adult mental health services and learning disability services.

Although registered as a patient transport service; patients carried by the service were physically well which means that vehicles were not equipped in the same way that conventional ambulances might be.

The service has had a registered manager in post since March 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager and a CQC mental health inspector. The inspection team was overseen by Phil Terry, Inspection Manager.

We inspected this service on 20 March and 12 April 2018.

Facts and data about VKL Transport Services

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the provider's headquarters, which is where the service was provided from. There were no other registered locations.

We spoke with 10 members of staff including; a director, registered manager, transport manager, healthcare assistants/patient transport drivers and two clerical assistants. We observed one patient being transferred from an acute hospital setting to a secure mental health unit. We spoke with one patient during the inspection. During our inspection, we reviewed 10 sets of care 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. The service has been inspected twice, and the most recent inspection took place in July 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

In the reporting period 1 April 2017 to 28 February 2018, there were patient transport journeys undertaken.

Information provided by the service in March 2018 reported that the service employed 52 staff of which six were full time; the rest were employed on a zero-hours contract basis whereby the staff members provided their shift availability and were then allocated shifts to be 'on-call' throughout the week. Should a transfer be requested, those on-call staff would be contacted and

asked to attend work. Of the total number of staff, 16 were registered mental health nurses (RMNs), 18 dual role ambulance driver/ambulance care assistants (ACAs), and 12 dual role ACAs/escorts.

The service had a fleet of 12 vehicles including unmarked cars, ambulances and celled ambulances.

As of the date of inspection, all 12 vehicles had been MOT and serviced within the previous 12 months.

Track record on safety:

- No never events.
- No clinical incidents.
- No serious injuries.
- 11 complaints.

Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

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- The service provides secure mental health patient transport across the United Kingdom for both adults and children. The service initially worked with hospital trusts within the Hertfordshire area; transferring patients between wards within the trusts. However, VKL Ltd now provides patient transport services to a number of NHS trusts and private providers across England, Scotland and Wales. The types of transport provided includes transfers from secure mental health services to prison or courts, transfers from mental health inpatient units to general acute settings for medical care, transport from patients' home addresses to a mental health inpatient setting, and transfers for patients using community adult mental health services and learning disability services.
- Although registered as a patient transport service; patients carried by the service were physically well which means that vehicles were not equipped in the same way that conventional ambulances might be.
- The service has had a registered manager in post since March 2017.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services where these services are provided as an independent healthcare single speciality service.

- The service had enough skilled staff to safely carry out the booked patient transfers. The service ensured a minimum of three staff were allocated to each patient transfer depending on risk and need.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a good understanding of the Mental Health Act (1983) and were aware of their restrictions under this legal framework.
- Recruitment procedures were in place to ensure that all staff were appointed following a robust check of the suitability and experience for the role, together with robust pre-employment checks having been carried out.
- We saw that staff were caring and respectful of patients using the service. Staff treated patients with confidentiality and dignity and sought to gain feedback from patients regarding their journey using a patient experience form.
- The service demonstrated the effort made to meet individual needs of patients using the service; such as considering the gender mix of transport staff and requesting staff that spoke a specific second language to provide translation services if needed.
- Staff told us, and we saw, that the leadership of the service was open, approachable and inclusive.
- The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients.

Patient transport services (PTS)

- Effective systems were in place to ensure patients received safe and high quality care and treatment at all times.

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

- To embed the quality monitoring of infection control precautions in the service.

Are patient transport services safe?

We do not currently have a legal duty to rate independent ambulance services where these services are provided as an independent healthcare single speciality service.

Incidents

- There was an effective system in place for reporting incidents, which staff understood. Learning was shared.
- Staff were aware of their roles and responsibilities in regards to the reporting of incidents.
- There was a single process for reporting of incidents. Initially, staff were required to report incidents directly on to an incident reporting form which were readily accessible on ambulances.
- The registered manager described the process of how all incidents were referred back to them for investigation and root cause analysis where applicable. Changes to practice resulting from identified lessons learnt were communicated to staff.
- The service reported no never events or serious incidents between January 2017 and December 2017. 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.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014 is a regulation introduced in November 2014. This Duty of Candour regulation requires the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- We saw that there was a process in place for ensuring that where relevant incidents may potentially occur, the regulatory requirement to ensure regulation 20 was discharged existed. Because no such incidents had occurred in the preceding twelve months that met the threshold for the duty of candour to be applied, we were

Patient transport services (PTS)

not able to fully assess the provider's compliance with this regulation in its entirety. However, staff were able to describe the requirements of the regulation and also of their roles and responsibilities.

Mandatory training

- The service had processes in place to monitor staff compliance with mandatory training. Mandatory training was an annual cycle for all staff, who were expected to complete this. There was a structured induction programme in place for all new staff. All staff were expected to complete mandatory training modules annually.
- Data we received from the service showed that there was 100% compliance with mandatory training. We checked five staff files and found clear evidence of current compliance with mandatory training.
- Training was delivered by a 'Skills for Care' accredited trainer, who was also a dual qualified registered general nurse/registered mental health nurse.
- Their predominant role was to arrange and ensure that all staff were up to date and receiving appropriate training, using a database that detailed skills and training. The completion date was included and when it was up for
- Staff received training in safe systems, practices and processes. Topics included on mandatory training were:
 - Driving assessment.
 - Prevention and Management of Violence & Aggression.
 - Basic life support and use of automated external defibrillators.
 - Safeguarding children level three and safeguarding adults level two.
 - Mental Health Awareness & Role of the Care Worker.
 - Mental Capacity Act and Deprivation of Liberty Safeguards.
 - Infection prevention and control (level 2)
 - Equality, Diversity & Inclusion
 - Handcuff officer training

- Moving and handling training was done in house on staff induction with annual refresher training thereafter.

Safeguarding

- There were effective systems and processes in place reflecting relevant safeguarding legislation to safeguard adults and children from abuse. Staff we spoke with understood their roles and responsibilities in regards to safeguarding vulnerable people.
- There was a safeguarding policy in place for adults and children at risk in place. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency.
- All staff received safeguarding children training at level three, and safeguarding adults at level two and staff training records seen evidenced this. No new member of staff was permitted to work directly in contact with patients until this training had been provided.
- Staff we spoke with said they had completed safeguarding children training to level three and safeguarding adult's level two. Staff were able to explain safeguarding arrangements, and when they were required to report issues to protect the safety of vulnerable patients.
- Arrangements for checking all staff's fitness to work with vulnerable adults and children were effective and essential checks had always been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded in accordance with the service's policy.
- Female Genital Mutilation (FGM) was included in safeguarding training, which all clinical staff attended. Staff were aware that they have a mandatory reporting duty to report any cases of FGM in females under the age of 18 years of age, including those females who have given birth to a female infant.
- Child Sex Exploitation (CSE) was included in safeguarding training. CSE is a form of child abuse and reportable to children's social services in line with

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safeguarding procedures. Staff were aware of the potential indicators of abuse, the forms to use and how to complete an interagency referral. The policy for safeguarding children included FGM and CSE.

- The service also providing training to staff for 'Prevent', which is part of the government policy to safeguard children and vulnerable people from being radicalised to supporting terrorism.

Cleanliness, infection control and hygiene

- Staff did not carry out any clinical interventions on board the vehicles, apart from emergency first aid.
- The vehicles appeared visibly clean and tidy. Staff were expected to leave the vehicle clean and tidy at the end of each transfer, and each vehicle was cleaned weekly by a full time healthcare assistant.
- Data provided from the service from January 2017 to December 2017, demonstrated that pre- transfer checks and daily ambulance checks required staff to check upon the cleanliness of each vehicle at least daily. We say records that confirmed this.
- Equipment carried on board ambulances included clinical wipes and clinical waste bags to aid staff to maintain a hygienic environment when necessary.
- In the event of a bodily fluid spill in a vehicle, staff had access to a biohazard spill cleaning contractor 24 hours a day, seven days a week. Callout details for the contractor were carried on every vehicle.
- Staff used hand gel provided before and after contact with patients in all settings. We saw within the staff handbook provided to all staff during induction, that the service provided basic training to staff in infection prevention and control. There were guidelines available to staff about working with infectious or communicable diseases..
- Personal protective equipment was readily available. Staff could describe the process of how they could decontaminate their hands before and following patient contact.
- Staff were responsible for ensuring that they complied with the service's dress code and that clothes were laundered appropriately.

- There had been no reported healthcare acquired infections reported during the preceding twelve months.
- There were not clear protocols in place for appropriate cleaning and decontamination of ambulances. Deep cleans were conducted on an ad hoc basis with some evidence of these being recorded. The introduction of a new cleaning protocol had demonstrated greater compliance and more effective cleaning of ambulances. Routine swabs of ambulance equipment, fixtures and fittings was not yet embedded in the service.

Environment and equipment

- Premises and equipment were appropriate and well maintained. The premises were safe and secure and had out of hours' security arrangements. There were security cameras on the site.
- The service had effective systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment meant that there was always safe, ready to use, equipment for the vehicles. The service operated a fleet of twelve, unmarked 'people carrier' style vehicles, which included 'celled' ambulances. These were specially designed ambulances that had a secure section in the rear.
- There were six secure cell vehicles for transporting patients who are sectioned under the Mental Health Act 1983 (MHA). Three of these vehicles had a secure (non-cell) cabin that can be used to transport informal patients or patients sectioned under MHA. There was also one secure cell vehicle with seating for an escort in the cell with the patient who is sectioned under MHA.
- In each ambulance, a partition separated the driver from the other passengers. This protected the driver from being attacked and meant the vehicle could be driven safely regardless of any incident taking place in the passenger compartment.
- The ambulances were kept outside of the provider office. Staff would attend the office to collect the designated vehicle keys.
- We saw that patients were asked to wear their seatbelt at all times whilst in the ambulance. Patients' luggage was carried in the boot of the ambulance.
- One full-time member of staff carried out an inspection of each ambulance each week, including equipment

Patient transport services (PTS)

carried and roadworthiness and cleanliness checks. Before taking an ambulance out on a transfer, each driver also carried out a roadworthiness check. We saw completed checklists evidencing comprehensive weekly checks on vehicles, and pre-transfer checklists attached to transfer report forms. The service used a qualified maintenance person to carry out weekly checks on all vehicles.

- A local garage carried out vehicle servicing. The service replaced their fleet of ambulances every two years. We saw appropriate MOT and insurance documentation for the vehicles.
- Each vehicle carried details of a 24 hours a day, seven days a week breakdown recovery service. Guidelines for staff to follow in the event of a breakdown were contained within each ambulance.
- Equipment on board the ambulances included vomit bowls, a basic first aid kit, hospital standard pillow and blankets, water, cut down knife (to cut ligatures), fire extinguisher, hammer for emergency exit, handcuffs (soft and hard), and a phone. Staff securely stored items such as handcuffs and the cut down knife in the front cab of the ambulance. We saw daily ambulance checklists were completed confirming the correct amount of equipment was on board each vehicle.
- We inspected five vehicles and found all were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised. Ambulance interior surfaces and equipment were visibly clean and records of daily checks had been completed. There were arrangements for managing general and clinical waste. In the vehicles there was a selection of waste bags, including for clinical waste and spillage kits.
- Essential emergency equipment was available on the vehicles and a standard vehicle checklist was completed by staff at the start of each shift.
- Electrical equipment was checked for safety annually and equipment had maintenance checks. The service had a comprehensive record of equipment servicing and electrical safety testing. All equipment was secured within the vehicles.

Medicines

- Due to the nature of this service, staff did not carry or have access to on-board medications. However, we saw a medicines management policy that covered the transporting of patient medication.
- The service had a medicine's policy in place, which reflected current practices in medicine, such as, ordering, storage and disposal. The policy gave guidance on the safe handling, storage and disposal of medicines and medical gases.

Records

- Patients' individual care records were well managed and stored appropriately. Records seen were accurate, complete, legible and up to date in all cases.
- Staff completed a patient transfer record for each job they completed. We looked at 12 completed transfer records, which included staff details, times, collection and transfer addresses, details of the patient's condition during the journey, details of whether any form of restraint was used and whether an incident form was completed for the job. All of the forms were legible and included all the information required by the company.
- On their return to their base, staff put the completed transfer form in a secure letterbox in the company's office.
- Staff told us, and we saw that they transferred patient hospital records where appropriate with the patient. This included any forms relating to sections under the Mental Health Act 1983. We saw staff check patient records as part of a handover process at the sending hospital or establishment.

Assessing and responding to patient risk

- Appropriate procedures were in place to assess and respond to patient risk, including appropriate response to vehicle breakdown.
- The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patients' policy which clearly outlined the roles and responsibilities of staff. This included communication between the service and the planned destination, information to be given to patients and documentation. The policy highlighted links to the consent policy, reminding staff to ensure consent in place, prior to transfer.

Patient transport services (PTS)

- The service would gather as much information about the patients from the requesting service, then risk assess each patient individually. Protocols operated for patient transfer request, bookings for which were taken by the control room staff.
- The manager and staff told us any form of restraint they used was the minimum amount necessary for the shortest possible time, and as a last resort. This complied with the Department of Health guidance entitled Positive and Safe (2013) and National Institute of Clinical Excellence (NICE) Guideline 25.
- Between January and December 2017, the service reported the use of handcuffs on two occasions. Staff told us they were more likely to ask for mechanical restraint to be removed when collecting patients from NHS trusts or police stations than to use it. They told us healthcare assistants were not permitted to make the decision to use mechanical restraint without authority from a registered mental health nurse.
- Staff told us that if a patient was non-compliant, soft handcuffs would be used first in order to use the least restrictive method of mechanical restraint, where the patient had an assessment in place that identified the need for restraint. Risk assessments were completed by the sending location to identify whether handcuffs would be required for patient transfers.
- Whilst there was no formal on call rota, the director of the service (a registered mental health nurse) was available 24 hours a day, seven days a week, for advice for staff if required.

Staffing

- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care and treatment at all times.
- Staffing levels, including registered mental health nurses (RMNs) staffing, met the needs of patients during the inspection.
- The service had a control room which monitored the whereabouts of all vehicles and was in constant communication with the staff on the vehicles regarding patient journeys and new requests for work.
- The service employed a mix of staff including:
 - NMC Registered Nurses.

- Combined Drivers/Ambulance Care Assistants.
- Ambulance Care Assistants
- Handcuff officers.
- Control room staff..
- Service Managers.
- Learning and Development staff.
- Vehicle maintenance staff.
- The service employed 52 staff of which six were full time; the rest were employed on a zero-hours contract basis whereby the staff members provided their shift availability and were then allocated shifts to be 'on-call' throughout the week. Should a transfer be requested, those on-call staff would be contacted and asked to attend work. Of the total number of staff, 16 were RMNs, 18 dual role ambulance driver/ ambulance care assistants (ACAs) and 12 dual role ACAs/escorts.
- Many of the zero-hour contracted staff worked full-time for NHS mental health trusts, and covered patient escort shifts for the company on their rest days.
- We checked five random employment records. All employment records looked at contained up to date information, including disclosure and barring checks (DBS) and stored copies of training certificates and driving licence details. All staff records were securely stored.

Anticipated resource and capacity risks

- The service planned for any anticipated risk and these were outlined in the business continuity policy. For example, there processes in place in how to manage staff short-term sickness or emergency annual leave.
- Office based transport co-ordinators monitored the whereabouts of all vehicles in use at all times using an electronic tracking system (GPS).

Response to major incidents

- Vehicles were covered with emergency breakdown cover for any vehicle failures whilst on the road.
- We saw there was a comprehensive policy for staff to follow regarding major incidents whilst conducting patient transfers.
- We saw the service had a risk assessment policy and a medical emergency standard operating procedure detailing steps to take in the event of an emergency including medical emergencies.

Patient transport services (PTS)

- The service had a fire safety risk assessment for the premises and a policy that gave guidance for all staff in terms of managing fire safety on vehicles.

Are patient transport services effective?

We do not currently have a legal duty to rate independent ambulance services where these services are provided as an independent healthcare single speciality service.

Evidence-based care and treatment

- There was an effective system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice. The service's policies were based on evidence-based guidance, standards, best practice, and legislation.
 - We reviewed 10 policies in place for the service, including those for recruitment, staff induction and training, risk assessment, incidents, medicines management, fleet management, resuscitation, infection control and criteria for transport. The policies had a date when first produced and a version number and a date of next review.
 - Senior staff were aware of current evidence based guidance, standards and best practice were used to develop how services, care and treatment delivered.
 - Staff told us any form of restraint they used was the minimum amount necessary for the shortest possible time, as a last resort. This complied with the Department of Health guidance entitled Positive and Safe (2013) and National Institute of Clinical Excellence (NICE) guideline 25.
 - We saw that the service had policies that staff followed in the course of their work. These were all dated and included version control, owner of the policy and the date on which it was due for review. However, at the time of the inspection, not all of the policies we examined had been reviewed by the manager. Following the inspection, the manager reacted promptly to our feedback, and confirmed that all draft policies would be reviewed by April 2018 and immediately made available to staff.
- Before booking a transfer, clinical logistic managers clarified the status of a patient's mental health with the booking establishment, including whether or not the patient was detained under the Mental Health Act, or subject to a Deprivation of Liberty Safeguards authorisation, in order to plan the staff and vehicles used appropriately.
 - Patients' nutrition and hydration needs were considered and there were some arrangements such as bottled water in the vehicles which could be given to the patient if required.
 - A policy was in place for the treatment and transport of children, which gave sufficient guidance for staff in care and treatment of children and young adults. The service occasionally transported younger adults (three occasions in the past year). Each journey was fully risk assessed.

Response times and patient outcomes

- Between January and December 2017, the service carried out 3,876 patient transfers.
- For patient transfer requests out of office hours, calls were transferred to on-call transport co-ordinators, and managers were available out of hours to assist them when required
- The service monitored the number of patient transfers completed.
- The service did not participate in national audits or accreditation processes.
- The service had did not have any formal service level agreements in place at the time of the inspection.
- The service monitored its response times for each individual journey on a specifically designed data system. These times were monitored on a case-by-case basis by the transport manager and the registered manager.
- Currently, the service record time of requested booking, time the crew left base, time of crew arrival at the pickup location, time the crew left the pickup point, time the crew arrived at the destination, time the crew left the destination, and the time the crew arrived back at base.

Assessment and planning of care

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The information is currently paper based, for example, a booking log and paper transport docket. The manager advised that monitoring performance is therefore a manual and time-consuming process.

- The manager advised however, that the service was unable to find suitable software on the market to monitor response times by the service. We were told that the service were currently developing their own software to collect all of this data electronically and to automatically produce data-rich and granular performance reports. The manager told us that the service would be able to respond to poor performance, but to also produce bench-marks and set targets.

Competent staff

- Staff had the skills, knowledge, and experience to deliver effective care and treatment, including for younger adults. The service had systems in place to manage the effective staff recruitment process.
- Effective staff recruitment processes were in place. All necessary checks on new staff had been carried out. The service had effective systems in place to manage effective staff recruitment processes. From five current staff files reviewed, we saw that staff had an employment contract issued. All staff files showed evidence of at least two satisfactory references being requested and reviewed. All staff applications showed a clearly defined work history. We saw staff employment contracts, Disclose and Barring Service (DBS) checks, references, and work histories were all in place. The recruitment and selection process had been carried
- We saw that all staff had received an induction and that the induction and staff recruitment policy had been reviewed. The manager had also arranged for a supervision and appraisal system to be implemented. We saw a detailed policy regarding this was in place, identifying staff's learning and development needs, linked to their continuous professional development and registration with their professional body (if applicable). They were required to undertake training and provide certificates for the service.
- The permanent clinical staff received monthly one to one meetings. Non-clinical staff received one to one meetings quarterly. These were then consolidated at the end of the year in a performance and development

review (PDR). We saw these had been completed for all clinical staff and were relevant and individual to the specific member of staff. The service kept a record of these.

- The service also held regular whole team training events and we also visited the dedicated training centre the service also operated, which had appropriate facilities for the provision of training.

Coordination with other providers and Multi-disciplinary working

- Staff told us members of staff from the NHS trust or other provider who were caring for the patient being transferred were able to travel with the patient if they wanted to, and if it improved the experience for the patient.
- We saw that handovers at the sending and receiving establishments were extremely good. The handover was requested by the RMN and was seen to be thorough and informative. All paperwork was checked prior to leaving to ensure this was full and correctly completed.

Access to information

- Staff were able to access information about a patient easily on the booking and task form. If when the call centre took the booking, not enough information was present, the co-ordinator would obtain further information and feed this back to the call centre for future reference. This enabled managers to allocate appropriate resources.
- Policies were available in hard copies in the office, or on a shared drive on the services computer systems.
- Supervisors at the base were able to accurately track where staff were on their transfer via a real time satellite navigation system. This meant that for any given journey, staff at the base could identify where the vehicle was, who was driving it and at what speed they were travelling.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Training records showed that all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as part of induction and

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mandatory training days. A Mental Capacity Act (2005) policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions.

- Staff told us about their understanding of lawful and unlawful restraint practices and had a good understanding of how to manage patients that were resistant to being transferred.
- Staff showed awareness of consent protocols for younger adults.
- Staff liaised with other professionals at the sending establishment to ensure they understood how best to support the patient prior to engaging with them.
- The service had consent policy which detailed the expectations of staff to consider consent with all patients and to detail that consent was to be sought before any treatment. The policy also gave guidance on the consent process for children, and highlighted the guidelines in the safeguarding policy relating to treating patients less than 18 years.
- The service had a do not attempt cardiopulmonary resuscitation policy (DNACPR). This policy gave clear guidance for staff on managing any potential bookings.
- We saw from samples of patient treatment records that consent had been recorded to the course of treatment outlined by staff.

Are patient transport services caring?

We do not currently have a legal duty to rate independent ambulance services where these services are provided as an independent healthcare single speciality service.

Compassionate care

- Care was provided in a sensitive and dignified way, wherever possible. We observed staff treat a patient with kindness, respect and dignity during a patient transfer.
- We saw a sample of comments and feedback messages received by the service which were complimentary about the care and respect shown by staff to patients.

Understanding and involvement of patients and those close to them

- We accompanied staff on one patient journey. We saw staff explain to a patient why and where they were being transferred to. This was done in simple terms and a friendly respectful manner, which helped the patient understand.
- Staff were able to describe how they met the needs of patients. There were arrangements for ensuring and maintaining the privacy and dignity of patients.

Emotional support

- Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress, especially during emergency situations. Information was available to staff so they could signpost patients to relevant external support organisations.
- Staff had sufficient time to provide emotional support to patients.

Supporting people to manage their own health

- Patients were encouraged to be involved in the planning and delivery of their care as much as practicable given the nature of the service provided.

Are patient transport services responsive to people's needs?

We do not currently have a legal duty to rate independent ambulance services where these services are provided as an independent healthcare single speciality service.

Service planning and delivery to meet the needs of local people

- The service offered a UK wide service to accommodate the needs of those patients who required transfers to mental health units in any area. The service operated on an ad-hoc basis and did not have service level agreements in place with mental health trusts or with individual mental health units to provide patient transfer.
- Information about the needs of the local population was used to inform how services were planned and delivered. The service used information available from other organisations to help shape the design and delivery of its service.

Patient transport services (PTS)

- The service provided specific vehicles for the transport of patients with mental health illnesses or needing anonymity. Those vehicles had Home Office approved Category B cells, and processes were in place for patients to be risk assessed first before use.

Meeting people's individual needs

- The service was tailored to each patient's individual needs and risk levels.
- Patients were able to carry personal belongings with them; these were secured stored in the boot of the ambulance.
- When accepting a booking, coordinators considered the gender mix of staff required for a transfer. For example, staff told us if a child was being transported, a minimum of two females would be allocated to the job.
- Staff told us about how they worked with patients whose first language was not English. Staff reported that there were several staff who spoke a variety of languages; therefore it was usually possible to book a staff member who spoke the same language. Should this not be the case, staff told us that the transport manager would request the sending and receiving establishments have interpreters who could communicate the purpose of the transfer in the patients' own language. This included sign language and Makaton interpreters. The registered manager informed us that the service had effective access to interpreting and translation. In the first instance, the service aimed to provide staff that spoke the same language as the patient or it requested that the hospital supplied a translator. If neither of these options was possible, the service had a contract in place with a local interpreting and translation Service to provide a 24 hour cover via telephones or in person. The service's co-ordinators would ideally arrange use of this service, and every vehicle also contained details of the translation service and transport staff were able to call the service directly if needed.
- Staff told us that the service had access to nurses with specialist knowledge in working with patients with learning disabilities. Therefore, if a patient was identified as having a profound learning difficulty or disability, appropriate staff could be booked.

- Three of the vehicles had been adapted to allow it to convey patients who needed to travel in a wheelchair. The service did not currently have facilities to transport bariatric patients.
- The service also had specific vehicles for the transport of patients with mental health illnesses or needing anonymity. There were six secure cell vehicles for transporting patients who are sectioned under the Mental Health Act 1983 (MHA). Three of these vehicles had a secure (non-cell) cabin that can be used to transport informal patients or patients sectioned under MHA. There was also one secure cell vehicle with seating for an escort in the cell with the patient who is sectioned under MHA.
- The service had in place a policy giving staff guidance for supporting patients with a vulnerability and this included patients living with a dementia or with a learning disability. Staff confirmed they had received dementia awareness training.

Access and flow

- Patients had access to timely care and treatment.
- The service took bookings for patients transport journeys from the local NHS hospital or direct from the private individuals. The booking system was managed by control room with a 24 hour on call telephone service. An electronic system recorded of all patient bookings with details of booking calls made.
- All vehicles were tracked by a navigation system that allowed staff at base to see where a vehicle and crew were, who was driving and what speed they were travelling at.

Learning from complaints and concerns

- Effective procedures were in place to respond and learn from complaints. People who used the service were aware of how to make a complaint or raise a concern. The service advised patients of how to make a complaint through feedback leaflets. Patients could also complain to the NHS hospital or mental health unit and the service could receive complaint via this route.
- A complaints policy was in place. This outlined the time frame for complaints to be acknowledged to which was three days, then there was a time frame of 25 working days for the service to carry out the investigation and

Patient transport services (PTS)

provide a formal response. The service had received 11 complaints in 2017. We examined four complaints received by the service and noted there had been a detailed investigation and response to the complainants within the required period.

- Staff were aware of the complaints process, and had read the complaints policy. They told us they would receive feedback when a complaint was made and said that all complaints were investigated thoroughly. Learning opportunities would be discussed at team meetings.

Are patient transport services well-led?

We do not currently have a legal duty to rate independent ambulance services where these services are provided as an independent healthcare single speciality service.

Leadership of service

- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.
- The service was led by the owner of the business who had significant experience of working in the independent ambulance industry and was the clinical lead.
- The registered manager was also a director of the company. The leadership team had expanded to provide oversight and operational capacity to manage the service. It had recently employed a services manager and a training manager. The leadership team were in the process of developing enhanced organisational and accountability structures throughout the service. The services manager had systems in place for managing the vehicles and equipment.
- Senior staff were experienced and knowledgeable about their areas of responsibility. They were clear about the standards they expected from staff.
- Staff spoken with were clear on their role and how to report to and said leaders were very visible in the service.

Vision and strategy for this this core service

- The service had a clear vision underpinned by strong patient-centred values. The company's vision and core values were :
 - Integrity
 - Working together
 - Compassion and Kindness
 - Dignity and respect
 - Honesty and Transparency.
- The core values were outlined in the staff handbook provided to each new starter. We saw staff displaying these values consistently during the inspection.
- A business strategy for 2017/2018 had been developed. The registered manager had a clear vision for the service to develop the service to provide high, quality care for the people who use the service.

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

- We saw four sets of minutes from management meetings and staff meetings between August 2017 and March 2018. Standing agenda items included health and safety, staffing, staff induction and training and operational updates. We saw that within staffing discussions, management had recognised an in-balance in gender equality within recruitment, reporting on a shortage of female staff members in the organisation.
- We saw two sets of minutes from health and safety and risk meetings, between July 2017 to January 2018. We saw that incidents and risks were discussed and subsequent actions were set and taken; such as changes to practice and updating of policies.
- The service provided us with their risk register. This was comprehensive, up to date and had been reviewed regularly. It included risks such as vehicle breakdown and staff shortages. Quality measurement of infection control procedures had not been identified as a formal risk.
- There was a range of policies and standard operating procedures which underpinned the governance structure. Policies were reviewed regularly and covered key issues such as raising and responding to concerns, adverse incident investigation, complaints, driving

Patient transport services (PTS)

policy, consent, medicines management and infection prevention and control. This ensured patient safety as much as possible, and promoted a consistency of approach in day to day working.

Culture within the service

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had an open and learning culture, focused on patient care. Staff worked with a mutual respect, candour and honesty.
- Staff shared learning through monthly team meetings and their one to one sessions with managers.
- The organisational culture promoted staff wellbeing. Colleagues or managers debriefed the crew after patient journeys and we saw evidence of peer support.
- There was a clear whistleblowing policy to support staff in raising concerns.

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

- Staff said that they felt listened to and the managers were approachable.
- We saw that patient feedback was very positive, complimenting staff on their helpfulness, punctuality and all recommending the service for future use.

- There were some formal systems to capture patient feedback via surveys. Feedback forms were available on every transport and were offered to patients (where appropriate). Feedback forms were also distributed to patients in hospital wards and offered to any patient escorts that accompanied them. The manager spoke of the service's plans to introduce staff surveys and use the feedback to further develop the service.

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

- The service monitored performance through examining paper based records, for example, booking logs and paper transport docketts. The manager advised however, that the service was unable to find suitable software on the market to monitor response times by the service. We were told that the service was currently developing their own software to collect all of this data electronically and to automatically produce data-rich and granular performance reports. The manager told us that the service would be able to respond to poor performance, but to also produce bench-marks and set data.
- The service delivered all its own in-house training, with a service specific training room.
- The company was awarded a Silver Membership of the Hertfordshire Care Providers Association in recognition of their commitment to care improvement and the continuing professional development by their managers and trainers.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- To embed the quality monitoring of infection control precautions in the service.