

Mariner Medical Limited

Mariner Medical Limited

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

Requires improvement



Emergency and urgent care services

Requires improvement



Patient transport services (PTS)

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Mariner Medical Services Limited is operated by Mariner Medical Services Limited. The service provides emergency and urgent care and a patient transport service (PTS). The service was previously called Mariner Medical and Driving Services; the name was changed in 2017.

The service provides first aid and medical cover at local events, which is not regulated by CQC; however, the transport of patients from events is also provided and this does fall within the scope of CQC registration. Due to there being only one patient transfer from an event in the year prior to our inspection, the focus of this report will be the PTS aspect of the business.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced inspection on 10 December 2019.

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

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

The main service provided by this service was patient transport. Where our findings on emergency and urgent care, for example management arrangements, also apply to other services, we do not repeat the information but cross-refer to the PTS section.

We have not previously rated this service. We rated it as **Requires improvement** overall.

- The service did not maintain a consistent record of staff training and competence.
- Risk assessments for patient transfers were not documented for either PTS or events' journeys.
- We found the service did not have policies in place relating to management of the deteriorating patient, information governance or medicines' management.
- We were not assured that managers and staff were familiar with policies.
- The service did not have processes in place to monitor effectiveness.
- Staff induction records were not retained, and appraisals were not documented.
- There was no established process in place for people to give feedback or raise concerns and the service did not have a policy in place for the management of complaints.
- The service did not have a documented vision or strategy.
- We were not assured governance of the service was robust.
- Pre-employment checks were not retained in staff records.

However:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. The service controlled infection risk well.
- Staff ensured patients' comfort and worked well together for the benefit of patients.
- Staff told us they treated patients with compassion and kindness, respected their privacy and dignity, and provided emotional support to patients, families and carers. Patients we spoke with confirmed this.

Summary of findings

- Leaders were approachable. Staff felt respected, supported and valued, and were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements. We also issued the provider with four requirement notices that affected both core services. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Requires improvement

Rating



Why have we given this rating?

Urgent and emergency care was provided by the service mainly at local events. The transport of patients from events was regulated by CQC. Although we found some improvements to the service since our last inspection, we identified several areas in which the provider needed to take improvement action.

Patient transport services (PTS)

Requires improvement



Patient transport services were provided privately and, more recently, in conjunction with local National Health Service (NHS) providers and commissioners. Although we found some improvements to the service since our last inspection, we identified several areas in which the provider needed to take improvement action.

Requires improvement



Mariner Medical Limited

Detailed findings

Services we looked at

Emergency and urgent care

Patient transport services (PTS)

Detailed findings

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Background to Mariner Medical Limited

Mariner Medical Services Limited is operated by Mariner Medical Services Limited. The service opened in 2012 and is an independent ambulance service located in Grimsby, North East Lincolnshire. The service primarily serves the communities of Grimsby and Scunthorpe.

The service has had a registered manager in post since 2014, who is also the company director. The service employs an operations' manager who is a retired paramedic with experience in training provision. Both the director and operations' manager are experienced ambulance personnel and work clinically for the service as qualified ambulance technicians.

The service provides first aid and medical cover at local events, which is not regulated by CQC; however, the transport of patients from events is also provided and this does fall within the scope of CQC registration. Due to there being only one patient transfer from an event in the year prior to our inspection, the focus of this report will be the PTS aspect of the business.

Private patient transport services are provided and, in the month prior to our inspection, the service had begun working with local hospitals and clinical commissioning groups to provide transport services for patients to and from hospital, and transfers between healthcare facilities.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist

advisor with expertise in ambulance service provision and compliance. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection (North East Region).

How we carried out this inspection

During the inspection, we visited the service's registered location in Grimsby. We spoke with the company director, who is the CQC registered manager, and the operations' manager. Following inspection, we spoke with four further staff members and two patients. We were unable

to review any written feedback from patients as the service had not received any recently. We were unable to review patient report forms as only one patient had been transported from an event. We reviewed three daily log sheets used by PTS staff.

Detailed findings

Facts and data about Mariner Medical Limited

The service is registered to provide the following regulated activities:

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

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 November 2017. Following the last inspection, we issued several requirement notices for the service to improve.

Activity:

In the reporting period between December 2018 and November 2019, one emergency and urgent care patient journey was undertaken; the company carried out private patient transfers in this time. In the month prior to our inspection, work with local NHS providers and commissioners to provide patient transport services had also commenced. This was mainly non-urgent admissions, discharges, and transfers between healthcare facilities. There had been 50 patient transport journeys undertaken at the time of our inspection.

The service employed two permanent staff: the director and operations' manager. At the time of our inspection there were 15 other regular sessional (or 'bank') staff working for the company; these staff were a combination of advanced first aiders, emergency care assistants, qualified ambulance technicians, registered paramedics, and registered nurses. Nine staff worked solely on events, the remaining six worked across both events and PTS along with the operations' manager and director. Managers told us they never sub-contracted staff to or from other independent ambulance providers.

At the time of our inspection the service had three ambulance vehicles used for events and patient transport, and one four-wheel drive vehicle for use at events.

Track record on safety:

In the reporting period between December 2018 and November 2019, the service did not report any never events, clinical incidents or serious injuries. No complaints had been received.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement
Patient transport services	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement

Emergency and urgent care services

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Not sufficient evidence to rate	
Responsive	Requires improvement	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

The main service provided was patient transport. Medical cover at events was also provided, which was not regulated by CQC; however, transport of patients from events did fall within the scope of CQC registration. There had only been one patient transported from an event in the year prior to our inspection.

Where our findings on emergency and urgent care, for example management arrangements, also apply to other services, we do not repeat the information but cross-refer to the PTS section.

Summary of findings

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

- There were a number of repeated breaches in regulation which had not been addressed following our previous inspection in 2017.
- The provider did not maintain records of previous or current mandatory training.
- Vehicles used for events did not all have appropriate paediatric equipment.
- We did not find documented evidence of a policy for the transportation of patients from events to hospital.
- We were not assured the provider had oversight of fire safety.
- We were not assured medicines were always managed safely.
- We found gaps and inconsistencies in company policies, although there had been improvements made since our last inspection.
- The service did not have processes in place to monitor and improve the effectiveness of care and treatment.
- Staff appraisals were not recorded.

Emergency and urgent care services

- We were not assured the provider carried out robust pre-employment checks as staff records were not maintained.

However, we found the following areas of good practice:

- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.
- Equipment and vehicles appeared clean and well maintained.
- Staff appeared caring and compassionate.
- Managers were approachable and there was an open culture within the service.
- Managers had developed a risk register following our last inspection which they regularly reviewed and updated.

Are emergency and urgent care services safe?

Requires improvement



Mandatory training

See information under this sub-heading in the patient transport service section.

Safeguarding

See information under this sub-heading in the patient transport service section.

Cleanliness, infection control and hygiene

See information under this sub-heading in the patient transport service section.

Environment and equipment

The design, maintenance and use of vehicles kept people safe but equipment provision was not always adequate. Managers told us they ensured staff were trained to use equipment, although they did not keep consistent training records.

We inspected two vehicles used for events and found that one of the vehicles did not have appropriate paediatric equipment, including a stretcher harness, monitoring equipment and splints.

See further information under this sub-heading in the patient transport service section.

Assessing and responding to patient risk

The service did not have a documented events' transport policy. Although managers told us staff identified and acted upon patients at risk of deterioration, there was no policy in place to support this.

We did not find evidence of a policy for transferring patients from events. If the event organiser required provision for the transportation of patients from the event site to hospital, they would specifically request this at the time of booking. Managers told us patient transport would only be

Emergency and urgent care services

necessary in an emergency, otherwise the local NHS ambulance service would be contacted. This was to prevent depleted medical cover at the event site which could result in event cancellation.

Managers told us the event medical plan would be reviewed by them at the time of booking and they would then carry out their own risk assessment and individual plan, addressing any issues or queries.

See further information under this sub-heading in the patient transport service section.

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix and gave sessional staff a full induction.

The service did not accept more work than could be covered using their regular sessional staff as they told us they would be unable to assess new staff. Managers did not sub-contract staff to or from other independent ambulance providers. For event cover, staff included two paramedics and two registered nurses. The operations' manager informed us that a senior member of NHS ambulance staff occasionally worked for the service as a bronze commander, should this be required at an event.

See further information under this sub-heading in the patient transport service section.

Records

Staff kept records of patients' care and treatment. Records were stored securely, however the service did not have an information governance policy.

Managers told us patient report forms (PRFs) were completed by staff when necessary at events. Staff also utilised minor injury report forms, mainly when patients were treated on site and not transferred to hospital. We were told that only one patient had been transported from an event to hospital in the year prior to our inspection; we were unable to review the PRF at the time of our inspection. The operations' manager told us PRFs were audited: we viewed an audit of two report forms for patients transported from events. The dates were not recorded on the audit information sheet and there was

little information regarding what details were checked. There was a column for recording errors found; we saw one error recorded which had been fed back to the relevant staff member.

We saw that PRFs were easily accessible to staff on both events' vehicles we checked. We were told that completed forms would be locked in the glove compartment of the vehicle and transferred to a deposit box when back at the base station.

See further information under this sub-heading in the patient transport service section.

Medicines

The service did not have a medicines' management policy in place at the time of our inspection.

Managers told us paramedics working at events were responsible for providing their own medicines. However, there was no policy in place to provide guidance or governance for medicines' management, and no system to ensure safe and appropriate storage of medicines by paramedics when not in use.

We found evidence of medicines on the events' vehicles including nitrous oxide gas, oxygen, intravenous (IV) saline, glucose tablets, and both water and saline ampoules for injection, which managers told us were provided for paramedic use. There was no medicines' management policy in place to support this.

We saw that secure medicines' storage was available on the vehicles we checked for both paramedic and patient use.

The medicines we found were all in date and stored safely, including medical gases. Managers told us all staff received mandatory medical gases training upon commencement of employment.

See further information under this sub-heading in the patient transport service section.

Incidents

See information under this sub-heading in the patient transport service section.

Are emergency and urgent care services effective?

Emergency and urgent care services

Requires improvement



Evidence-based care and treatment

See information under this sub-heading in the patient transport service section.

Pain relief

Staff and managers told us they assessed and monitored patients to see if they were in pain and gave pain relief advice in a timely way.

Managers told us staff carried out a pain score and recorded this on the PRF. Pain relief would then be administered accordingly and re-evaluated as appropriate. We were unable to view any PRFs to support this.

Response times

The service recorded details and timings of patients' journeys but did not monitor performance against national targets.

The service had only completed one patient transfer from the site of an event in the year prior to our inspection.

Patient outcomes

See information under this sub-heading in the patient transport service section.

Competent staff

We were told the service made sure staff were competent for their roles but did not maintain records of qualifications and training. Managers appraised staff members' work performance but did not maintain a record of this.

Managers told us the service did not provide emergency ambulance driving training for staff; staff members covering events had received this from their NHS ambulance service employer and managers told us they checked this upon commencement of employment. Blue light transfers were rare for the service: there had been one in the four years prior to our inspection.

See further information under this sub-heading in the patient transport service section.

Multidisciplinary working

See information under this sub-heading in the patient transport service section.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See information under this sub-heading in the patient transport service section.

Are emergency and urgent care services caring?

Not sufficient evidence to rate



Compassionate care

See information under this sub-heading in the patient transport service section.

Emotional support

See information under this sub-heading in the patient transport service section.

Understanding and involvement of patients and those close to them

See information under this sub-heading in the patient transport service section.

Are emergency and urgent care services responsive to people's needs?

Requires improvement



Service delivery to meet the needs of local people

The service provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations.

The service provided regular medical cover at local events, including football matches, and managers told us they had an understanding of the services required in relation to the local population. They told us they liaised closely with event organisers to provide the most appropriate service.

The service provided transport to hospital when required from events but did not respond to emergency 999 calls.

Emergency and urgent care services

Meeting people's individual needs

See information under this sub-heading in the patient transport service section.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

We were told that the service was informed prior to an event if organisers required transport provision for patients should they need to attend hospital. This ensured staff and vehicles could be provided accordingly.

The service did not respond to emergency 999 calls so did not monitor performance against national targets.

See further information under this sub-heading in the patient transport service section.

Learning from complaints and concerns

See information under this sub-heading in the patient transport service section.

Are emergency and urgent care services well-led?

Requires improvement



We rated well-led as **requires improvement**.

Leadership

See information under this sub-heading in the patient transport service section.

Vision and strategy

See information under this sub-heading in the patient transport service section.

Culture

See information under this sub-heading in the patient transport service section.

Governance

See information under this sub-heading in the patient transport service section.

Management of risks, issues and performance

See information under this sub-heading in the patient transport service section.

Information management

See information under this sub-heading in the patient transport service section.

Public and staff engagement

See information under this sub-heading in the patient transport service section.

Innovation, improvement and sustainability

See information under this sub-heading in the patient transport service section.

Patient transport services (PTS)

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Not sufficient evidence to rate	
Responsive	Requires improvement	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

The service provided private patient transport and in the month prior to our inspection had also begun working with local NHS providers and commissioners. This mostly involved transporting patients to and from hospital appointments and transferring patients between healthcare facilities. A total of 50 NHS patients had been transported during this time. The service worked on an ad-hoc basis and did not have any contracts in place at the time of inspection.

Summary of findings

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

- There were a number of repeated breaches in regulation which had not been addressed following our previous inspection in 2017.
- The provider did not maintain records of previous or current mandatory training.
- We were not assured the provider had oversight of fire safety.
- There was no process in place to document any patient risks identified.
- We found gaps and inconsistencies in company policies, although there had been improvements made since our last inspection.
- The service did not have processes in place to monitor and improve the effectiveness of care and treatment.
- Staff appraisals were not recorded.
- We were not assured the provider carried out robust pre-employment checks as staff records were not maintained.
- Governance meetings were not documented.

However, we found the following areas of good practice:

Patient transport services (PTS)

- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.
- Equipment and vehicles appeared clean and well maintained.
- Staff appeared caring and compassionate, and patients spoke highly of the care they received.
- Managers were approachable and there was an open culture within the service.
- Managers had developed a risk register which they regularly reviewed and updated.

Are patient transport services safe?

Requires improvement



Mandatory training

The service provided limited mandatory training for staff but did not maintain records of previous or current training for all staff.

Following our last inspection, we said the provider must ensure that an up to date record of training, skills and competence was kept for all staff members. At this inspection we found that training records were still not consistently maintained.

Managers told us that they utilised an external company to provide training in safeguarding, medical gases and infection prevention and control. They relied on all other training being provided by staff members' full-time employer and told us they checked for evidence of this at the time of employment; however, they did not keep a record of training for all staff. They told us they had sought independent advice regarding this and had been informed that maintaining staff records was a breach of the general data protection regulation (GDPR).

We spoke with four members of staff who told us that they had been asked to provide evidence of previous training and qualifications at the time of employment. We reviewed seven staff files during our inspection and saw that three contained evidence of training courses being undertaken. Following inspection, we requested evidence of further training for these staff, which managers were able to provide.

The operations' manager told us driving licence checks were carried out during recruitment and then at six-monthly intervals. Blue light driver training was not a requirement for patient transport service staff.

The company director told us that the service was looking into developing a more comprehensive training programme for staff due to the development of their PTS work.

Safeguarding

Patient transport services (PTS)

Staff we spoke with understood how to protect patients from abuse and had training on how to recognise and report abuse.

The service's registered manager was the safeguarding lead and was trained to level three in safeguarding adults and children. Both managers had previous experience in safeguarding so were able to provide support to staff if required.

The service arranged safeguarding training for all staff, which was provided by an external company; all staff received level two training in safeguarding adults and children. Training was delivered face to face every three years, and managers told us the next update session was in the process of being booked for March 2020. We saw evidence of appropriate certificates for the staff whose files we reviewed.

We saw managers carried out disclosure and barring service (DBS) checks for all staff and maintained a record of this. The service did not employ staff on a sub-contracted basis from other independent ambulance providers. We saw evidence of DBS checks in all staff files we reviewed.

The service had safeguarding policies for adults and children. The safeguarding adults' policy was not version controlled and it did not have a documented review date. At our last inspection we found the safeguarding policies did not contain contact information for the appropriate local authority safeguarding teams. At this inspection, we found the information was included.

Between December 2018 and November 2019 there had been no safeguarding referrals made, therefore we were unable to discuss policy implementation or reporting procedures with staff or managers.

Cleanliness, infection control and hygiene

The service mostly controlled infection risk well. Staff kept equipment, vehicles and premises visibly clean.

The service had a cleanliness and infection control policy which we saw was within the stated review date but was not version controlled. The policy outlined the use of personal protective equipment (PPE), gave handwashing guidance, and detailed cleaning procedures for vehicles and equipment.

We checked two ambulances during our inspection and both appeared clean and tidy. Appropriate cleaning

materials, hand sanitisation gel and PPE were available on both vehicles. The operations' manager told us each vehicle was deep cleaned routinely every month; a spreadsheet was maintained to record this, and we saw, unless not in service, every vehicle had a deep clean recorded monthly between January 2019 and December 2019. Any cleaning required in the interim would be done by either the operations' manager or the crew working on the vehicle.

We found clinical and general waste was segregated on vehicles and there was a locked clinical waste disposal bin in the ambulance yard in which staff could deposit waste bags from vehicles. This was emptied as required by a local company. We saw that sharps' bins were stored appropriately, however those we checked had not been signed or dated. The service utilised a colour-coded cleaning system to prevent the risk of cross contamination.

We reviewed the service's deep clean standard operating procedure which was dated 2018; it was not version controlled and there was no recorded review date. Managers were unable to tell us how they would assure themselves of the effectiveness of cleaning processes, and we saw no evidence of any infection prevention and control audits. We found tears to the seating in the saloon areas of both vehicles, which posed a risk to infection control.

Managers told us that the service would be informed at the point of booking of any potential patient infection risk, and this would be communicated to staff. We did not see any evidence of this occurring at the time of inspection.

The service provided uniforms for staff members, but the infection control policy did not give information about how they should be washed. We asked about the laundering of linen and managers told us that it would often be exchanged at hospital, although there was no formal agreement in place for this. Any soiled linen returned to the ambulance base would be disposed of or laundered by the director, which was not compliant with Department of Health and Social Care (DHSC) guidance stated in health technical memorandum (HTM) 01-04: decontamination of linen for health and social care. Following our inspection, managers told us they were using disposable linen until arrangements could be made with a local laundry company.

Patient transport services (PTS)

There was no hot running water available on the premises; managers told us that, for cleaning purposes, they would boil the kettle several times.

Environment and equipment

The design, maintenance and use of vehicles and equipment kept people safe. Managers told us they ensured staff were trained to use equipment, although they did not keep consistent training records.

The business premises were to the rear of a residential property and rented from the property owner. They comprised an external yard area and toilet, an entrance lobby, a locked storage area, and a main room used as a combination of office space, restroom and equipment store.

The building appeared cluttered with various pieces of equipment stored to the side of the main area, some of which was broken and awaiting repair, although this was clearly labelled. The building was covered by closed circuit television. Although there was lockable storage in the building, patient records were kept securely in a locked filing cabinet away from the office. The director and operations' manager held office keys and ensured vehicle keys were stored securely.

Ambulances were stored in a locked yard outside the building, with charging facilities available. The company had three ambulances and a four-wheel drive vehicle, and all appeared well maintained with lights and sirens in good working order. Following our last inspection, we said the provider must ensure there was a system in place to ensure all vehicles were legally roadworthy. At this inspection we saw managers had developed a database to record details of Ministry of Transport (MOT) tests; stickers had been placed in the cabs of vehicles to indicate when the next MOT test was due, and alerts were also received.

Managers and staff completed a check of vehicles before use; we saw a standard operating procedure for vehicle checks, which included ensuring the vehicle was clean and roadworthy, and the equipment was in good working order. We found no evidence of vehicle checklist audits. Defect forms were completed when faults were identified, and managers maintained a record of vehicle faults and repairs. Maintenance and repair work were carried out by a local garage.

Equipment was checked and maintained by an external company: we saw evidence of a maintenance check which managers told us was done in early 2019, but no date was recorded on the spreadsheet. Equipment included stretchers, medical gas flow meters and piping, suction, patient monitoring equipment, fire extinguishers, moving and handling equipment, and defibrillators. Items failing the checks had been recorded but no rectifying actions were detailed. We saw portable appliance testing labels were completed and up to date, and all consumable items checked on the vehicles were in date. Medical gases on both vehicles were securely stored.

We found no evidence of fire extinguishers in the front cabs of the vehicles we checked, and those in the rear saloon areas were out of date. We highlighted this to managers during our inspection. Only one of the vehicles we checked had a seat suitable for transporting children, and there was no evidence of a paediatric stretcher harness or monitoring equipment on either vehicle.

The stretcher lift on one vehicle was not working as, following maintenance checks, it was found to be non-compliant with lifting operations and lifting equipment regulations (LOLER) 1998. We received assurance following inspection that the lift had been repaired.

The building did not appear to have any fire safety checks in place. We raised this issue with managers and were told it would be investigated as soon as possible.

Consumables were stored in a locked storeroom, but there did not appear to be any inventory or stock management in place. There appeared to be adequate quantities of consumable stock, and all the stock we checked was in date. Spare medical equipment was kept in the secure storeroom.

Equipment stored in bags for use on the vehicles had been sealed with tags after checking, but the tags were not numbered and there was no recording system in place. The storeroom appeared cold and there was no evidence of temperature control or monitoring.

We reviewed the service's health and safety policy, dated 2019, but saw there was no version control in place and no review date recorded. The policy gave details of control of substances hazardous to health (COSHH) information, manual handling procedures, and safe use of equipment.

Patient transport services (PTS)

Assessing and responding to patient risk

Managers told us they completed risk assessments for each patient at the time transport was booked, but these were not documented. They told us staff identified and acted upon patients at risk of deterioration, but there was no policy in place.

We found there was no policy for the management of a deteriorating patient, and staff did not receive any training from the service regarding early warning scores (EWS); these are used as a guide to indicate the degree of illness of a patient based on physiological monitoring, and act as an indicator of deterioration in condition. Managers told us they relied on staff receiving this training from their full-time employer and said this was checked at the time of employment.

We reviewed the PTS standard operating procedure document for the service, which was the first version, dated 2017, with no review date. The document gave details of the procedure to be followed should a patient's condition deteriorate and contained a guide to paediatric early warning scores (PEWS).

Managers told us all staff were trained to administer basic life support and first aid, but evidence of training was not consistently recorded. In the event of a patient becoming unwell, staff told us they would seek clinical advice from managers when necessary, attend the nearest hospital, return to the hospital the patient had been discharged from, or call for assistance from local emergency services.

The service did not sub-contract staff from other independent ambulance providers, which managers told us ensured they were familiar with the competency and experience of all staff.

We asked managers if there was a policy which specified patient acceptance criteria and they told us there was not, however we found evidence of this in the PTS standard operating procedure. Criteria included patients being medically stable and fit for discharge, with no evidence of being under the influence of alcohol, and not displaying aggressive or violent behaviour. The policy stated that any children should be accompanied by an escort, and the service did not complete any mental health transfers.

Information about patients' medical and physical needs was collected at the time of booking and communicated to

staff by telephone. Managers and staff told us this then enabled a risk assessment to be completed to ensure staff were competent and equipment was appropriate to meet patients' needs; this was not routinely recorded.

The wellbeing of patients was continuously assessed during the journey. The service always provided a two-person crew to ensure patients were accompanied at all times. This enabled monitoring of a patient's condition during transfer.

We saw the service had a manual handling policy which was version controlled and within the specified review date.

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

The service did not employ any permanent staff other than the director and operations' manager. Fifteen regular sessional staff were employed: nine worked solely on events and six worked on both events and PTS, along with the operations' manager and director. Managers told us they did not subcontract staff from other independent ambulance providers as they wanted to ensure staff skill and competence; they knew regular staff well and were familiar with their levels of expertise.

Sessional staff working for the service included paramedics, qualified ambulance technicians and emergency care assistants. Most staff were employed by NHS ambulance services and several volunteered in the local area as community first responders.

Staff informed the company director of their availability on a weekly basis, and PTS bookings were made accordingly. We were told bookings were often made at short notice and it wasn't usually a problem to allocate staff, however managers did not accept more work than they could cover using their regular staff.

Records

Staff kept records of patients' care and treatment. Records were stored securely, however the service did not have an information governance policy.

Patient transport services (PTS)

Following our last inspection, we said the provider must ensure they had a records management system to maintain securely an accurate, complete and contemporaneous record for each patient. At this inspection, managers told us they used locked boxes for transportation of paperwork and patient report forms (PRFs) were kept in a safe before being stored securely away from site; when forms were transported on ambulance vehicles they were locked in the glove compartment.

Paperwork for patient transfers was completed on a daily log sheet rather than a full PRF. We saw these contained columns for the recording of patients' details, pick up and drop off locations, and times, but there was no space for recording additional information. Managers acknowledged this was necessary and we saw evidence of updated paperwork following inspection. The operations' manager told us no formal audits of job sheets had been conducted due to their relatively recent introduction, but said they were checked regularly for errors or omissions; any found would be followed up with staff.

When private patient transport was requested, an information sheet would be emailed to the person making the booking for completion. As with other PTS transfers, a journey log sheet was completed, but no other information recorded.

Following inspection, we reviewed log sheets from three shifts; two prior to our inspection and one after, with a total of 16 patient transfers. All entries were legible, contained patient and staff names, gave details of both pick up and drop off destinations, and all journey times were recorded. We saw that a comments section had been added following our inspection to record any relevant information.

Medicines

The service did not have a medicines' management policy in place at the time of our inspection.

The vehicles we inspected carried oxygen and nitrous oxide gas cylinders. Medical gas administration was included in staff induction and mandatory training, but managers told us this would rarely be used during PTS transfers. We found no evidence of a medicines' management policy in place to support this.

Medical gases were all stored safely and appropriately on ambulance vehicles, but we were not assured the use of nitrous oxide gas was in line with recommendations in

DHSC HTM 02-01: medical gas pipeline systems, which states nitrous oxide mixture must be kept above 10°C for 24 hours before use. There was no evidence of temperature monitoring on the vehicles, which were always kept outside.

We were told patients were responsible for carrying their own medicines during transport, although the vehicles we checked did have lockable medicines' storage space. There was no evidence of a policy relating to the transportation of medicines.

Incidents

The service had a policy in place for the management of patient safety incidents. Staff could tell us how they would report incidents, and managers told us how incidents would be investigated.

Following our last inspection, we said the provider must consider ways in which incidents could be reported and investigated, ensuring all lessons learned were documented and shared with staff.

At this inspection we saw the service had a serious incident policy, dated 2018, which was version controlled and within the stated review date. The policy gave details of: staff responsibilities in relation to incident reporting; definitions and examples of incidents; the procedures for reporting and investigating incidents; and the need for an open culture, with reference to the duty of candour.

The service had a duty of candour policy in place, dated 2017, although this did not have a review date or version control recorded. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that patient.

Managers were aware of their legal responsibilities when incidents occurred and told us they would be open and transparent with patients. They understood the requirement for the patient to receive a written response following incident investigation. At the time of our inspection there had been no incidents requiring a written apology.

At our last inspection, managers told us they were in the process of developing an incident reporting form. At this inspection the incident reporting form (referred to as IR1)

Patient transport services (PTS)

was in place and available to staff. Managers described the incident reporting procedure: staff were required to report incidents directly to them by telephone or in person and an IR1 form would be completed. Managers would investigate accordingly and support staff when necessary, providing feedback and learning. Staff supported this and said they would not hesitate to report any incidents, which they felt confident would be dealt with appropriately. There had been no reported incidents since our last inspection.

Between December 2018 and November 2019, there were no reported never events for patients using the service. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.

Are patient transport services effective?

Requires improvement



Evidence-based care and treatment

We saw policies were based on national guidance and evidence-based practice, but they were inconsistent and managers did not always check to make sure staff followed guidance.

Following our last inspection, we said the provider must ensure a range of policies were implemented to support operations within the regulated activity. Policies needed to be reviewed effectively and updated. At this inspection we saw a range of policies had been introduced which covered both events and patient transport services. We reviewed 14 policies and found they referenced national guidance including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute for Health and Care Excellence (NICE). However, some of the material referenced was outdated and the content was not always appropriate to the service. We saw inconsistencies between policies in terms of version control and documented review dates. We did not find evidence of policies relating to information governance, management of the deteriorating patient, medicines management, or complaints.

Managers told us company policies and updates were sent to all staff by email and could be accessed on personal smartphones. Staff we spoke with confirmed this was the case. Staff were asked to update managers if their email address changed.

We saw that staff were made aware of all policies during their induction, but there was no process in place to confirm they had been read and understood.

Following our last inspection, we said the provider must consider completing hand hygiene audits to make sure staff were compliant with infection control guidelines and policies. At this inspection we did not find evidence of any audit activity relating to PTS.

Pain relief

Staff and managers told us they assessed and monitored patients to see if they were in pain and gave pain relief advice in a timely way.

Pain relief was not administered by staff undertaking PTS journeys, however managers and staff told us that patients would be made comfortable and their comfort would be monitored.

Patients told us staff asked regularly if they were comfortable and if they could do anything to improve their comfort.

Response times

The service recorded details and timings of patients' journeys but did not monitor performance.

At the time of our inspection, managers had recently begun working with local NHS providers and clinical commissioning groups (CCGs) to provide patient transport services. They told us they were still in the process of liaison to gain feedback about performance to enable improvement of the service.

Managers told us they recorded transport times, including arrival and departure times from hospitals and patients' homes, to monitor services, but they did not measure these against key performance indicators (KPIs). The service was not required to report this data locally or nationally.

Patient outcomes

Patient transport services (PTS)

The service did not have processes in place to routinely monitor the effectiveness of care and treatment.

Managers told us that PRFs and daily log sheets were checked for completeness and consistency and any errors were fed back to staff. This was not part of a routine audit and conversations with staff were not recorded to show evidence of learning and improvement.

Other than random checks of paperwork, managers did not carry out any other monitoring or audit activity.

Competent staff

We were told the service made sure staff were competent for their roles but did not maintain records of qualifications and training. Managers appraised staff members' work performance but did not maintain a record of this.

Following our last inspection, we said the provider must ensure staff were supported in their roles by effective supervision and appraisal systems and ongoing training. At this inspection, managers told us that they worked alongside new staff to provide initial training and ensure competence. They regularly worked with all staff so were able to appraise performance, and they held annual supervision meetings to identify development or training needs. However, we saw no evidence of performance appraisal or supervision documentation.

The service had a comprehensive induction policy which gave details of recruitment checks, company policies and procedures, training, and duty of candour. Managers told us they completed pre-employment checks in line with fit and proper persons requirements, however they did not keep either electronic or paper records of these. They told us they had been informed by an independent advisor that this constituted a breach of GDPR. We discussed this at length with the managers and requested evidence of checks for seven members of staff selected at random following our inspection. This information was provided and, other than original references and three staff members' employment history, was complete.

The service provided training in specific areas and managers hoped to develop a more in-depth training package in the future. Managers told us they knew all staff

members well and were confident of their skills and abilities. Several staff members worked as qualified ambulance personnel or volunteered as community first responders

We saw a database maintained by managers which contained information regarding key skills and competencies of staff; these included driving competencies, defibrillator training, airway management, and moving and handling equipment. There were also columns in which to record when policies had been issued to staff and when staff had completed the mandatory training modules provided by the service. The record had been completed for PTS staff, but there were no dates recorded with each entry and we were not assured it was updated at regular intervals.

The spreadsheet indicated that professional qualifications and registrations for staff had been checked where appropriate.

The service had a driving policy, dated 2018, which was the first version but did not have a specified review date. The policy stated all staff would be required to have a driving assessment on employment and it contained an assessment checklist, however we did not see evidence of completed checklists. Managers told us driving licence checks were completed online for all staff each year and we saw evidence of this during our inspection.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff told us they felt the teamwork within the service was excellent; all team members worked well together and supported each other when necessary.

Managers told us they had developed good working relationships with local hospitals and providers and continued to build these relationships due to the increase in PTS work. Many of the bank staff worked locally and were already familiar with many hospital and healthcare staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Patient transport services (PTS)

Staff told us they supported patients to make informed decisions about their care and treatment. The service had a consent policy which followed national guidance and provided information about mental capacity.

Following our last inspection, we said the provider should consider having a documented consent procedure which would include the Mental Capacity Act, best interest principles and deprivation of liberty. At this inspection we found a current consent policy was in place, which was version controlled and had a specified review date. The policy gave explanations of consent and mental capacity, highlighted staff responsibilities and provided capacity assessment guidance.

The service did not provide any staff training in relation to consent and mental capacity; managers told us staff had received this training from their main employer. Staff we spoke with confirmed this, but it was not documented.

Are patient transport services caring?

Not sufficient evidence to rate

Compassionate care

Staff told us they cared for patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We were unable to observe direct patient care as there were no PTS journeys booked at the time of our inspection.

Managers told us that they sent out feedback forms to patients following private PTS journeys but did not often receive responses; we were unable to view any at the time of inspection. Feedback forms were not available on ambulance vehicles.

The ambulances we checked had privacy glass and blinds in place.

The patients we spoke with told us staff were always kind and caring and treated them with compassion and respect. They praised the service highly.

Emotional support

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

Managers told us they had patients whom they transported regularly, so became familiar with their individual needs and requirements.

We were told of an occasion when a patient had become distressed and anxious, and staff members had stayed with them after the end of their shift to ensure they were settled and safe.

Understanding and involvement of patients and those close to them

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

Managers and staff told us they involved families and carers in decision making when possible. They were happy to transport relatives in the ambulance and involved them in care when possible.

Managers told us that if a long journey was undertaken, stops would be made for comfort breaks, food and drinks.

Are patient transport services responsive to people's needs?

Requires improvement

Service delivery to meet the needs of local people

The service provided care to meet the needs of local people and the communities it served. It also worked with others in the wider system and local organisations.

The service did not have any contracts in place with local NHS providers or CCGs, but provided transport as required on an ad-hoc basis. This was mainly non-emergency hospital admissions and discharges, and transfers between healthcare facilities.

Managers said services were planned, and resources allocated, based on the needs of patients.

Meeting people's individual needs

Patient transport services (PTS)

The service took into account patients' individual needs and preferences but did not maintain a record of relevant staff training.

We were told patients' individual needs were assessed at the time of booking and care was planned accordingly. Details were communicated to staff but not routinely recorded. The service did not maintain a record of staff training in areas such as mental health or learning disabilities, though we were told this would be checked at the time of employment.

All patients were transported with a two-person crew to ensure they were accompanied at all times. Patients' relatives and carers could travel in the ambulance, which enabled support for those with complex needs. Managers told us that children would always be transported with an escort. We saw evidence the service had developed eligibility criteria for patient transport and managers told us they would not undertake mental health transfers or provide transport for bariatric patients.

Information was not available on the vehicles in other formats or languages; managers told us that online translation services were utilised if necessary, but rarely needed. Staff could communicate using font enlargement on their mobile telephones and the service had access to a British sign language interpreter.

We saw the service had a promoting equality, valuing diversity and protecting human rights policy dated 2016, which was version controlled but had not met the review date of July 2019.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

The service provided private transport services for patients, and also worked with local NHS providers and CCGs on an ad-hoc basis; no contracts were in place at the time of our inspection. They occasionally accepted work at very short notice if staff were available but would not accept more work than resources allowed.

Managers told us there were three vehicles available which enabled continuity of service if a vehicle became contaminated or developed a fault.

Learning from complaints and concerns

There was no apparent process in place to enable people to give feedback or raise concerns about care received.

Following our last inspection, we said the provider must make information about how to make a complaint or raise a concern about the service readily available for patients. At this inspection we found this information was still not available on the vehicles; patients would be asked to leave feedback by email or on the company's website. Managers told us they asked for feedback from hospitals and commissioners, but rarely received it.

Managers could tell us in detail how a complaint would be managed; there had been no complaints received between December 2018 and November 2019.

Are patient transport services well-led?

Requires improvement



Leadership

Leaders had the skills and experience to run the service. They were visible and approachable for patients and staff, and supported staff to develop their skills.

The service was led by the director and the operations' manager, both of whom were experienced ambulance personnel. All tasks and responsibilities were shared between them; both had clear roles in terms of service management and organisation, and they appeared to work well together. Staff told us they were approachable and supportive.

Managers both worked clinically alongside staff as qualified ambulance technicians and told us they regularly supported staff and appraised performance, although this was not documented.

Vision and strategy

At the time of our inspection the service did not have a documented vision or strategy.

We discussed the vision and strategy for the service and managers told us they did not have anything documented, as they had no plans in place to expand or develop the service. Following our inspection, we were provided with a recently written vision and strategy document, detailing

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future need to increase staffing as necessary, consolidate the PTS business, and develop a structured training package for new starters. Managers informed us they were in the process of sharing this with all staff.

Culture

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

We spoke with staff members who gave very positive feedback about both managers. They told us the service 'feels like one big family', 'we all support each other' and 'you can talk to the managers about everything'. Staff felt comfortable raising concerns and told us they were confident that any issues or incidents would be dealt with appropriately. One staff member told us they travelled a considerable distance to work for the service as he held it in such high regard.

Managers told us they were always mindful of staff welfare and kept in touch with them during their shift. The service had a whistleblowing policy in place; this was not version controlled and did not have a recorded date for review. There was also a policy for promoting equality, valuing diversity and protecting human rights; this was dated 2016 and recorded as version one, but was past its review date of July 2019.

Governance

Leaders did not always operate effective governance processes. Although they regularly discussed issues relating to the service, these discussions and any resulting actions were not documented. However, staff appeared clear about their roles and accountabilities.

Following our last inspection, we said the provider must ensure they had undertaken all required employment checks, including enhanced DBS checks, to comply with the fit and proper person's requirement.

At this inspection managers told us they carried out pre-employment checks for all staff, however they did not retain this information as they had been advised it was a breach of GDPR. During inspection, we reviewed seven staff files and saw they contained information relating to driving licence and DBS checks, but other records were

inconsistent and not up to date. We discussed this at length in terms of the Schedule 3 requirements stated in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and, following inspection, we asked the service to provide records for the staff whose records we had checked during inspection. Most of the information we requested was provided, however there was no evidence of references gained at the time of employment, and three staff members did not have an employment history recorded.

We saw that several policies had been introduced since the last inspection, however version control and review date recording was inconsistent, and some of the content did not appear relevant to the service. We were not assured that managers and staff were familiar with the content of all policies.

The service had a clinical governance policy which was version controlled and within the specified review date. The policy stated quarterly meetings would be held by the governance team and gave details of an agenda and terms of reference. Managers told us meetings were held but not documented. We were informed the service also had a steering group, comprising the director, operations' manager, clinical lead paramedic and an advanced first aider. There had been no recent meetings due to availability of staff members and we did not see evidence of previous meeting documentation.

We found several issues within the service which had been previously identified at our last inspection. We discussed these with managers and they acknowledged that progress had not been made in some areas. Following our inspection, the operations' manager produced a provisional action plan detailing improvements already being made in some of the areas we discussed.

Management of risks, issues and performance

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making.

Following our last inspection, we said the provider must ensure there was a system in place to manage risk. This included a system for identifying, mitigating and controlling risks appropriately. At this inspection we saw that a risk register had been implemented and managers

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told us it was reviewed and updated each month. Any new risks identified were entered immediately; both managers had access to the register and all staff were aware they could escalate risks as necessary.

We reviewed the risk register and found it did not have dates entered for updates, reviews or target completion of actions. We were not assured that managers had oversight of certain risks, for example in relation to the lack of medicines' management and information governance policies.

Information management

The service did not routinely collect or analyse data. Managers were not aware of the fit and proper persons requirement to maintain staff records.

The service did not have an information governance policy in place to outline the collection, storage and retention of information and records. Staff records were not consistently maintained as managers had been told this was a breach of GDPR, and we found poor documentation in several areas. Following discussion during inspection they acknowledged this needed to be reviewed.

Policies had been introduced following our last inspection, but we still found gaps. Although evidence-based, some had outdated references and records of review dates and version control were inconsistent. Managers told us policies were emailed to all staff and they were able to access them on their personal smartphones, but there was no system in place to record staff had read and understood them.

We saw that patient records were always managed securely.

Public and staff engagement

Staff engaged with patients, the public and local organisations to plan and manage services and aimed to improve collaboration with partner organisations. We were told staff engagement was a continuous process but was not documented.

Managers accepted bookings from individuals and organisations and told us they regularly engaged with them regarding service provision. They hoped to improve channels through which they gained feedback following the recent changes in PTS arrangements.

We were told there had been a recent staff meeting, however this had not been documented. We saw the service had a staff survey template but there was no evidence of staff completing this.

Staff told us they had regular contact with both managers and told us they felt involved in changes to the service. They were informed of any changes, for example updates to policies, in a timely way.

Innovation, improvement and sustainability

Managers and staff appeared committed to learning and improving services.

Managers told us the company provided different services to generate income, although there were no provider contracts in place at the time of inspection.

Staff and managers demonstrated they cared about the service they provided, and we saw a willingness to develop and improve.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must review and document training and appraisals for all staff members.
- The provider must ensure appropriate equipment is available for the safe care and treatment of children.
- The provider must ensure any identified patient risks are clearly documented.
- The provider must ensure there is a policy in place for the transportation of patients from events to hospital.
- The provider must ensure premises and vehicles are compliant with fire safety legislation.
- The provider must act to ensure medicines are managed safely and in line with current national and legal guidance.
- The provider must review company policies and procedures, address any gaps, and ensure all policies are up to date, appropriate for the service and reviewed regularly.
- The provider must take prompt action to implement systems and processes to assess, monitor and improve the quality and safety of the service.

- The provider must make information about how to provide feedback readily available to patients.
- The provider must ensure pre-employment checks are completed and staff records maintained in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action the provider **SHOULD** take to improve

- The provider should ensure there is a process in place to ensure staff have read and understood company policies.
- The provider should ensure plans for the safe management and laundering of linen are put into action.
- The provider should consider implementing procedures to ensure the effectiveness of cleaning processes.
- The provider should consider introducing temperature monitoring in the ambulances and storeroom to ensure safe storage of medical gases and equipment.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The premises did not have any apparent fire safety checks and fire extinguishers on vehicles were missing or out of date.• The service did not have adequate equipment provision for the care and treatment of children.• The provider did not have a policy in place for the safe management of medicines. <p>Regulation 12(2)(d)(f)(g)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The service did not carry out any audits to assess, monitor and improve services.• The provider did not have a process in place to record any patient risks identified during assessment.• There was no policy in place for the transportation of patients from events to hospital.• The provider did not have a process in place to routinely obtain feedback about the service for the purpose of evaluation and improvement.• There was no system in place to demonstrate that policies were being regularly reviewed and updated to

This section is primarily information for the provider

Requirement notices

reflect current practice.

Regulation 17(2) (a)(b)(e)(f)

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met

- The service did not have effective systems and processes in place to record training, appraisal and supervision information for staff.

Regulation 18(2)(a)

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

- The provider did not have information available for all staff relating to the information specified in Schedule 3.

Regulation 19(3)(a)