

## Platinum Ambulance Service Limited

# Hoes Farm

### Inspection report

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Date of inspection visit: 17 November 2021  
Date of publication: 27/01/2022

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well although some records needed more detail. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. The service mostly met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems, but governance information was not always shared with staff. Leaders supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued and they were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Medicines records did not always contain enough detail.
- Managers did not share learning from incidents, complaints and other governance information with all staff.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Emergency and urgent care**

**Good**



See the overall summary for more information.

**Patient transport services**

**Good**



Our rating of this service stayed the same. We rated it as good

The patient transport service is a small proportion of ambulance activity. The main service was emergency and urgent care. Where arrangements were the same, we have reported findings in the emergency and urgent care section.

We rated this service as good because it was safe, effective, responsive and well-led. There was not enough evidence to rate caring.

# Summary of findings

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# Summary of this inspection

## Background to Hoes Farm

Hoes Farm is a private ambulance service operated by Platinum Ambulance Service Ltd. The service opened in 2016 and mainly provided patient transport, medical repatriation and event medical cover for communities in Sussex. In 2018 it acquired a neighbouring private ambulance service which allowed it to rapidly increase its fleet of vehicles. It now has a contract with an NHS ambulance trust and responds to approximately 1800 urgent and emergency calls per month. In addition, it undertakes 200 NHS patient transport journeys per month. It has specially equipped ambulances for adult and children's critical care transfers between hospitals. At the time of inspection, it did not carry out ad hoc, private patient transport journeys.

The registered manager had been in post since the service opened. We last inspected the service in February 2020 and rated it as good.

The main service provided by this ambulance service was emergency and urgent care. 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 main service.

## How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good or Outstanding to test the reliability of our new monitoring approach.

During the inspection we spoke with 11 members of staff including paramedics, ambulance technicians, make-ready staff and managers. We reviewed seven patient records and sixteen staff records. Due to COVID-19 restrictions we were not able to observe care within ambulances but we were able to review patient feedback information.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

- The service should ensure that medicine bags are logged when they leave or return to secure storage.
- The service should ensure that expiry dates on medicine bags are recorded clearly and correctly.
- The service should ensure learning from incidents and complaints and other governance information is shared with all staff.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Patient transport services	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Emergency and urgent care

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

### Are Emergency and urgent care safe?

Good 

Our rating of this service stayed the same. We rated it as good because:

#### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Monitoring information confirmed that 92% of staff had completed necessary training and that this was up-to-date. New staff were required to complete training within three months of starting their employment.

Managers monitored mandatory training and alerted staff when they needed to update their training. The electronic monitoring system sent staff automatic emails to alert them that part of their training needed to be updated

#### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. The safeguarding lead for the service had completed level 3 safeguarding training for children and adults and staff knew how to contact them if necessary. Paramedics also completed level three training for adults and children and ambulance technicians and assistants completed level two training. Records showed all staff were up-to-date with this training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. The contract with the NHS ambulance service meant that all concerns had to be reported to the NHS duty safeguarding lead. They would then carry out an investigation and take further action if necessary. Managers told us they were sent feedback from the NHS provider following the investigation.

# Emergency and urgent care

If staff had safeguarding concerns about people who were not patients of the NHS ambulance service (for example, children in a patient's home) they would raise a safeguarding alert with the appropriate team at the local authority. Contact details were readily available from the service's computer system.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**

Cleaning of vehicles and equipment was carried out every day by the service's 'Make ready team'. We inspected four vehicles including a critical care ambulance and an ambulance used for patient transport services. All were visibly clean and checklists showed each item of equipment had been individually cleaned.

Staff used personal protective equipment (PPE) for example disposable aprons, face masks and gloves. Hand sanitizer, clinical wipes and PPE was available on all the vehicles we inspected.

Additional infection control procedures had been introduced during the pandemic.

Staff took a COVID-19 lateral flow test twice a week and reported to the duty manager if this was positive or if they had any COVID-19 symptoms. Staff were not allowed to come to work if they had tested positive for COVID-19 and they knew to follow self-isolation protocols.

The service carried out monthly infection control audits. Results from April to September 2021 showed an average compliance of 97% which was better than the provider's own target of 95%.

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

Records showed that staff were trained to use equipment. The service maintained accurate and up to date records for the servicing and cleaning of all equipment and vehicles. Ambulances were serviced every six months and all had current MOT certificates.

The yards where ambulances were parked and cleaned had an uneven surface and were muddy in places. This increased the risk of slips, trips and falls. Staff were aware of these risks and said that they took care when crossing the yards. There were plans in place to construct new premises with level, concrete surfaces.

The compliance manager carried out monthly environmental safety assessments. Results and action plans were used to produce a monthly health and safety report that was shared with all staff.

Staff disposed of clinical waste safely. It was disposed of in colour-coded sacks and secure bins. The service had a contract for the bins to be emptied or collected by a specialist clinical waste contractor. Certificates confirmed the waste was disposed of safely and legally.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**



# Emergency and urgent care

Patient records showed that detailed risk assessments were carried out for all patients. Staff used a recognised tool for detecting deteriorating patients (NEWS2) and took appropriate action when necessary. Paramedics and ambulance technicians had been trained in resuscitation skills. Records showed that all paramedics had current advanced life support skills and technicians were trained in immediate life support.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave all staff (including those on a temporary contract) a full induction.**

Service managers matched staffing levels to patient need and could increase staffing when demand arose. Most crews worked four (12-hour) shifts followed by four days off.

There had been significant recruitment in the previous nine months. Vacancies in the patient transport service had proved easier to fill than paramedic roles. Therefore, the service had delivered training programmes so that experienced PTS staff could qualify for ambulance technician and paramedic roles. The service did not use agency staff but had an active group of bank staff. They had been trained and assessed to the same standard as those fulfilling full-time roles.

Clinical managers undertook monthly 'ride-outs' with ambulance crews in order to assess their competency and to deliver coaching.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive and all staff could access them easily. Staff used both electronic and paper records. They included up-to-date risk assessments as well as a clinical and social history. We reviewed seven sets of patient records and they all contained information that was clear and well organised.

When patients transferred to another service, there were no delays in staff accessing their records. Ambulance crews gave a copy of the patient record to hospital staff when they handed the patient over.

Records were stored securely. Paper elements of the patient record were scanned into the service's computer system and were password protected. The paper records were stored in a locked filing cabinet and then delivered to the NHS ambulance service each week.

## Medicines

**The service used systems and processes to safely prescribe, administer and store medicines. However, the detail of some records was not always correct.**

Oversight of the governance of medicines was by the clinical lead. The service had a licence from the Home Office for the supply and storage of controlled drugs. These were stored securely and checked regularly to ensure that stock levels were correct. Paramedics collected, and signed for, a pre-determined supply at the start of every shift.

The service ensured that only qualified paramedics carried medicines in line with their professional registration. Medicines were stored safely and securely at the location and on vehicles with access only by authorised members of

## Emergency and urgent care

staff. Medicines allocated to urgent and emergency ambulances were kept in specifically designed medicine bags. They were secured with security tags which included an expiry date to indicate medicines were safe and ready for use. We observed that some of the tags indicated that medicines were out-of-date although when we checked the medicines they had not expired. We drew this to the attention of the registered manager for immediate action.

Although the medicine bags were stored safely and securely when not in use, there was no log of how many should be present. Therefore, managers had no way of knowing if one had been taken without permission or if one had not been returned at the end of a shift. We drew this to the attention of the registered manager who intended to introduce a log immediately.

The service used Patient Group Directions (PGDs) which give authorisation for paramedics to administer prescription-only medicines. The PGDs were up-to-date, followed current guidance and had been signed by the necessary clinicians.

Stock rotation was undertaken to ensure medicines had not expired before use. Any medicines that required to be removed and destroyed were recorded and two staff witnessed the destruction.

Medical gases were stored safely and systems were used to ensure that empty and full cylinders were stored appropriately. Ambulance staff were trained in the use of medical gases and the provider had a policy to support this

### Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with partner organisations but not always with all staff in the service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff raised concerns and reported incidents and near misses in line with the provider's policy. They followed clear guidelines and could describe the process for reporting incidents. Records showed that the cause of incidents was investigated and action taken to prevent similar incidents occurring.

The service had no never events or serious incidents. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.

Staff understood the duty of candour. Training had improved since our last inspection and staff were able to describe the importance of being open and honest with patients and their families.

Staff did not always receive feedback from investigations of incidents. Although staff received feedback from incidents they had reported themselves they told us that learning from other incidents was not shared with them.

There was a clear process for responding to patient safety alerts. Records showed that alerts were investigated and any applicable changes were made.

### Are Emergency and urgent care effective?

# Emergency and urgent care

Good 

Our rating of this service stayed the same. We rated it as good because:

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Service policies and procedures were in date, version controlled and accessible to staff.

Emergency and urgent care staff had access to The Joint Royal Colleges Ambulance Liaison Committee (JRCALC, 2019) guidelines to provide additional guidance when managing emergency patients. Managers checked 10% of patient records each month to ensure that treatment guidelines were being followed.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Patient records showed that pain levels were assessed and recorded using pain scores. Appropriate pain relief was given if necessary. Staff were aware that people with severe dementia expressed pain differently and adjusted their assessments accordingly.

## Response times

**The service monitored, and met agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

The compliance manager used IT systems to compile detailed audits of response times from the time a call was first received to the time a patient to hospital staff. Key points in between were also logged and monitored. These were compared to national standards and the results were discussed with NHS ambulance managers at fortnightly meetings. However, managers were not aware of the current response times of local NHS ambulance crews and so could not compare their results with those of a similar service.

If response times did not meet national standards a breach analysis was carried out. The results were used to improve outcomes for patients.

The service did not monitor the number of patients discharged after treatment at the scene as the contract with the local NHS ambulance service did not require this.

## Patient outcomes

**The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The clinical lead carried out an audit programme that assessed compliance with care pathways and clinical skills such as effective recording of electrocardiograms. Feedback was given to staff members if changes needed to be made.

# Emergency and urgent care

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

There had been some improvement in the number of appraisals carried out. The appraisal year ran from April to March and, by November 17, 62% had taken place. The remaining staff had been given appraisal dates for the following four months. Supervision meetings took place during the monthly ride-outs.

## 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.**

We observed good teamwork between different groups of staff. Records showed that ambulance crews communicated effectively in order to deliver good patient care. Managers held fortnightly meetings with the local NHS ambulance trust to share information about the service.

## Consent, Mental Capacity Act and Deprivation of Liberty safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Records showed staff explained treatment options to patients and their families in order to gain informed consent. All crews had received training about the Mental Capacity Act and patients experiencing mental ill health. The Deprivation of Liberty Safeguards did not apply to this service.

## Are Emergency and urgent care caring?

Our rating of this service stayed the same. We rated it as good because:

## Compassionate care

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

Due to COVID-19 restrictions we were unable to directly observe patient care. However, staff described how they would maintain patients' privacy and dignity if they had to care for them in a public place and also how they looked after relatives. The latter had been more difficult during the COVID-19 pandemic as relatives and carers had not been able to accompany patients to hospital. Staff were able to show us many written letters from patients describing kindness and compassion.

One letter stated "I would like to pass on a big thank you to the ambulance crew that came to see me last week. They were absolutely lovely. Very calm, thorough and super-kind. I felt very safe and supported. They were also really

## Emergency and urgent care

informative and reassuring towards my daughter who was looking after me.” Another read “After two hours on the floor, I managed to call neighbours who came to my rescue and called the paramedics. The paramedic team came and they could not have been more kind or helpful. They decided I needed to go to A&E and took me there. I cannot praise them enough for their help and reassurance.”

### Emotional support

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

Staff understood the impact that emergencies could have on people and that they could respond in very different ways. They stressed the importance of treating patients as individuals with different needs.

Staff we spoke with had an awareness of the different cultural and religious needs within local communities. They showed us a letter that helped to confirm this.

“I wanted to take the opportunity to express my most sincere and heartfelt gratitude for the care provided by two of your colleagues. I wanted to express the exceptional care, consideration and compassion offered by the ambulance crew. Not only did they take time to listen and support my elderly mother at the time she was most vulnerable, they were thoughtful and respectful of cultural and religious practises. It goes without saying that we are immensely grateful for their actions. I can but only hope they finish their shift knowing that they have made an incredible difference to lives of others. Thank you seems too small a gesture. But thank you.”

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

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

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. They carried visual prompt cards to help them communicate with patients who used British Sign Language and had access to online or telephone language translation services. However, it was often difficult to find an interpreter at short notice.

Staff were able to describe how they explained medical procedures to people so that they were better able to understand their condition. They showed us a letter of thanks that illustrated this. “On Sunday my mother was experiencing severe pain and dizziness. We requested ambulance support and the two paramedics who attended our home were extremely friendly, warm and polite. They spent time explaining the tests to my mother whilst calmly speaking with my family and allaying our concerns. We were relieved to have such kind, professional patient support at a time of distress.

My mother had to be taken to the nearest hospital and she was comforted by the kindness and humour in which she was taken care of. In a time of COVID, where we couldn't accompany my mother, I was relieved to know she was in safe hands. I wanted to thank both of the paramedics for their support and exemplary service, we are most grateful to them. I sincerely hope all patients in distress received such support and kindness.”

## Are Emergency and urgent care responsive?

# Emergency and urgent care

Good 

Our rating of this service stayed the same. We rated it as good because:

## Service delivery to meet the needs of local people

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

Managers had identified a need for more ambulances in the area that were equipped for the transfer of patients requiring critical care. They had purchased new ambulances, one for adults and the other for children. A training programme was taking place so that there was always a crew available whenever a critical care transfer was required.

## Meeting people's individual needs

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

Staff had completed training in meeting the needs of people living with dementia and those who lacked capacity. The service made reasonable adjustments to help patients access services and had a range of equipment for use by different patient groups, for example bariatric stretchers. The service had a contract with a telephone translation team but staff told us that it was not always possible to quickly access an appropriate translator in an emergency. To help in these situations there was a multi-lingual translation book in each vehicle that allowed basic information to be exchanged.

## Access and flow

**People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**

The service monitored response times continually. For the previous six months (April – September 2021) the service had met national response standards for category two, three and four calls which are not immediately life threatening.

The national standard for category one calls is seven minutes or less with 90% of calls receiving a response within 15 minutes. In the previous year (April 2020 – March 2021) the average response time to category one calls by Hoes Farm ambulance service had been ten minutes. All had been responded to within 15 minutes. From April to October 2021 average response times had improved to eight and a half minutes with all being responded to within 15 minutes. This was similar to the average category one response time for England which was eight minutes in the same period.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them in detail. Although the service shared lessons learned with partner organisations it did not share them with most of its own staff.**

Information about how to raise concerns was displayed in all the vehicles we inspected. Complaints, whether written or verbal, were logged and investigated. We reviewed two written complaints and saw they had been thoroughly investigated with detailed statements from the staff concerned. Responses had been sent within three weeks. Although complaints were discussed with the NHS ambulance service at quarterly review meetings there was no evidence of

# Emergency and urgent care

learning by the wider management team or staff who were not involved in individual complaints. We looked at the minutes of three management meetings and found that complaints were not discussed at any of them. No staff meetings had been held in the last year due COVID-19 restrictions and so learning from complaints had not been discussed.

## Are Emergency and urgent care well-led?

Good 

Our rating of this service stayed the same. We rated it as good because:

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

The service was led by the chief executive who was also the registered manager and an experienced paramedic. Reporting to the chief executive was an operations director, a human resources director, a compliance manager, a clinical lead, and the medical director. Staff told us that the senior management team were visible on a daily basis and that they would not hesitate to ask for support if it was required. Clinically qualified leaders regularly undertook direct patient care. This meant that they had an immediate understanding of any challenges the service may be facing and also knew of the strengths and weaknesses of staff that they worked with.

Senior staff were proud of the training programmes and facilities that the service provided. They told us that it was possible to start work as a member of the make ready team and to gradually gain skills in order to become a qualified paramedic. There were currently 28 ambulance technicians who were training to be paramedics. The service had recently employed a 'Blue light' driving instructor so that more staff were qualified to drive to emergency calls.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The vision for the service was to provide high quality care, to promote health, safety and welfare and to support local charities, hospices and those in need. Working with the local NHS ambulance service was a key part of the strategy. Managers had regular meetings with the NHS provider to monitor the progress of the service. One member of staff was able to describe their voluntary work at the local hospice which formed part of the strategy.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

# Emergency and urgent care

Staff told us there was a family atmosphere at Hoes Farm and one staff member said it was a fantastic place to work. They told us they were happy to raise concerns with managers if necessary. Each month a member of staff was given a GEM (Going the Extra Mile) award which recognised exceptional patient care.

The registered manager had trained as a trauma, risk and incident manager so that staff could be effectively de-briefed after critical or distressing incidents. There were plans to train other managers so that de-briefs could take place as quickly as possible. The service employed an independent mental health practitioner to provide counselling for staff who had been adversely affected by a traumatic incident. The service also provided rapid access to physiotherapists if staff experienced musculoskeletal problems.

Staff valued the educational opportunities they were given and told us that they would feel confident in raising concerns with any of the managers.

## Governance

**Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities but there were no regular opportunities to meet, discuss and learn from the performance of the service.**

The chief executive and the clinical lead took part in quarterly meetings with the local NHS ambulance service in order to review operational, quality and compliance issues. Topics discussed included risk assessments, clinical audit, complaints, compliments and incident reports, and medicines management. Although information for the reviews was supplied by Hoes Farm Ambulance service, the meeting was led by the NHS ambulance service. We could not be sure that governance information was shared with other Hoes Farm managers or other staff.

Managers told us that governance and quality issues were discussed at fortnightly management meetings. We looked at the minutes of three recent meetings but found no mention of governance issues. There were no separate governance meetings.

There had been no staff meetings during the COVID-19 pandemic and no other means of sharing governance information with all staff.

The service ran enhanced checks with the disclosure and barring service before staff were allowed to look after vulnerable adults and children. All staff had a job description and regular appraisals and clinical supervision to ensure they were clear about their roles and accountabilities.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service had systems that alerted managers when risk assessments were due to be reviewed. Independent specialists carried out yearly fire risk assessments and health and safety assessments. Action plans were put together and monitored in order to reduce any risks.

The service had a risk register which had been reviewed regularly. Risks had been given a score depending on the degree and likelihood of harm that the risk could produce. The risks matched the issues that staff were concerned about. Measures to reduce the risk were recorded and monitored. The service had a business continuity plan which gave guidance to staff should unexpected events such as power cuts or floods take place.



# Emergency and urgent care

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Performance data was reviewed quarterly with NHS commissioners and any problems discussed and plans made to improve. The registered manager knew what needed to be reported to the CQC.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**






One of the managers described plans for a staff 'get-together' at a country pub to show the service's appreciation of the sustained effort that staff had made during the COVID-19 pandemic. Information was displayed in ambulances to encourage feedback from patients. Letters of thanks from patients were displayed on office walls. A manager told us that this celebrated the high standards of care that crews delivered. Their service worked closely with the local NHS ambulance service to improve patient care.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.**

Continuous learning was highly valued by the service and many training courses took place on-site. These ranged from Immediate Life Support courses to driving assessments. The service was registered with Skills for Health so that it could deliver accredited training courses. Managers showed us plans for a new vehicle base and staff facilities that was mainly powered by renewable energy.

## Patient transport services

Safe	Good 
Effective	Good 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Good 

### Are Patient transport services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

### Mandatory training

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

Please refer to emergency and urgent care report.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Please refer to emergency and urgent care report.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**

Please refer to emergency and urgent care report

### Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

Please refer to emergency and urgent care report.

### Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

# Patient transport services

Patient transport service (PTS) staff undertook basic risk assessments of patients even if the reason for their journey was for routine appointments. Managers told us that, in the past, PTS staff had identified deterioration in patients and had escalated this to appropriate clinicians.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

The service had enough staff to keep patients safe in line with transport agreements. National standards require PTS staff to have been trained in first aid. However, the service had provided further training so that their PTS staff could gain qualifications in First Response Emergency Care.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient booking information included the pick-up and drop off address, mobility needs and any additional information such as whether the patient was living with dementia. We reviewed 15 patient journey records and found they were clear, up-to-date, stored securely and easily available to all staff providing care. Staff gave examples of transporting patients with a Do Not Attempt Cardiopulmonary Resuscitation decision, how they met patients' needs and what action to take should the patient deteriorate on a journey.

## Medicines

**The service followed best practice when administering, recording and storing medicines.**

Please refer to emergency and urgent care report.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Please refer to emergency and urgent care report.

## Are Patient transport services effective?

**Our rating of effective stayed the same. We rated it as good.**

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

# Patient transport services

Please refer to emergency and urgent care report.

## Nutrition and hydration

**Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.**

Please refer to emergency and urgent care report.

## Response times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

Please refer to emergency and urgent care report.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Please refer to emergency and urgent care report.

## 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.**

Please refer to emergency and urgent care report.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Please refer to emergency and urgent care report.

## Are Patient transport services caring?

Inspected but not rated 

Due to the COVID-19 pandemic, on this occasion we were unable to facilitate speaking with patients during the inspection and we were unable to observe patient care. We are therefore unable to rate this key question.

# Patient transport services

## Are Patient transport services responsive?

Good 

**Our rating of responsive stayed the same. We rated it as good.**

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

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

The registered manager had regular meetings with commissioners of the service to discuss demand and flow in the local area.

The service had three 4x4 vehicles that it used for providing medical cover at local events. During bad weather, for example, floods or heavy snow, they were used to assist patients or to bring extra staff in to help NHS services.

### Meeting people's individual needs

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

Please refer to emergency and urgent care report.

### Access and flow

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

Staff were allocated to journeys by the local NHS ambulance service. If journeys were late managers would discuss this with the teams to identify why there was a delay. For example, heavy traffic or road works. If possible, changes were made to the next journey to reduce waiting times. Journeys included transporting patients to and from hospital appointments and for patients being discharged from hospital. One ambulance was permanently stationed at the local hospital's discharge lounge so that patients could be taken home as soon as possible.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

Please refer to emergency and urgent care report.

## Are Patient transport services well-led?

Good 

**Our rating of well-led stayed the same. We rated it as good.**

# Patient transport services

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Please refer to emergency and urgent care report.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

Please refer to emergency and urgent care report.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Please refer to emergency and urgent care report.

## Governance

**Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Please refer to emergency and urgent care report.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

Please refer to emergency and urgent care report.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Please refer to emergency and urgent care report.

# Patient transport services

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Please refer to emergency and urgent care report.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Please refer to emergency and urgent care report.