

Rapid Response Personnel Ltd

Rapid Response Secure Ambulance

Inspection report

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

We carried out a comprehensive inspection of Rapid Response Secure Ambulance Limited (the provider) on 15 June 2021 to follow up on their inspection in February 2020, when we issued a warning notice and rated the service inadequate. We undertook a focused inspection in April 2021 to follow up specifically on the warning notice and found the service had made improvements. We did not rate the service at that previous follow-up inspection as we only looked at the areas identified in the warning notice.

At this inspection we inspected our five key questions: safe, effective, caring, responsive and well led. Before the inspection we reviewed information we had about the provider, including information we received and intelligence available. The inspection was announced with one week's notice to ensure the registered manager and the team would be available.

Our rating of this location improved. We rated it as requires improvement because:

- Processes to assess patient risks were not as yet fully effective and medicines management did not provide sufficient assurance about safe medicines administration processes. There was no specific guidance, policies or procedures relating to children and young people. Although the ambulance vehicle was well maintained, the intercom system was not working and there was a lack of risk assessments to ensure a safe environment for patients being transported with mental health disorders.
- The service monitors response times and had performed well with journey times. However there was no framework to judge staff's competence, and limited training regarding caring for children and young people. Staff did not have enough awareness of consent processes relating to children and young people.
- The service did not always consider the physical health needs of patients or the specific needs of children. Although the service was small at the time of our visit, the provider was not always able to obtain feedback from patients who used the service. It had also not asked organisations who used the service to obtain opinion on the quality of the service received.
- Recruitment practices did not always obtain enough information about the new members of staff to make sure they were safe to work with patients.

However:

- Staff received mandatory training and regular refresher training, including adult safeguarding and child protection training. The ambulance vehicle was clean and there was enough staff to convey patients and keep them safe during the journey. Staff completed patient records and stored these securely. Staff reported incidents and there were processes to ensure learning from incidents were shared.
- Staff had access to policies and procedures to obtain information to support their practice. There was a comprehensive training programme available to staff and they received regular supervision and appraisals. Food and drink were provided to patients if this was required during long journeys.
- The provider planned its transport to meet the needs of local people with mental health conditions. Patients could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran the service using reliable information systems and supported staff to develop their skills. Staff understood the provider's vision and values and felt respected, supported and valued. Staff were focused on the needs of patients receiving transport and were clear about their roles and accountabilities.

Following this inspection, we wrote to the provider as we had urgent concerns about the safety of transport arrangements for children, although just two had been transported up until the time of our inspection. For example,

Summary of findings

there was a lack of children's adaptive seating in the ambulance and specific training for staff. The provider sent us an action plan to address the urgent concerns and set the minimum age of children they will transport at 13 years and above. We also raised urgent concerns about the management of a deteriorating patient. The provider's action plan stated it planned to amend the deteriorating patient policy. They would provide training for staff on the use of a specific tool to help staff identify if a patient's condition was deteriorating and they required additional medical support. We will continue to monitor the provider's actions in meeting our concerns.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Rapid Response Secure Ambulance

Rapid Response Secure Ambulance Limited is operated by Rapid Response Personnel Limited. It is an independent ambulance service based in Weston-Super-Mare, North Somerset. The service carries out journeys on behalf of the NHS and private healthcare providers located within a four-hour radius of the office base.

The service has had a registered manager in post since April 2018. The registered manager is also the owner and manager of the company.

The service offers patient transport for adults and children with a severe and enduring mental illness. At the time of time of our inspection, the service had completed 48 journeys from February 2020 to June 2021.

The service is registered to provide the following regulated activities:

- Transport Services, triage and medical advice provided remotely
- Treatment of diseases, disorder or injury.

How we carried out this inspection

The team that inspected this location comprised of two CQC inspectors and a specialist advisor. During the inspection we spoke with one member of staff and the management team. We also reviewed documents and records kept by the service. The inspection team was overseen by Catherine Campbell Head of Hospital Inspection.

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 provider **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.

Action the service **MUST** take to improve:

We told the service that it must take action to bring services into line with five legal requirements.

The service must provide care and treatment in a safe way for patients who use the service. The service must assess the risks to the health and safety of patients receiving care and mitigate them to keep them safe. Risks assessment should include information about patient's physical health and about any sedation administered to patients. Staff must assess the patient's condition during transport to monitor for deterioration and take appropriate action. The service must develop a strategy setting out who they can safely transfer and those patients they are unable to convey. Regulation 12 (1) (2)(a)(b)

Summary of this inspection

The service must also ensure staff providing care and treatment to patients have the competency to do this safely. Staff must be competent in the care of children and young people. Regulation 12 (1) (2)(c)

The service must ensure environmental risks are assessed and mitigated. Risks assessments should include an assessment of ligature points. Regulation 12 (1) (2)(e)

The service must ensure premises and equipment used by patients are properly maintained. The intercom system in the patient transport vehicle must be fixed to enable effective communication with patients during journeys. Regulation 15 (1)(e).

The service must ensure systems or processes operate effectively to assess, monitor and mitigate the risks to the health, safety and welfare of patients. The safe conveyance of children and young people and the management of the deteriorating patient need to be monitored and actions taken to maintain safety. Regulation 17 (1)(2)(b).

The service must ensure the information required in Schedule 3 of the regulations is available for each new member of staff. Regulation 19 (3)

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

The service should consider how consent is sought and documented, including consent from young people.

The service should carry out a risk assessment of the office environment that meets any changes in infection prevention and control guidance.

The service should develop competency frameworks for staff based on national guidelines.

The service should devise a system for staff to record their hours worked for other providers to ensure staff do not work excessive hours, and to support planning of any transfer requests.

The service should have all policies and procedures up to date and in line with evidence-based timely practice.

The service should make sure the booking form on its website is secure and inform services who refer to them that it is. This is because they are requesting patient information.

The service should record the start date of each new member of staff on their personnel records.


Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement

Patient transport services

Safe	Requires Improvement 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Requires Improvement 

Are Patient transport services safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement because:

Mandatory training

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

There were clear expectations of what training was required for staff and how often this should be completed. There was a training matrix which showed staff received mandatory training in twenty different topics including safeguarding for children and adults, dementia awareness, mental capacity and deprivation of liberty safeguards, and mental health awareness. Staff also received training and refresher training in basic adult life support, infection prevention and control, and manual handling. This training was delivered by an external provider and staff attended the training annually. In addition, there were 48 online role-specific training modules staff were expected to complete every 12 months.

Staff received training in prevention and management of violence and aggression, which included training in how to restrain patients safely if required. Staff told us restraint would be the last resort as they used the least restrictive techniques possible and assessed each case individually. The training staff received was compliant with Restraint Reduction Network Training Standards (2019). This training was delivered to all staff every 12 months from their recruitment onwards. Staff demonstrated awareness of the importance of using the least restrictive measures to ensure people were kept safe from harm.

There were reliable systems to monitor compliance for training. There was an electronic system for recording and monitoring training. When the date for refresher training was approaching, staff were sent email reminders. There were two annual training days which covered face-to-face training. Copies of training certificates were kept in staff personnel files.

Staff were compliant with mandatory training and the annual two-day training course was booked for all staff to attend at the end of June 2021.

Patient transport services

At our last inspection, we found there was a lack of assurance relating to the completion of mandatory training for agency staff. We were told the service no longer used agency staff.

Staff received training in safety systems, processes and practices. For example, staff received mandatory training and regular updates in conflict resolution, and health, safety and welfare.

Staff received training in first aid basic life support, but the training certificate did not specifically state this included paediatric basic life support. However, staff described the trainer demonstrating paediatric life support using child sized training mannequins.

The registered manager assessed driving skills when new staff were recruited to drive the patient transport vehicle and every six months following. This was documented in personnel staff files. The size of the ambulance required staff to have a B1 driving licence. We saw evidence that staff who were required to drive the vehicle had the correct driving licence and copies of their licences were stored in their personnel files.

We were told the service did not complete any ambulance journeys using blue lights although the ambulance was equipped with blue lights.

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 in adult safeguarding and child protection at level 1, 2 and 3 which was in line with the intercollegiate guidance: Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). The registered manager and one other person had completed level 4 training in both adult safeguarding and child protection. All staff files included evidence staff had used the enhanced disclosure and barring service (DBS) checks in line with national guidance.

Staff we spoke with were aware of signs and symptoms of abuse and how to raise safeguarding concerns. There was a paper-based form staff completed if they had any concerns during a journey. Staff told us they would notify the registered manager as soon as concerns were raised or on completion of the journey.

There was a safeguarding policy: Safeguarding children/vulnerable adults (version 1.2, 2020) but although training was provided, not a specific policy concerning child protection. The policy included information about signs and symptoms of different kinds of abuse, female genital mutilation and modern slavery. However, the policy did not include guidance about how staff would escalate concerns. After the inspection, we wrote to the provider raising urgent concerns about the safe conveyance of children and limited processes for child protection. Following our correspondence, the registered manager sent us an updated safeguarding policy to cover child protection. (Safeguarding Children and Vulnerable Adults (version 005, 23 June 2021). The updated policy included information about how to escalate safeguarding concerns, including information about child protection concerns. There was a plan to review the policy further in October 2021 to assess and align the policy with current national guidance in line with the action plan to address the urgent concerns we raised.

Cleanliness, infection control and hygiene

Patient transport services

The service mostly 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. However, processes for storing of cleaning equipment were not in line with national guidance as storage facilities were limited by the premises where the office was based.

We inspected the patient transport vehicle and found this to be visibly clean. There were daily cleaning records for the days the vehicle was in use, and we saw these were completed in full. The vehicle had been used on three occasions since our last inspection in April 2021; cleaning records confirmed the vehicle had been checked and cleaned on those days.

There were records to demonstrate regular monthly deep cleaning of the inside of the vehicle. The exterior was cleaned using a commercial cleaning facility in the neighbourhood. Records demonstrated this took place.

The interior walls of the vehicle were covered in fabric as manufactured. Staff wiped all surfaces with anti-bacterial wipes following each journey. The inside of the ambulance was cleaned monthly (or sooner if required) using a chemical fogging machine and anti-viral solution. Fogging involves using a specially designed device or aerosol to spray a disinfectant mist into the air, to kill off any infection either in the air or on surfaces in a particular area. The cleaning agents were compliant with European guidance regarding COVID-19. Cleaning agents were stored securely in a locked cupboard in accordance with Control of Substances Hazardous to Health Regulations (COSHH) (2002).

The floor of the vehicle was mopped after each journey; this took place in the carpark at the location of the office. However, staff did not have access to different coloured buckets and mops to limit the risk of cross contamination. This was because they only needed to clean one vehicle. There was one bucket and one mop which had disposable mop heads which we were told were disposed of after each use.

We did not see a cleaning regime or COVID-19 risk assessment for the office to ensure this was a COVID-19 safe environment in line with national guidance at the time of our inspection.

Facilities for staff to obtain and dispose of cleaning water were compromised by the building the office was located in. There was no specific area to provide either storage or access to obtain cleaning water. There was no separate storage of cleaning equipment such as mops, buckets and the clinical waste container, this was all stored in the office. Staff collected water to clean the vehicle from bathroom facilities within the office building.

There was an infection prevention and control (IPC) policy and there was a member of staff who was the lead for IPC. Staff received mandatory training in infection control, and this was completed every 12 months. Staff undertook COVID-19 lateral flow tests weekly or before each journey. In addition, staff also completed a COVID-19 assessment questionnaire and checked their temperature before starting the shift. We saw records of the test results. Staff had access to policies and procedures for COVID-19 designed to prevent risks of cross-infection to patients and other staff. The registered manager told us patients were triaged for COVID-19 symptoms within the last 24 hours by staff at the location where patients were conveyed from. They had been assured the COVID-19 checks included temperature checks and questions about symptoms, and these were repeated on the day of transfer. We spoke with four members of staff who had all received COVID-19 vaccinations in line with national guidance.

Staff were aware of infection prevention and control measures, including risks relating to COVID-19. They had access to personal protective equipment including surgical masks, gloves and aprons. Staff wore surgical masks when they were on the ambulance or in the office. Staff had access to hand sanitiser gel on the ambulance and in the office.

Patient transport services

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept most people safe and staff were trained to use them. However, there was no specialised equipment to ensure children were kept safe during ambulance transfers. Risks were recognised but not always assessed to ensure they were reduced as far as possible.

The service had one unmarked patient transport vehicle. The vehicle was in good condition and well maintained. We saw service records and evidence the vehicle had a valid MOT certificate. The vehicle was taxed and insured in line with legislation. There was a GPS system for staff to use to find their way to their destination easily.

The vehicle had seven seats: two seats in the driver's cab, three rear facing seats and two forward facing seats. There was no screen to separate the driver from the passenger part of the vehicle. There had been an incident where a patient had intended to reach the drivers cab, but staff had prevented them for doing this. Staff recognised this was a potential risk and to mitigate this, patients were asked to sit in the forward-facing seats furthest away from the driver's cab. However, there was no risk assessment for this, and it was not on the risk register.

There were no children's seat belts/child seats to ensure they were safe during the journey. Following the inspection, we asked the provider to devise an action plan of how to implement improvements actions to ensure the conveyance of children and young people was safe. The action plan was returned to us addressing our urgent concerns about the safe transport of children. We will continue to monitor the actions from this plan.

There was an interior wall covering which was used to disguise the secure cell at the back of the vehicle. This was to prevent other patients from viewing the cell which may have been upsetting for them. If the secure cell was in use, the wall covering was rolled up to ensure staff could observe the patient.

We noted there were two ligature points in the ambulance. Staff we spoke with were aware of the potential ligature risks and told us there were enough additional crew members on board to prevent any attempts at ligature from happening. However, there was not a formal ligature risk assessment to demonstrate actions to mitigate the risk.

The secure cell at the rear of the vehicle could be accessed from the rear (patient access) or from the cabin if required. The cell was made of metal with no softening to the wall, seat or edges and could be a potential risk for patients who may be likely to self-harm. This had not been risk assessed to identify mitigating actions to reduce the risk of harm to patients.

There was a fan system to control the temperature in the cell which could be adjusted to ensure patients wellbeing and preference. However, it was very noisy. The intercom system used to communicate with patients placed in the cell was not working on the day of our inspection. We told staff about this on the day. The intercom system was used to communicate with a patient in the cell. If not working correctly this would make assessment of risk and conversation difficult.

There was a first aid kit on the ambulance with basic dressings. This was stored securely and out of reach of any passengers for safety.

Assessing and responding to patient risk

Patient transport services

Processes to assess risks were not effective to ensure transfers were managed safely, including the lack of guidance and policies specific to the conveyance of children and young people and the deteriorating patient.

The service would be required to assess the risks to patients and staff when transporting them and within their care. When bookings were received, the duty controller obtained information about some patient risks in a follow-up call to the referrer. Patients risks in relation to aggression, absconsion (patients trying to get away) and self-harm were assessed from information provided online or through telephone booking. The duty controller received the booking and completed a safe conveyance risk assessment. The risks would generate a red, amber or green risk rating depending on the nature and likelihood of the risk, with red being a high risk. A management plan was then generated, but this did not always address all risks. For example, we reviewed one management plan for a patient who was at risk of suicide. The management plan did not have any actions to assess and managed risks such as ligature risks.

The service did not have a strategy or policies to identify patients staff could safely convey. The service had a policy: Safe Conveyance Policy and Procedure (2020) but this did not include any specific information or guidance about what made a risk a high, medium or low risk and any mitigating actions to reduce identified risks. The policy did not include specific criteria for which patients the service could and could not safely transfer.

There were limited processes to ensure patients' physical health needs were assessed and managed. Risk assessments did not include specific questions about risks associated with physical health issues although staff told us these would be recorded as 'any other risks'.

The service had a Deteriorating Patient Policy (2018) which set out guidance for staff in the event of a patient going into cardiac arrest. However, it did not include any guidance about how to recognise a patient with deteriorating physical health or what actions to take. It was not clear if all staff, including healthcare assistants, received training in how to recognise and respond to a patient who became ill during the transfer.

Staff from the referring organisation sometimes accompanied patients during the transfers and were responsible for their physical health needs assessment and management during the journey, but not always. However, there was no written guidance to say when the responsibility for a patient's health and wellbeing would transfer to an external member of staff.

Following the inspection, we asked the provider to give assurance about processes to assess patients' physical health and the training provided to ensure the safe conveyance of patients. The provider gave us an action plan detailing the changes they planned to make, including how they planned to assess patient's physical health needs and training for staff on the use of a specific tool to monitor patient's condition for signs of deterioration. We will continue to follow this up with the provider.

During the journey, staff assessed patients at least every 15 minutes using an engagement document to record any visual observations or conversation with the patient. We reviewed 14 patient records which all included completion of the engagement record at regular intervals.

There was no clear policy or guidance for staff relating to the conveyance of children and young people. Staff told us they rarely conveyed children and young people, but they would if required. Their Safe Conveyance Policy and Procedure (2020) only made one reference to children and young people, which related to authority to search young

Patient transport services

people (paragraph 16.9). There were no assessments to identify risks or guidance for staff when they conveyed children and young people. However, we were told children and young people under 16 years of age would be accompanied by a responsible adult. Following the inspection, the provider amended its CQC registration and Statement of Purpose and will no longer convey children under the age of 13 years.

The service audited completion of risk assessments, management plans and engagement documentation. We were shown their audit records. Any identified issues were addressed with the member of staff completing them.

Staffing

The service had enough staff to provide the right care and treatment. When new staff joined the service, they received a full induction.

Eight members of the 12 staff worked on zero hours contract and four staff had specific roles and were employed substantively. There were three members of staff who shared the role of the duty controller and a member of staff who was the human resources and recruitment lead. They oversaw recruitment processes and completion of all employment checks in line with Schedule 3 of the Health and Social Care Act 2008. No new staff had been appointed since our inspection in February 2020.

Each booking was assessed to determine how many staff were required to safely transfer the patient. Bookings were usually planned so staff and the duty controller could assess if enough staff were available to complete the journey. Staff told us the service used a social media application for determining which staff were available to work, meaning staff could respond quickly enabling the booking to be confirmed. Staff also worked for other services or providers, but records showed it was not usually a problem to get enough staff together when a patient transfer was booked. If there were not enough staff available to convey a patient safely, the booking would not be accepted. However, there were no processes to obtain information about when staff had previously worked to ensure they were not working too long hours which could be a risk when transferring patients over long distances.

There was a business plan to secure a contract with commissioners for more regular work to enable staff to be employed rather than working on a zero-hour contract.

There was an induction process for new staff which included training and two or three shifts spent shadowing experienced staff. There was an induction checklist signed by the employee confirming they had received induction training and understood their role. The registered manager told us the service no longer used agency staff.

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.

Staff completed individual patient records including booking forms, transport dockets, safe conveyance risk assessments, management plans and engagement and observation records. Most patient records were paper based, but the service was working with an external company to develop a bespoke electronic system for keeping electronic patient records. Bookings could be received by the completion of an electronic booking form. All IT systems were secure, and password protected.

Patient transport services

We reviewed 14 patient records, all contained the correct information and were legible, dated and signed by the person who had completed them. Records were stored securely in a locked cupboard in the office.

We saw evidence that the audit lead checked all the patients' paper records and any issues were highlighted and discussed at monthly senior staff meetings and with the member of staff.

Medicines

The service did not routinely carry or administer medicines to patients they were conveying. However, systems and processes to safely manage any medicines were not always effective.

Staff told us they had not been required to administer any medicines and the patient transport vehicle did not carry any medicines or oxygen. If patients had any medicines that needed to be transferred with them, the medicines were stored securely on the vehicle and handed over to the receiving unit. Staff signed the transfer docket to demonstrate this. Staff told us they would ask for a copy of the medicines administration chart, although this required action was not outlined in the Medicines Management Policy.

There was a Medicines Management Policy (2020), but this policy was contradictory in providing accurate information and guidance to staff about safe handling and administration of medicines. For example, the policy stated staff were not authorised to have access to prescription only medicines but then referred staff to guidance from the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) guidelines. However, there were no paramedics employed by the service and no other healthcare professionals that would be covered by the JRCALC guidelines.

There were ineffective processes to obtain routinely obtain information so staff would know if patients had received any sedation before their journey. This would be important for staff to know so they could monitor patients' safety and clinical condition during the transfer.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Incidents were investigated and lessons learned shared with the whole team.

There was a process to report incidents and near misses. Staff told us they would complete an incident form and inform the registered manager. Three incidents had been reported in the last 12 months. Staff we spoke with were aware of the incidents and of the learning identified by the investigation of these. We saw actions were taken to reduce the likelihood of the incidents being repeated.

Incidents were discussed in the senior staff monthly meetings intending for lessons to be learnt and improvements made when things went wrong.

Staff we asked understood the requirements of duty of candour. Duty of candour is an obligation for healthcare professionals to tell a patient (or where appropriate their advocate, carer or family) when something has gone wrong and offer an apology. Staff told us there had not been any incidents where duty of candour was required.

Safety Performance

Patient transport services

There had been no significant safety incidents reported since the service was registered with the Care Quality Commission. This included incidents causing serious harm to patients or unexpected deaths of patients using the service.

Are Patient transport services effective?

Good 

Our rating of effective improved. 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. Staff protected the rights of patients subject to the Mental Health Act 1983.

There were policies and procedures to provide guidance for staff. Most of the policies and procedures we reviewed were dated and had version control (stated which version was the most current) and based on current and evidence-based guidance. However, the consent policy did not have a date for when it was implemented and when it should be reviewed. The safeguarding policy referred to national guidance between 2008 and 2011 and did not include reference to relevant national guidance.

All staff received training on the rights of people who were subject to detention under the Mental Health Act 1983. Staff we spoke with were confident about how to check and assess legal documents to ensure patients were detained lawfully and the importance of this documentation following the patient.

All staff received equality and diversity training to help them adopting a holistic view of patients free of discrimination on the grounds of protected characteristics

Staff had access to a folder on the vehicle which contained several policies that provided them with useful guidance during a journey as well as and blank patient documentation records should these be needed.

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.

Staff ensured patients had food and drink for long journeys. This was assessed and organised in partnership with the organisation who booked the transfer and ensured patients' nutritional needs and preferences were met.

Staff completed online food hygiene training to ensure food and drinks were stored and handled safely for patient in their care if required.

Response Times

The service responded to bookings in a timely manner.

Patient transport services

All journeys were booked in advance and staff recorded the times they arrived to pick up patients and when they reached their destination. If a journey was unexpectedly delayed on route, staff communicated this to all relevant people. The registered manager collected information about the number of journeys undertaken and kept all records in accordance with legislation.

The service did not hold any commissioning contracts, but the registered manager told us this was something they were working towards. This would enable them to employ more staff substantively rather than having most of the staff on zero-hour contracts. Because there was no commissioning contract, the service did not have any outcome measures to meet and to evaluate the effectiveness of the service.

Competent Staff

Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However, there were insufficient processes to regularly assess staff competence in their role.

Staff received training both face to face (as able due to COVID-19 restrictions) and completed e-learning and refresher training in a range of different topics. These topics included mental health awareness and information specifically regarding the Mental Health Act 1983, dementia awareness and awareness about people living with learning disabilities.

Staff received annual appraisals and regular supervision. We reviewed a selection of supervision records and appraisals which confirmed the topics discussed and identified actions. Staff were given additional responsibilities as delegated by the registered manager, which staff appreciated as this provided an opportunity to enhance their skills and knowledge.

Although staff received comprehensive training, the service had yet to develop effective processes to assess staff competencies on ongoing basis. Competencies were assessed during and following the period of induction. However, there were limited processes to assess competence based on national guidance, including around caring for Children and young people. Following the inspection, we raised concerns about the safe conveyance of children and young people and the management of a deteriorating patient. The registered manager took prompt action to identify actions that would ensure staff had the required training and competencies to meet these shortfalls.

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 worked with other healthcare professionals including clinical staff and social workers to make sure patients' needs were met. Staff worked with other health and social care staff when they picked patients up to ensure their journeys were undertaken to meet the needs of the patients and in line with legislation when patients were detained under the Mental Health Act. Staff provided a handover to staff at the receiving destination and made sure staff were ready to meet them when they arrived.

Staff could make arrangements to stop at police stations for a break if required when patients who were detained were being conveyed.

Consent and Mental Capacity Act

Patient transport services

Staff supported patients to make informed decisions about their care and treatment as far as possible although many of the patients they conveyed were detained. Staff obtained verbal consent where applicable. However, staff did not have awareness of Gillick competence applicable to obtaining consent from children and young people.

Staff we spoke with were aware of the importance of obtaining consent and described the processes to obtain verbal consent. However, staff were not aware of Gillick competence (children and young people's capacity to consent) and we did not see obtained consent documented in patients' care notes.

The service had a consent policy providing staff with information about what consent was but lacked detail around how consent should be sought and documented.

Staff received training in the Mental Capacity Act 2005 and in deprivation of liberty safeguards and the service had a policy (Mental Capacity and DOLS Policy, 2018), which provided information for staff. Staff we spoke with were knowledgeable about de-escalation and using least restrictive practice and we were told the service no longer used mechanical restraint such as handcuffs.

Information about the legal framework for patients who were detained was documented on the transport docket. Staff we spoke with were knowledgeable about how to check the paperwork and the legal requirements for it to accompany the patient during the transfer.

Are Patient transport services caring?

Insufficient evidence to rate 

We were not able to inspect or rate caring as the service was not able to obtain feedback from patients about their service provision. We also did not have any feedback and were not able to speak with people who used the service due to the low numbers who had been recently transported.

Are Patient transport services responsive?

Good 

Our rating of responsive improved. 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.

The service provided reflected the needs of the population served and it ensured flexibility and choice. The provider had based the service on providing secure transport for patients with mental health needs. The provider was able to meet the timeframes stipulated by the contractor requesting their services.

Patient transport services

The registered manager told us they were looking to relocate the service as they did not have secure storage facilities for their vehicle at this location and they had to park it away from their office when not in use. The provider was not able to store their clinical waste outside in a secure location and had to keep the clinical waste bin in their office. This reduced the space they had in the office and could potentially place their staff at risk of cross infection if strict procedures were not adhered to.

Meeting people's individual needs

The service took account of the needs of patients' and their preferences, although some aspects of this could be improved.

The service did not identify and meet the information and communication needs of all patients with a disability or sensory loss. Staff did not assess patient's communication needs in line with the Accessible Information Standard (2016). The Accessible Information Standard aims to make sure people with a disability or sensory loss would be given information they could understand and the communication support they needed. Since our last inspection, picture boards had been added to the vehicle to enable communication for patients who were not able to verbally tell staff their needs. However, information was not routinely obtained in advance about patients' communication needs to ensure staff could communicate with patients effectively.

The registered manager told us they had a step to help patients with mobility issues access the vehicle. The patient transport vehicle was not designed to convey patients who used wheelchairs and senior staff asked this question at the booking stage.

Information about patients' needs was communicated to the service at the booking stage to make sure it could meet the needs of the patient prior to transport being arranged. The risk assessment format used by the service did not cover physical health needs which meant staff may not have all the information needed to meet the patient's needs.

The registered manager told us they were informed at booking stage about patients whose first language was not English, and the referrer would arrange for an interpreter. If needed, staff were able to access translation service through their mobile telephones.

At our last inspection in February 2020, the provider was using agency staff to undertake its transport and because of this were not always aware of the experience, knowledge and training of these staff. Since that inspection, the provider had recruited some staff on zero-hour contracts and provided them with training. This was to make sure the staff were able to meet the needs of the patients they planned to transport.

Can people access care and treatment in a timely way?

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

The service operated its transport service on an uncontracted as required basis. Staff were contacted by an NHS trust or private provider to request patient transfer. All transport was booked in advance so the provider was able to contact staff who could undertake the transfer.

Bookings were managed by contacting the service in advance of any transfer requests. A booking form was completed at the time of referral where a list of set questions was asked to understand the needs of the patients. Risk assessments were completed. The registered manager told us they would agree to the times set by the referrer for the transport.

Patient transport services

The service monitored journey times to make sure they ran on time and were able to keep patients and the destination team informed of disruption. We saw evidence on the risk register this was an area staff were going to work on when the numbers of referrals increased. In the minutes of governance/risk management meetings, we saw transports were reported as all undertaken in the timeframe requested by the referrer.

Learning from complaints and concerns

People were able to give feedback and raise concerns about care received.

Patients who used the service could make a complaint or raise concerns about the service. Due to the service offered not all patients would be able to give feedback or raise a complaint/concern at the time of their transport due to their health issues. Since our inspection in February 2020, feedback forms had been placed in the vehicle used for patient transport. A new complaints form had also been added to the provider's website.

The service had an up-to-date complaints policy. This described the procedure and timescales for responding to a complaint. For example, there were five days to acknowledge the complaint and 20 days for a formal response. It was documented that if the service could not meet the 20 days deadline, they would write to the complainant with the reason why.

The complaint policy had three stages. In stage one, of the complaint would be reviewed and responded to by a senior member of staff. At stage two, if the complainant remained unhappy with the outcome, another senior member of staff would review and respond to the complaint. Stage three mentions referral to the Parliamentary and Health Service Ombudsman (PHSO), but this would be for patients whose care was with an NHS organisation.

The service had not received any complaints since our last inspection in February 2020. Therefore we were not able to further review the complaints process.

Are Patient transport services well-led?

Our rating of well-led improved. We rated it as requires improvement because:

Leadership of the service

Leaders were developing 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 were supporting staff to develop their skills and take on more senior roles.

The leaders were developing the skills knowledge and experience they needed to manage the service. Since our inspection in February 2020, the registered manager had developed more knowledge about the Health and Social Care Act. They told us they used the Care Quality Commission website frequently to enable them to stay up to date with any changes or new guidance. The registered manager told us they had developed networks with other providers across the country and had joined the Independent Ambulance Association.

Patient transport services

Leaders understood the challenges to quality and sustainability, and they could identify the actions needed to address them. We saw where improvements had been made since our previous inspections. For example, the development of a governance and risk system and the ongoing reviews of this.

Leaders were visible and approachable. Staff told us they were able to contact the registered manager or other senior staff if needed.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and a strategy to turn it into action, although it could have been better documented. The vision and strategy were focused on sustainability of the service. Leaders understood and knew how to monitor progress.

There was a vision and a set of values, with quality and sustainability as the top priorities. The registered manager was able to discuss the vision of the service in detail, but it was not documented in as much detail as it was described to us.

The registered manager was able to discuss the realistic strategy they had for developing the business and to achieve the priorities of delivering good quality sustainable service. This was dependant on several areas including securing a contract from commissioners to provide transport on a more frequent basis enabling them to employ staff. There were also plans to move to bigger and more suitable premises.

Staff we spoke with understood the vision, values and strategy to achieving this.

Culture within the service

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

Staff felt supported, respected and valued by the registered manager. We also saw documented in staff supervision records how much they enjoyed working for this provider.

The culture centred on the needs and experience of patients who used services. The registered manager told us the culture of the service was based around their values which included care and compassion, dignity and respect and openness and honesty.

Staff were encouraged to report all incidents as they were seen as a learning opportunity. Staff confirmed they could raise any issues with the registered manager or other senior staff. The registered manager confirmed he was exploring incorporating a freedom to speak up guardian into the service.

We saw evidence of mechanisms for providing all staff with career development and some staff had been given lead roles like infection prevention and control lead.

Due to the combination of a limited number of referrals and COVID-19, all staff meetings had been put on hold. The registered manager said he would reinstate them when their referrals for transport picked up and the pandemic restrictions were lifted.

Patient transport services

The provider had processes and procedures to ensure it met the duty of candour. We saw the duty of candour policy which included example letters staff could send if the need arose. Staff we spoke with were aware of the principles of the duty of candour.

Governance

Leaders now operated effective governance processes throughout the service. Staff at senior levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, some staff records needed to be more complete and meet legal requirements.

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. These were regularly reviewed, and improvements made as required. Since our inspection in February 2020, improvements included the registered manager devising an audit system to monitor the service. We saw evidence of the audits and minutes of monthly senior staff meetings where they were discussed.

We spoke with the quality assurance lead who had been appointed since the February 2020 inspection. They had the responsibility for introducing processes to improve the quality and safety of the service. They showed us evidence of their regular audits including infection control audits, vehicle check lists, and cleaning schedules. Action plans were devised to address any shortcomings in the results.

We saw all levels of governance and management functioned effectively and interacted with each other appropriately. The registered manager oversaw the audits completed by the quality assurance lead and these were discussed at the senior staff monthly meetings and minuted.

Some areas of governance needed to be improved. This included checking on staff not working excessive hours and ensuring all documentation about legal transfers was audited.

No new staff had been recruited since the February 2020 inspection as the registered manager had taken on staff who had been working for them through an agency. The registered manager had appointed a member of staff to make sure recruitment records contained the information required under the regulations in line with the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was an improvement since our inspection in February 2020 when agency staff had very few employment checks.

We reviewed four staff records, we saw evidence that disclosure and barring service checks (DBS) were completed on all four staff. However, we found not all employment checks were complete. For example, there was no information about staff conduct in previous health and social care employment for one member of staff. All staff had gaps in their employment history which had not been followed up with a written explanation for the gaps.

Evidence about each staff members' medical and physical health to be able to meet the role was also not present. We were shown a new job application form which included a request for details both physical and mental health. Photograph identification checks were seen. For the staff who had professional qualifications, such as a nursing qualification, we did not see proof these credentials had been checked. There was no recorded start date on the staff files so we could not be sure when they started working for this provider.

Management of risk, issues and performance

Patient transport services

Leaders used systems to manage performance. However, they had not identified and escalated all relevant risks and issues or identified actions to reduce their impact. This was specifically in relation to the safe conveyance of children and young people and the deteriorating patient.

At this inspection we found urgent concerns about the safe conveyance of children and young people and the management of a deteriorating patient. We wrote a letter of intent to the registered manager following this inspection detailing our urgent concerns. We requested an action plan to be returned within 48 hours. The action plan was returned to us within this timescale detailing the actions the service planned to take. For example, the registered manager amended the age for transporting children and young people to raise it to 13 years and above in the registration and Statement of Purpose. Also, as part of the action plan the registered manager told us they would not transport children until they were assured all their staff were competent to meet their needs. We will continue to monitor this.

The service also planned to amend its policy for the management of a deteriorating patient and train staff in the use of specific tool to assess the ongoing condition of the patient during transport.

A programme of audit had been devised to monitor quality and operational processes to identify where action should be taken. We were shown a range of audits that had been completed. These were overseen by the registered manager and discussed as part of their senior staff monthly meetings.

Arrangements for identifying, recording and managing risks, issues and mitigating actions had been devised since our last inspection. However, the risk for safe conveyance of children and young people and the management of deteriorating patients had not been identified. The risk for the ligature points in the patient transport vehicle had been identified by staff, but not documented on their risk register. The registered manager showed us the risk register. Each risk had been assessed and allocated a score, the higher the score being more of a risk. The risk register was reviewed at monthly meetings and any risks closed were removed. The system for reviewing closed risks was confusing as this needed to be read in line with the minutes from senior staff monthly meetings. However, the production and use of a risk register was an improvement from the inspection in February 2020.

The registered manager said there had been a lot of progress in addressing the risks since our inspection in February 2020. We issued a warning notice at this inspection which was followed up in April 2021 and it was found they had addressed the concerns raised.

Policies and procedures had been rewritten following our last inspection in February 2020 and circulated to all staff. Staff signed to say they had read and understood the policies, and this was kept on an electronic register. Following the inspection, we raised concerns about some policies which lacked information and guidance for staff to ensure patients were conveyed safely. These policies were amended just after the inspection. For example, children-specific information was added to the safeguarding policy.

Information Management

The service collected reliable data and the information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

There was an understanding of performance, which covered information on quality, operations and finances. The registered manager told us it was not always possible to get the views of patients who used the service due to their health condition at the time of transport.

Patient transport services

The service did not have performance measures as the business undertaken was currently small. All transport was booked in advance and staff recorded the time of arrival to collect and when they arrived at the destination. The registered manager recorded this information. The computer information systems used were password protected and accessible only by permitted staff. The booking form on the website asks for personal information about the patient but did not indicate if it was a secure form. The registered manager told us they were in the process of changing and upgrading the computer systems to improve service provision.

Patient and staff records held at the offices were stored securely and when the office was empty it was securely locked.

The registered manager was aware of their requirement to submit notifications to the Care Quality Commission (CQC) and other external bodies when required.

Public and staff engagement

Due to the size of the business, there were limited opportunities for leaders and staff to engage with patients, staff, equality groups, the public and local organisations to plan and manage services. However, there was a strategy to improve this.

Due to the size of the business at the time, the service had limited opportunities to actively gather patients' views and experiences to improve the services and culture. The registered manager said it was often difficult to obtain feedback during the transport due to the patient's health condition. If needed or requested, feedback forms were seen on the vehicle used for transport. Online feedback forms were available on the website for patients and others to use.

The registered manager was planning to obtain some feedback from other providers who had commissioned their services to help with monitoring of their service provision.

The registered manager told us they had a debrief session with staff following each journey. This enabled the staff to feedback any concerns or if they felt the transport went well.

All staff meetings had not been taking place due to COVID-19 and the lack of transport. With plans to increase service provision and the removal of pandemic restrictions, the registered manager said they would be looking to reinstate all staff meetings. Senior staff were meeting monthly to discuss the performance of the service and review risks.

Innovation, improvement and sustainability

Senior staff were committed to improving their service. They had an understanding of quality improvement methods and how to use them.

Since our inspection in February 2020, the registered manager and his senior team of staff had worked hard to address the requirements made of them. A warning notice issued at that inspection was followed up and met following our inspection in April 2021. The registered manager told us they continued to work hard to improve the service. The focus was on obtaining a regular contract for transport from commissioners and to improve their Care Quality Commission rating.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment