

Mr Nicholas Stefen Pridden

# SNP Medical Ltd

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

SNP Medical Ltd is operated by Mr Nicholas Stefan Pridden. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 31 October 2017 and 1 November 2017 along with an unannounced visit on 14 November 2017.

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

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

### Services we do not rate

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

We found the following areas of good practice:

- Staff knew about the duty of candour and their roles and responsibilities of being open and transparent when things went wrong.
- Staff demonstrated infection control practices in line with organisational policies. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean.
- We inspected three vehicles. All vehicles had appropriate equipment and all equipment on the ambulances had been electrically tested, checked and maintained.
- The provider stored records securely and we observed staff comprehensively completed patient report forms.
- Staff knew their responsibilities regarding safeguarding children and vulnerable adults.
- The provider used evidence-based guidance to inform staff practice and procedures. For example, staff procedures around needle stick injuries, using personal protective equipment and cleaning chemicals.
- Staff assessed any care requirements prior to patient journeys by communicating with staff from other providers. Staff asked about pain management prior to transporting the patient.
- We saw good communication and working with other patient transport providers and NHS hospital staff.
- The provider checked staff driving licenses and ensured all staff had a valid disclosure and barring service (DBS) check and therefore legally able to undertake their role.
- Staff received training on the mental capacity act (MCA) and dementia. Staff understood their roles and responsibilities concerning patient consent.
- Staff described and demonstrated their passion for providing good patient care.
- We observed positive interactions and relationships with patients. Staff displayed a supportive attitude and used encouragement and praise when supporting patients to move.
- Staff communicated with patients in a way that enabled patients to understand what was happening.
- Staff involved patients in what was happening, explaining and providing opportunities for questions.

# Summary of findings

- We observed staff reassuring patients and communicating in a meaningful manner to alleviate fears patients may have had.
- The service was flexible and was designed and delivered to meet patients and other provider's needs.
- Staff identified individual needs of patients. Staff treated patients on a case-by-case basis and said they would ensure patients were comfortable and meet any of their particular needs.
- Staff used a communication book to communicate with patients living with dementia, learning disabilities and patients with speech impairments.
- We saw a positive patient-centred culture. Staff were happy working for the provider and said they felt supported.
- The provider had a customer charter, which demonstrated a commitment to values centred on treating people with respect and recognising their needs.

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

- Staff did not always report incidents in accordance with the incident reporting policy.
- The provider did not record, investigate or retain incidents meaning there was insufficient oversight to assess and monitor risks.
- The provider did not assure us that staff had received appropriate training in manual handling and paediatric basic life support.
- Staff did not demonstrate knowledge of storing medical gases in ambulances..
- Staff did not receive regular meetings or support during their induction period.
- The provider did not have any materials available in other languages.
- There was not an effective system for the managing and handling of complaints with the provider had not documenting a complaint investigation in detail.
- The provider did not have a vision or strategy for the service and staff we spoke with did not know in what direction the organisation was heading.
- The provider did not audit or collect information regarding staff or organisational performance.
- The provider did not effectively monitor or manage risk. The provider had not reviewed risk assessments since 2015 and some were not relevant to current service provision.
- The provider had not tailored all policies to the organisation and some did not explain clearly what staff should do, how they should do it, and when they should do it.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected patient transport services. Details are at the end of the report.

Importantly, the provider must take action to ensure compliance with regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**Heidi Smoult**

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating Why have we given this rating?

#### Are services safe?

We do not currently have a legal duty to rate independent ambulance services.

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

- Staff did not always report incidents in accordance with the incident reporting policy. Staff told us about situations which should have been reported as incidents in line with the incident reporting policy.
- The provider did not record, investigate or retain documents relating to incidents, therefore meaning there was insufficient oversight to assess and monitor risks.
- The provider could not assure us that staff received appropriate training in manual handling and paediatric basic life support. During the inspection, the provider sourced further training for staff requiring it and provided evidence of training for other members of staff.
- Staff did not demonstrate knowledge of storing medical gases in ambulances and we observed a situation where staff held an oxygen cylinder during the transportation of a patient. In response to this, the provider ensured staff received medical gases training.

However, we also found areas of good practice:

- Staff knew about the duty of candour and their roles and responsibilities of being open and transparent when things went wrong.
- Staff demonstrated good infection control practices. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean.
- All vehicles inspected had appropriate equipment and all equipment on the ambulances had been tested and checked.

# Summary of findings

- The provider stored records securely and we observed staff comprehensively completed patient report forms.
- Staff knew their responsibilities concerning safeguarding children and vulnerable adults.

## **Are services effective?**

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Some staff practice was based on evidence based national guidance. For example staff procedures around needle stick injuries, using personal protective equipment and cleaning chemicals
- Staff assessed any care requirements prior to patient journeys by communicating with staff from other providers. Staff asked about pain management prior to transporting the patient.
- We saw good communication and working with other patient transport provider and NHS hospital staff.
- The provider ensured all staff had a valid disclosure and barring service (DBS) check and therefore legally able to undertake their role.
- Staff received training on the mental capacity act (MCA) and dementia. Staff understood their roles and responsibilities concerning patient consent.

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

- Staff did not receive regular meetings or support during their induction period.
- The provider did not collect information on patient outcomes or staff response times.

## **Are services caring?**

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff described and demonstrated their passion for providing good patient care.

# Summary of findings

- We observed positive interactions and relationships with patients. Staff displayed a supportive attitude and used encouragement and positive language when supporting patients to move. Patients were positive about care provided by staff.
- Staff communicated with patients in a way that enabled patients to understand what was happening. Staff involved patients in what was happening, explaining and providing opportunities for questions.
- We observed staff reassuring patients and communicating in a meaningful manner to alleviate fears patients may have had.

## **Are services responsive?**

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The environment was appropriate for delivering patient transport services.
- The service was flexible and was designed and delivered to meet patients and other provider's needs. Staff took work from hospital and other patient transport services. The flexible nature meant journey times were shorter for staff and patients.
- Staff identified individual needs of patients at the booking stage. Staff treated patients on a case-by-case basis and said they would ensure patients were comfortable and meet any of their particular needs.
- Staff used a communication book to communicate with patients living with dementia, learning disabilities and patients with speech impairments.
- The lack of eligibility criteria meant the service could be flexible in transporting all different kinds of patients who may not otherwise receive transport.

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

# Summary of findings

- The provider did not have any materials available in other languages.
- There was not an effective system for the managing and handling of complaints. The service received one complaint between September 2016 and September 2017 however, the provider had not documented the complaint investigation in detail.

## **Are services well-led?**

We do not currently have a legal duty to rate independent ambulance services.

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

- The provider did not have a strategy for the service and staff we spoke with did not know in what direction the organisation was heading.
- The provider did not audit or collect information regarding staff or organisational performance. The provider did not set specific targets or standards so could not measure performance against standards outlined in the customer charter.
- The provider did not effectively monitor or manage risk. The provider had not reviewed risk assessments and some were not relevant to current service provision. The provider had not considered risks to patients in the risk assessments.
- The provider had not tailored all policies to the organisation and some did not explain clearly what staff should do, how they should do it, and when they should do it.

However, we also found the following areas of good practice:

- We saw a positive patient-centred culture. Staff were happy working for the provider and said they felt supported.
- The provider had a customer charter, which demonstrated a commitment to values centred on treating people with respect and recognising their needs.
- The provider demonstrated commitment to improvement.

# SNP Medical Ltd

## Detailed findings

### Services we looked at

Patient transport services (PTS)



# Detailed findings

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## Background to SNP Medical Ltd

SNP Medical Ltd is operated by Mr Nicholas Stefan Pridden. The service opened in 2016. It is an independent ambulance service in Leicester. The service primarily serves the communities of the Leicestershire area. The service had no formal contract arrangements with any commissioners and instead worked with local hospitals, other patient transport services (PTS) providers, and the local authority to provide non-emergency patient transport to the communities of Leicestershire.

The aims and objectives of SNP Medical Ltd are to provide private ambulance services for non-emergency patient transport on behalf of the NHS. The journey types

and categories of patient they transport include; outpatient appointments, hospital discharges, hospital admissions, hospital transfers (non-urgent transfers), and paediatric patient journeys. The service also worked with the local authority to provide school transport for medically unwell children.

We undertook an announced and unannounced inspection and inspected the five key questions whether the service was safe, effective, responsive, caring and well led. We inspected the registered location in Leicester, vehicles and observed staff in order to speak to patients and staff about the ambulance service.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in patient transport services. Simon Brown, Inspection Manager oversaw the inspection team.

## Facts and data about SNP Medical Ltd

The service is managed from an office at Beaumont Enterprise Centre. A condition of registration was to provide only services from this location. The service shared the location with other business from other sectors. The ambulance base is also located at the Beaumont Enterprise Centre and vehicles parked in the car park at the rear of the building. The provider had only

recently started to log the number of journeys the service had completed. Therefore, the total number completed for the period 1 September 2017 to 30 October 2017 was 286.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

# Detailed findings

The provider is the registered manager for the service and had been in post since registration.

The service provides transport services between 9am and 7pm Monday to Friday. Staff contacted hospital staff or other patient transport providers to receive jobs.

During the inspection, we visited Beaumont Enterprise Centre, which was the registered location and base for all vehicles. We spoke with five staff including patient transport drivers, administrative staff and management. We spoke with five patients. We also received three 'tell us about your care' comment cards, which patients had completed before our inspection. During our inspection, we reviewed six sets of patient records.

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

Activity (September 2017 to October 2017)

- There were 286 patient transport journeys undertaken.

Three patient transport drivers worked at the service who worked on zero hour contracts.

Track record on safety

- The provider could not provide us with information on the number of reported incidents.
- The provider recorded one complaint for the period October 2016 to October 2017.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

The service is managed from an office at Beaumont Enterprise Centre. A condition of registration was to provide only services from this location. The service shared the location with other business from other sectors. The ambulance base is also located at the Beaumont Enterprise Centre and vehicles parked in the car park at the rear of the building. The total number completed for the period 1 September 2017 to 30 October 2017 was 286.

The provider employed four members of staff. Three members of staff were ambulance crew and another member of staff to undertake accounts work.

The service provides transport services between 9am and 7pm Monday to Friday. Staff contacted hospital staff or other patient transport providers to receive jobs.

## Summary of findings

Patient transport services (PTS) is the only service provided by SNP Medical. We have not rated this service as we currently do not have the legal duty to rate independent ambulance services. This was a comprehensive inspection which inspected all elements of the five key questions.

The provider had some procedures to ensure patients were protected from avoidable harm. Staff followed infection control practices and we observed vehicles and equipment was visibly clean and maintained. Staff knew their roles and responsibilities with regards to safeguarding vulnerable adults and children. The provider had processes in place to escalate any concerns.

Staff had access to policies and procedures and the provider used evidence-based guidance to inform staff practice. We observed positive relationships and communication between staff and other healthcare providers. Staff had procedures to ensure they had all appropriate information about the patient prior to transportation. Staff understood their roles and responsibilities concerning patient consent.

Staff described and demonstrated their passion for providing good patient care and we observed a positive patient centred culture. We observed positive interactions and relationships with patients. Staff displayed a supportive attitude and went the extra mile to communicate with patients in a meaningful manner using a communication book. The service was flexible and delivered to meet patient needs.

# Patient transport services (PTS)

However staff did not always report incidents in accordance with the incident reporting policy and there was insufficient oversight and management of incidents. The provider did not assure us staff had received appropriate training in manual handling, paediatric basic life support and medical gases. The provider did not use an effective system for the managing and handling of complaints. There was no effective oversight and management of performance and risk. Not all policies had been tailored to meet the organisation's needs.

## Are patient transport services safe?

We do not have the legal right to rate safe for patient transport services. We found:

- Staff did not always report incidents in accordance with the incident reporting policy. Staff told us about situations which should have been reported as incidents in line with the incident reporting policy.
- The provider did not record, investigate or retain documents relating to incidents, therefore meaning there was insufficient oversight to assess and monitor risks.
- The provider could not assure us that staff received appropriate training in manual handling and paediatric basic life support. During the inspection, the provider sourced further training for staff requiring it and provided evidence of training for other members of staff.
- Staff did not demonstrate knowledge of storing medical gases in ambulances and we observed a situation where staff held an oxygen cylinder during the transportation of a patient. In response to this, the provider ensured staff received medical gases training.

However, we also found:

- Staff knew about the duty of candour and their roles and responsibilities of being open and transparent when things went wrong.
- Staff demonstrated good infection control practices. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean.
- All vehicles inspected had appropriate equipment and all equipment on the ambulances had been tested and checked.
- The provider stored records securely and we observed staff comprehensively completed patient report forms.
- Staff knew their responsibilities concerning safeguarding children and vulnerable adults.

## Incidents

- The service reported no serious incidents or never events for the period October 2016 to October 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow

# Patient transport services (PTS)

national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- The service had an incident reporting policy dated April 2016 and had a review date recorded (April 2018). This detailed the system for reporting and investigating incidents and included a table of incidents which staff were required to report.
- Staff did not always report incidents in accordance with the incident reporting policy. For example, staff told us they did not report issues affecting service delivery such as delays or damage to the organisation's vehicles or accidents. Staff did however report the issue to the organisation that had commissioned the patient transport but did not receive feedback. The provider said he did not expect staff to report incidents unless a third party was directly involved. This was not in line with the incident reporting policy.
- Staff reported incidents using a paper form submitted to the provider for investigation. Staff gave us examples of when they had reported incidents using the form. However, the provider told us he had disposed of all the forms and kept no records of investigations. Therefore he could not tell us how many incidents had been reported or share any feedback or learning from them.
- Data from the service showed staff reported one 'near miss' in August 2017. The near miss involved a patient waiting in the back of a hot ambulance for 15 minutes while the crew went to pick up another patient. A member of staff from another patient transport provider also reported this as a complaint. For further details see the complaints section in responsive.
- The duty of candour is a regulatory duty requiring providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.
- The incident reporting policy contained details about meeting with patients and their relatives in serious circumstances. The provider also had a separate duty of candour policy highlighting staff roles and responsibilities regarding the need to be open and honest when things go wrong. Staff received training on

the duty of candour. All staff we spoke with knew about the duty of candour and their roles and responsibilities concerning being open and honest. We were not able to assess if the duty of candour regulation had been adhered to due to the lack of information on incidents.

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

- The service did not collect or monitor safety or performance. However, this was a small service without contract obligations to collect performance data.

## **Cleanliness, infection control and hygiene**

- The organisation had an infection control policy. However, the provider had not tailored the policy to suit the organisation's needs. The policy was complex to suit a large organisation and did not provide staff with clear guidance in terms of disposing of clinical waste or uniform decontamination.
- The provider did not conduct infection control audits to measure the quality of infection control procedures. The provider observed infection control practices when observing staff on patient journeys. However, the provider did not formally record this. Staff did not use checklists to check cleanliness of vehicles so there was no way of auditing cleanliness of vehicles.
- Data from the organisation showed all staff completed infection control training on induction as part of their mandatory training programme.
- Staff followed infection prevention and control practices. We saw staff clean vehicles and equipment in between patients. Staff checked vehicles inside and outside at the beginning of each shift for cleanliness and staff cleaned vehicles at the end of each shift. All vehicles we checked were visibly clean.
- We saw there was a system of using colour coded mops and buckets with different cleaning products. Staff used this system to clean different areas of the ambulance for example, inside and outside to avoid cross contamination. Staff had access to cleaning sprays, cloths, wipes and disposable gloves. Staff could replenish stock at the base when required.
- We observed staff cleaning their hands before and after patient contact. However, staff demonstrated a lack of awareness regarding the World Health Organisation

# Patient transport services (PTS)

(WHO): Five Moments Approach to Hand Hygiene. The five moments aims to improve hand hygiene across health services. The approach supports coordinators in ensuring hand hygiene is performed at the right time (the Five Moments) in the right place (the point of care) using the appropriate method (soap and water handwashing or alcohol hand rub) using the correct technique.

- The provider informed staff of the bare below the elbow guidance during the induction. The provider expected staff to be bare below the elbow whilst in a clinical environment. We observed staff follow this requirement in clinical areas. Staff also used personal protective equipment for example, gloves and aprons when required.
- Staff uniform maintenance was the responsibility of each individual staff member. However, we did not observe any specific guidance on the maintenance of these uniforms in regards to cleaning them. Staff uniforms appeared visibly clean and staff appeared well presented.
- Staff had procedures to obtain support and advice regarding infection control issues. Staff could contact managers at the local hospital trust or other ambulance providers.

## Environment and equipment

- The environment was not the typical environment for an ambulance station. The service was located at business unit and shared offices. However, the provider had dedicated areas to wash, clean and store vehicles. Staff had a dedicated area where they could access and store cleaning materials and paperwork. Staff locked the materials away in a dedicated storage area.
- We observed staff complete daily checks of vehicles and recorded these on paper forms. Staff handed them to the provider who kept them in the main office. The checks included condition of bodywork, ensuring equipment worked and checking oil and fuel levels. This enabled staff and the provider to identify any vehicle issues and action this as appropriate prior to leaving the base. The provider checked staff completed these once a month.
- Staff received training in manual handling. Staff had the appropriate equipment to undertake the manual

handling of patients. However, the provider could not assure the inspection team staff had received appropriate training from a qualified instructor. The provider delivered the training but was not qualified to deliver manual handling training. There was a comprehensive section on manual handling in the staff induction pack and staff received in-house training from the provider. The inspection team did not see any moving and handling risks to patients during the inspection.

- We inspected three vehicles. All vehicles had appropriate equipment and all equipment on the ambulances had been electrically tested, checked and maintained. The provider had a regular schedule for checking and testing equipment. Staff used safety restraints for transporting patients in wheelchairs. Staff checked these daily and we observed they were in good working order.
- The provider had a process to ensure all vehicles were serviced and regularly Ministry of Transport (MOT) tested. The service used an external company to provide this service. All vehicles had up to date service history and MOT tests.
- An external company inspected vehicles every 12 weeks to provide assurance they were in a satisfactory state of repair and safe for transporting patients.
- Vehicle keys were securely stored on a locked box inside a secure cage. Staff used a key to gain access to the cage and then used a specific code to unlock the box.
- Staff transported children as part of their patient transport service. Other medical professionals, relatives or carers brought and used any equipment on the vehicle. Staff had appropriate seat restraints for transporting children.
- The service had a local agreement with the local NHS hospital to use their blankets and sheets as required.
- Staff had procedures to dispose of clinical waste. Staff had appropriate containers in which to dispose of needles on ambulances. In addition, staff had arrangements with local hospitals to dispose of arterial lines, gloves and aprons using their disposal procedures. We observed staff disposing of clinical waste in hospital clinical waste bins.

# Patient transport services (PTS)

- We checked nine pieces of equipment including wheelchairs and resuscitation equipment. The provider had tested and checked all equipment meaning they were safe and appropriate to use.
- The provider did not have the correct equipment to meet the needs of bariatric patients. Staff said they refused to take bariatric patients for this reason. However, staff said staff from other providers had previously insisted they take a patient. The patient did fit on the stretcher however, staff did not know the safe load weights for bariatric patients. Staff did not report this as an incident meaning the provider could not recognise this as a risk to patients.

## Medicines

- No medicines were stored on any of the vehicles or within the office building. No oxygen was stored on vehicles and therefore staff used oxygen provided by hospitals or care providers when transporting patients. The provider did have an arrangement to procure oxygen should it be required.
- We observed staff not following correct guidance concerning the storage of oxygen on vehicles. Guidance states staff should secure oxygen in an upright position within the ambulance. However, we observed staff holding an oxygen cylinder while the transportation of a patient was in progress. This presented a serious risk to the patient and a risk of injury to staff. In response to this, the provider had organised oxygen and medical gases training so that staff could use the piped oxygen system available in the ambulance. Staff were undertaking this training at the time of the inspection.
- Staff transferred children with complex health needs such as epilepsy as part of an arrangement with parents or carers through contact with the local authority. As part of this arrangement, the local authority required the provider to train staff in administering certain medicines such as buccal midazolam (a medicine used when a patient has an epileptic seizure).
- Staff had received training and guidance on the administration of the medicine. Staff had procedures in place for the management of and signing for buccal midazolam. The provider had risk assessments in the event of staff needing to use the medication and staff knew about any side effects the medicine may cause.

## Records

- Records were stored securely at the registered location. The provider kept paper records in a locked filing cabinet. The filing cabinet was in the main office, which the provider locked overnight. The provider kept electronic records, including patient journeys and details, on a password-protected computer.
- However, the provider was unsure as to how long these records should be stored for and therefore some information was not available to the inspection team, for example incident records. The organisation's information governance policy did not specify how long the provider should keep records. The provider stated he would review the policy.
- The provider had recently updated the patient record used when transporting the patient. This was more in-depth and gave staff the option to record relevant medical history for the transportation of the patient. The new patient record had areas for staff to document any special notes or relevant medical conditions including do not attempt cardio-pulmonary resuscitation (DNACPR), known allergies and skin integrity. Staff said they liked the new forms as it allowed them to capture more information about the patient.
- The patient record had a section for staff to sign and confirm patient transport staff had handed over all records, medication and patient property to care or clinical staff.
- We observe staff comprehensively complete four forms and note all the key information about the patients. We reviewed a further six patient record forms back at the registered location. All records were legible, complete, signed and dated by staff.
- We reviewed 13 vehicle checklist forms. We observed staff completed all vehicle checklists and staff recorded the key information such as condition of the vehicle and oil levels. Staff had not signed and dated two of the forms as per the requirements on the checklist. On seven forms, staff did not record the tread depth of the tyres. These related to forms completed since 30 October 2017. The provider said he had told staff not to check tyre treads depth daily and instead to review monthly unless tread depth was low.



# Patient transport services (PTS)

- When booking patient transfers, staff asked for and recorded details of any patients with do not attempt cardio pulmonary resuscitation (DNACPR) documentation. Staff said they would not take a patient with a DNACPR unless it was accurate and up to date. Staff had received training on DNACPRs.
- Staff ensured they conducted handovers before taking patients from hospital and before leaving the patient in their care setting. This meant they could ensure staff handed records travelling with the patient to the correct individuals.

## Safeguarding

- The organisation had safeguarding policies and procedures for adults and children. The policy was available in hard copy form at the registered location. Ambulance staff had access to the pathway in the majority of vehicles along with the relevant local authority contact details. We saw the provider had escalation procedures and contacts at the local hospital trust and with the local authority.
- Staff knew their roles and responsibilities regarding safeguarding adults and children. Staff knew about signs of abuse, harm and how to escalate any concerns. Staff used incident forms to raise safeguarding concerns. In addition, staff said they could raise concerns through the local hospital trust or other patient transport providers systems and processes.
- All staff received training in safeguarding adults and children. Staff completed a training booklet to level two standards. We saw in staff files all staff had completed the booklet but the assessor and staff had not signed or dated the training booklet. However, to mitigate this, the provider had implemented online safeguarding children and adults course by an accredited provider.
- The provider had been seeking further training prior to the inspection. We saw evidence of the provider attempting to seek advice and further training through emails to other organisations. In the interim, the provider booked and completed level three training after the inspection and was continuing to source level four training.

## Mandatory training

- Data from the provider showed all staff had received mandatory training. All staff had received this training as

part of their induction because it was a relatively new service. Mandatory training consisted of online and classroom taught sessions. The provider had training records showing what training courses staff had completed, and when they were due to receive further training. Training included infection control, manual handling, basic life support (BLS) and first aid at work.

- In addition, the provider had recently introduced an online mandatory training programme, which included topics on safeguarding, mental capacity act, infection control, conflict resolution and dementia awareness.
- Staff did not receive any formal driver training however, the provider observed staff for two days so he could assess driving competencies. The provider undertook this in conjunction with checking staff driving licenses and their eligibility to drive the vehicles. The provider joined staff on patient journeys periodically to review staff's driving standards.

## Assessing and responding to patient risk

- All staff working on the ambulances said they received training in basic first aid as part of their induction or annual mandatory updates. This gave them basic skills to notice and act if a patient was deteriorating. In addition, all staff said they would call 999 for the emergency services to attend or take patients straight to the emergency department. Data from the organisation showed all staff had received BLS training.
- For the school transport service the local authority provided a risk assessment and a list of requirements in order to transport children to school. The provider then decided whether they would transport that child and whether they could meet their needs, for example having the right equipment. For hospital transfers staff received details from hospital staff or the control room of another patient transport provider of any risks to patients.
- During the inspection, the provider could not assure us about the competence of staff regarding paediatric BLS. Some staff said they had received some paediatric BLS however; the provider did not have evidence of any qualification in staff files. Therefore, the provider could not assure the inspection team staff would know what to do if a child went into cardiac arrest. However, after



# Patient transport services (PTS)

the inspection the provider gave us details of staff who had completed paediatric BLS. In addition, the provider ensured those members of staff who required training or refreshers had been booked on training courses.

- Nursing or medical staff accompanied patients with complex medical conditions or the seriously ill on inter-hospital transfers. This ensured any risks to patients were managed by trained nursing or medical staff.
- Staff had received conflict resolution training as part of their induction programme. This supported staff to deal with patients with challenging behaviours.
- The provider had policies and procedures for staff to deal with violent patients, Details of actions and steps to take were available in the bullying and harassment policy. The provider had a risk assessment covering risks to staff and staff had received conflict resolution training. Staff also made dynamic or 'on the spot' risk assessments and they said if they felt unsafe they would not transport the patient.

## Staffing

- The service employed three substantive staff to run the vehicles for the level of service provided. At the time of the inspection, the provider had recently recruited another member of staff.
- The provider employed staff on a zero hour contract. Staff generally worked from 8am to 7pm Monday to Friday. The provider paid staff for any hours worked outside their contracted hours.
- Between September 2016 and September 2017, the service did not have any turnover of staff and recorded two days of staff sickness absence.
- Staff said the provider encouraged staff to take regular breaks. We observed communication between staff and the provider regarding breaks and ensuring staff took sufficient lunch breaks.

## Anticipated Resource and Capacity Risks

- The provider had a business continuity plan which highlighted risks to operations and delivery of services. The provider included risk of fire, flooding, telephone

loss and IT equipment failure. The plan contained information about key providers and telephone numbers including basic information on alternative arrangements for example, having spare mobile phones.

- The provider had a reserve fund for financial impacts, service developments or for the purchase of new equipment and vehicles. This fund ensured the service could continue to run in the event of an impact on organisational finances. However, financial risks and their mitigation were not included in the business continuity plan. In response to this, the provider added this to the business continuity plan.

## Response to major incidents

- Staff did not attend or respond to major incidents.
- The provider attended some events during the calendar year and had a First Response and Emergency Care (FREC) qualification. This enabled the provider to respond to emergencies at events.
- The registered location had clear fire evacuation procedures. The organisation used the procedures put in place by the building management company.

## Are patient transport services effective?

We did not have the legal right to rate effective for patient transport services. We found:

- Some staff practice was based on evidence based national guidance. For example staff procedures around needle stick injuries, using personal protective equipment and cleaning chemicals
- Staff assessed any care requirements prior to patient journeys by communicating with staff from other providers. Staff asked about pain management prior to transporting the patient.
- We saw good communication and working with other patient transport provider and NHS hospital staff.
- The provider ensured all staff had a valid disclosure and barring service (DBS) check and therefore legally able to undertake their role.
- Staff received training on the mental capacity act (MCA) and dementia. Staff understood their roles and responsibilities concerning patient consent.

# Patient transport services (PTS)

We also found:

- Staff did not receive regular meetings or support during their induction period.
- The provider did not collect information on patient outcomes or staff response times.

## Evidence-based care and treatment

- The service conducted staff and vehicle audits to ensure staff followed policies and procedures. For example, the audit included the condition of staff uniforms and whether staff had undertaken daily vehicle inspections. However, the provider undertook these once a month on one member of staff. The provider had started these audits in September 2017 meaning there were no long terms results, themes, or trends identified to change any aspects of the service.
- Staff had access to hard copies of policies and procedures at the registered location. The provider kept policies and procedures in folders located in the office. The provider left any briefings or local guidance in a folder where staff accessed keys and paperwork for vehicles. This enabled staff to take the folder with them or review them before or after shifts.
- The provider based practice on evidence based national guidance. For example, staff procedures around needle stick injuries, using personal protective equipment and cleaning chemicals used Health and Safety Executive (HSE) and control of substances hazardous to health (COSH) guidance. The organisation based the policy on the administration of buccal midazolam in line with national guidance.

## Assessment and planning of care

- Staff did not transport patients subject to the Mental Health Act.
- Staff did not perform any care or treatment on patients. A medical professional usually accompanied any patients requiring care and treatment. For patients who required oxygen, the oxygen levels would be set prior to leaving medical facilities because staff did not have training in how to administer oxygen.

- Staff obtained information from hospital staff or a patient transport staff to identify any issues or needs that may affect the transportation of the patient. This included alerting to crews to patient conditions such as dementia or requirements such as needing a stretcher.
- Staff asked about pain management prior to journeys in and out of hospital. This was to ensure they had all the necessary information to handover to staff or carers at the other end of the journey.
- The majority of the transport journeys were short and therefore patients generally did not have any nutrition or hydration requirements during journeys. Staff received information regarding nutrition or hydrations requirements prior to journeys for example; one member of staff gave an example of a patient who had difficulty swallowing therefore staff knew not to offer then anything to the drink.

## Response times and patient outcomes

- The provider did not monitor response times or patient outcomes. The provider did record each journey in terms of the patient and details and location of the journey.
- The provider had a flexible service to support hospitals and other patient transport providers. Once staff completed a journey, they rang another patient transport provider and asked if there were jobs in their location. This meant they could respond quickly and flexibly thus reducing waiting times for patients requiring transport.
- Because the service was small, they were unable to compare against other providers. In addition, the organisation did not have any formal arrangements with other organisations and therefore were not required to collect or analyse patient outcome data. As the provider did not collect this data it was difficult to demonstrate their effectiveness.

## Competent staff

- The provider ensured staff were competent and legally able to drive vehicles. We reviewed three staff files and saw all staff had a valid disclosure and barring service (DBS) check.
- The service provided new staff with induction training. The training included using equipment, patient care,

# Patient transport services (PTS)

infection control and moving patients. The induction training reflected the service's annual mandatory training programme. Two out of three members of staff said they received classroom sessions as part of their induction training.

- We observed staff transporting patients with complex needs including patients living with dementia. Staff received training on conflict resolution, mental capacity act and dementia in order to have the right knowledge and skills in which to do their job.
- The provider did not have procedures in place to support staff development. Staff did not have one to one meetings with their manager or appraisals. In addition, staff did not receive any development meetings during their induction to ensure they were competent settling into their role. Following our inspection the provider told us that staff had not received appraisals because they hadn't been employed for the required length of time to carry these out, furthermore the provider provided us with evidence of support from an external company for human resources, an appraisal and one to one form. The provider said he would be introducing staff appraisals in January 2018.
- Despite the lack of appraisals and one-to-one meetings, all staff we spoke with said they felt supported. Staff said they could rely on the provider to sort out any issues that they had and felt comfortable speaking to him at any time.
- The provider had plans to introduce further training for staff based on what skills were required to undertake their roles. For example, the provider had arranged training in tracheostomies (a tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe) to enable staff to transport a child who had received this procedure. The provider had arranged for staff to attend dementia friends training to study the condition more in depth.
- The provider had procedures to tackle poor performance. The provider had a code of conduct and a disciplinary and dismissal policy in the event staff perform poorly or behave in an inappropriate manner.

## Coordination with other providers and multi-disciplinary working

- Managers and staff said they had a good working relationship with the local NHS hospital trust and could call to discuss any concerns. We observed staff had positive relationships with staff from other providers and services. Staff listened and allowed staff from other providers to take the lead or ask questions when necessary. Staff supported staff from other providers in the moving and handling of patients.
- We observed good communication with control staff from another patient transport provider. We saw communication through telephone to control staff letting them know when the crew were available or had completed their journey.

### Access to information

- Staff worked with staff from other providers to ensure they had appropriate information. For example, do not attempt cardio pulmonary resuscitation (DNACPR) orders and special notes. Staff working at other providers gave crews the appropriate information including special notes and DNACPRs. The service had a clear policy regarding obtaining information from other providers. Staff worked in accordance with this policy and we observed staff asking for the information prior to leaving the hospital or care setting.
- We observed staff asking for and detailing any information needed for the patient's ongoing care and treatment. For example, we saw staff asking about any medication requirements and handing them over to staff at a care setting. Staff included any information to be handed over to other care or NHS staff on the patient report form. Staff signed a transfer sheet at both a departure and arrival destinations.
- Staff had easy access to policies and procedures at the office location.

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

- All staff had access to training in the mental capacity act and consent. Data from the provider showed all staff had received training in the mental capacity using an online training system.

# Patient transport services (PTS)

- We observed staff asking for patient consent when moving them or making physical contact. Staff understood their roles and responsibilities regarding consent. Staff said if a patient refused to get in the vehicle, they would not transport them.
- Staff said they did not know about Gillick competency. Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) can consent to his or her own medical treatment. However, staff did not provide treatment and care to patients and clinical staff, parents or carers accompanied children.

## Are patient transport services caring?

We did not have the legal right to rate caring for patient transport services. We found:

- Staff described and demonstrated their passion for providing good patient care.
- We observed positive interactions and relationships with patients. Staff displayed a supportive attitude and used encouragement and positive language when supporting patients to move. Patients were positive about care provided by staff.
- Staff communicated with patients in a way that enabled patients to understand what was happening. Staff involved patients in what was happening, explaining and providing opportunities for questions.
- We observed staff reassuring patients and communicating in a meaningful manner to alleviate fears patients may have had.

### Compassionate care

- Staff described their passion for providing good patient care and building relationships with patients. We observed six patient interactions. Staff were respectful, friendly and allowed patients plenty of time to get in and out of ambulances.
- We saw positive and friendly interactions between staff and patients. Staff talked to patients during their journey to help them feel at ease and comfortable. Staff used humour where appropriate and showed an interest in patient's welfare and social background.
- Staff displayed a supportive attitude to patients and put their needs first. All staff enquired whether patients were

comfortable. Staff used encouragement and praised patients when moving and handling them into position. Patients we spoke with and feedback from comment cards said they felt staff were caring.

- Staff ensured they respected patient privacy. Staff avoided any patient-related conversations in public areas. Staff maintained patient dignity during moving and handling. Staff knew their responsibilities in terms of maintaining patient privacy and dignity.
- Staff driving ambulances drove with care to ensure the patient's ride was comfortable and smooth. Staff drove over speed bumps and road surfaces carefully and slowed down to ensure patients felt comfortable.

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

- Staff communicated with patients in a way that enabled patients to understand what was happening about their care and treatment. Staff explained to patients in simple terms any complicated or technical terms. Staff gave patients plenty of time to ask questions and checked with patients that they had understood what staff had told them.
- Patients said staff explained everything to them and they could ask questions at any time. Staff talked to patients and care staff about their needs and requirements prior to journeys. Staff talked to patients to understand and involve them in their transport requirements. Where possible staff provided patient's choices in terms of where they sat to ensure the most comfortable method of travel.

### Emotional support

- We observed staff reassuring patients and communicating in a meaningful manner to alleviate fears patients may have had. Staff used eye contact and physical contact to reassure patients.
- We observed staff supporting patients to walk independently where appropriate.

## Are patient transport services responsive to people's needs?

We did not have the legal right to rate responsive for patient transport services. We found:

# Patient transport services (PTS)

- The environment was appropriate for delivering patient transport services.
- The service was flexible and was designed and delivered to meet patients and other provider's needs. Staff took work from hospital and other patient transport services. The flexible nature meant journey times were shorter for staff and patients.
- Staff identified individual needs of patients at the booking stage. Staff treated patients on a case-by-case basis and said they would ensure patients were comfortable and meet any of their particular needs.
- Staff used a communication book to communicate with patients living with dementia, learning disabilities and patients with speech impairments.
- The lack of eligibility criteria meant the service could be flexible in transporting all different kinds of patients who may not otherwise receive transport.

However, we also found:

- The provider did not have any materials available in other languages.
- There was not an effective system for the managing and handling of complaints. The service received one complaint between September 2016 and September 2017 however, the provider had not documented the complaint investigation in detail.

## **Service planning and delivery to meet the needs of local people**

- The provider used information and local knowledge about the needs of the healthcare system to plan how to deliver the service. The provider set up a responsive service, which supported the system to enable patients to leave hospital.
- The provider did not have any formal contracts in place with any commissioners or healthcare provider. This meant the service was flexible and did not operate out of any specific hospital. This meant staff could conduct journeys from any location where other providers needed them in Leicestershire. It also meant staff completed as many journeys as they could within the time their shift allowed.
- The facilities were appropriate for delivering the service to patients and public. The registered location was

located at shared offices managed by an external management company. The environment was light, well maintained and had meeting rooms and a kitchen for staff.

## **Meeting people's individual needs**

- For patients whose first language was not English the service used relatives travelling with patients or an online translation application. The service had access to translation services if required through an NHS provider who could organise face to face and telephone interpretation. However, staff told us they had never used this. In addition, staff said they were encouraged to use the translation 'app' on their smartphones.
- Staff identified individual needs of patients at the booking stage. A third party provider alerted the service of any patients with special needs including those living with dementia or with learning disabilities. Staff treated patients on a case-by-case basis and said they would ensure patients were comfortable and meet any of their particular needs.
- Staff used a communication book for patients living with dementia and learning disabilities. The book contained pictures and symbols so staff could communicate directly with those patients who could not communicate using words. We observed staff using these books during the inspection. The inspection team highlighted this as an area of good practice.
- Staff ensured they had the correct equipment to meet the needs of patients with physical disabilities. Staff ensured they had the appropriate space and equipment to ensure patients could travel comfortably and safely.
- The service aimed to take account of the needs of different people, including those in vulnerable circumstances. The service had an equality and diversity policy. The aim of the policy was to define and promote all the company's employees approach to equality and diversity and to ensure there were defined guidelines for employees to follow if necessary. We observed staff caring for all patients consistently regardless of race, gender, gender identity, religion, belief, sexual orientation, age, physical/mental capability or offending background.

## **Access and flow**



# Patient transport services (PTS)

- Staff were timely and due to the flexible nature of their work, they could be where they needed to be at the right time. Staff contacted hospital staff or other PTS providers to check if any patients close by required transport. This reduced the waiting time for patients and travel time for the crew.
- The provider did not monitor response times, travel times or patient discharge delays. There was no contractual requirement for the provider to collect this information. However, this meant the provider could not monitor or audit staff performance in this area. Following our inspection the provider informed us that they had implemented a journey log, which highlighted numbers of journeys per day, cancellations and delays. The provider told us that as they developed it would start to show average numbers of journeys.
- The provider did not have criteria or eligibility for patient transport. Part of the provider's aims was to provide patient transport to all patient groups. This meant staff could be flexible to meet the needs of patients who were not eligible for commissioned patient transport services. Hospital staff and other patient transport providers directed staff in terms of jobs and journeys undertaken.
- For the period September 2016 to September 2017, the service received one complaint. We saw the provider had investigated and responded to the complainant in accordance with the organisation's complaints policy. The provider had documented the issue and outcome. However, the provider had not documented the complaint investigation or the response to the complainant. This meant the provider did not have an effective system for managing, recording and handling of complaints.
- The provider shared the outcome of the complaint with staff. Staff said they received feedback about the complaint and the provider dealt with it quickly (within three days). The provider stated they had not identified any learning from the complaint and therefore they had not shared this with staff. However, because the provider had not recorded the complaint investigation we could not confirm this.
- In response to the inspection team raising the issue regarding the complaints handling, the provider attended a complaints management course shortly after the inspection. This helped to increase their understanding about how to manage complaints.

## Learning from complaints and concerns

- The service had a complaints policy. The policy was in date and clear in terms of roles, responsibilities and timescales for response for staff and the provider. The policy reflected NHS complaint regulations and ensured procedures were in place to allow patients to make complaints in a variety of ways for example by telephone or in writing.
- Staff documented the complaint on a complaint form. The provider had the responsibility for completing and signing off the complaint investigation. The provider said they dealt with all complaints as soon as they received them. The provider sent responses within 14 working days in accordance with the complaints policy.
- Vehicles had posters informing patients how to complain meaning patients could access information on how to complain. The provider did not have any material including complaints information in any languages other than English. This meant that patients whose first language was not English could not read any information provided to them.

## Are patient transport services well-led?

We did not have the legal right to rate well-led for patient transport services. We found:

- The provider did not have a strategy for the service and staff we spoke with did not know in what direction the organisation was heading.
- The provider did not audit or collect information regarding staff or organisational performance. The provider did not set specific targets or standards so could not measure performance against standards outlined in the customer charter.
- The provider did not effectively monitor or manage risk. The provider had not reviewed risk assessments and some were not relevant to current service provision. The provider had not considered risks to patients in the risk assessments.

# Patient transport services (PTS)

- The provider had not tailored all policies to the organisation and some did not explain clearly what staff should do, how they should do it, and when they should do it.

However, we also found:

- We saw a positive patient-centred culture. Staff were happy working for the provider and said they felt supported.
- The provider had a customer charter, which demonstrated a commitment to values centred on treating people with respect and recognising their needs.
- The provider demonstrated commitment to improvement.

## **Leadership / culture of service related to this core service**

- The provider was the manager of the service and therefore had the main operational and strategic responsibility for the service. Staff said the provider was approachable, supportive and visible. Staff described occasions where they had needed help or support from the provider. The provider described the importance of their staff and how much staff were valued.
- Because the organisational structure was small, we found the provider knew about any issues raised by staff. Staff said they were happy to raise any concerns or issues with the provider.
- We found staff had a positive morale and working culture. Staff were happy working for the organisation and the provider. Staff had no issues with workload, their pay or conditions. Staff described a positive culture at the organisation and we saw positive interactions between staff and the provider. Staff told us they were arranging a Christmas party for the team.
- Staff were extremely passionate about providing good experiences for patients and building relationships with patients using the service regularly. Every member of staff we spoke with said patients were the main reason they did their job.

## **Vision and strategy for this this core service**

- The service had a customer charter. The charter set out the vision, behaviours and values staff should abide by.

The charter included customer service principles including treating people with respect and recognising their needs as well as ensuring staff delivered consistent standards.

- The provider did not have a formal vision and strategy for the service. The provider wanted to look for new business opportunities as well provide the current service provision. The provider also had a good understanding of the current demand and structures of patient transport. However, there was no formalised plan or strategy in place to do this.
- Not all staff we spoke with knew about any vision or strategy for the service. Some staff said they knew the provider was looking to expand the business but did not know in what direction. Staff did not know about the customer charter or its values. However, we saw staff working to those values providing the best care they could and treating patients with dignity and respect.

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

- The provider was responsible for the management of the service at both operational and strategic levels. The provider knew their role and responsibilities concerning the business and future direction of the organisation.
- The provider did not hold quality and performance meetings with other providers because the provider was not contractually obliged to. The provider did not have a contract with other larger providers meaning there was no overall performance management or monitoring. The provider did not collect performance data such as delays, patient waits or journey times to monitor service performances.
- When staff reported issues affecting their own service, the provider did not discuss these issues with other providers to support the performance of his own staff or the wider system.
- The provider did not hold quality and performance meetings with staff because the staff team was small and it was difficult to get all members of staff together. However, the provider did not share any information with staff about risks or any internal performance related issues because they did not monitor or collect the information.

# Patient transport services (PTS)

- The provider did not keep their responsibilities regarding complaint and incident management in line with the relevant policies. The provider did not keep records of incidents reported by staff or records of complaint investigations. This meant the provider could not identify trends or long and short-term risks to patients and staff. It also meant the provider could not assure us he and his staff followed the organisations incident reporting and complaints policies.
- The provider used an external company to manage human resources (HR) processes and procedures. The company also developed the organisation's policies for the provider. This meant the provider had access to specialist HR and legal advice.
- The provider had not tailored all policies to the organisation and some did not explain clearly what staff should do, how they should do it, and when they should do it. For example, safeguarding and information governance policies reflected a larger organisational structure and described different roles that did not fit a small organisation. The infection prevention and control policy did not clearly set out staff roles and responsibilities regarding some infection control practice such as decontaminating uniforms.
- The customer charter set out customer service standards. These included promptness for appointments and ensuring staff were "fully trained". However, there were no specific targets or standards for the service, which meant managing and monitoring performance could not effectively take place.
- The service highlighted in the customer charter how it would measure progress and success against including using patient feedback and internal audits. The provider conducted a monthly audit of whether staff conducted vehicle checks and followed uniform and infection control procedures. However, no other audits such as quality of documentation were undertaken.
- The service had a business continuity plan, which identified the key risks to service delivery. This included fire, telephone, and IT failure. The manager had risk assessed these issues and identified mitigating actions. However, the provider had not included detailed actions for staff to identify what to do in case of emergencies.
- The provider had a risk management statement, which set out the need to manage risk. The provider had risk assessments for operational activity including the use of cleaning materials, their storage moving and handling of patients. We looked at 15 risk assessments and all risk assessments included mitigating actions identified to prevent risks. The provider did not use a risk register in order to have an overview or summarise key risks.
- However, all risk assessments were dated 2015 meaning they were all over two years old. The provider had not reviewed risk assessments during this period and all had review dates of 2018. Four risk assessments did not reflect current operation activity for example, transporting a surgical team, movement of transplant patients and transporting blood and tissue. These risk assessments did not reflect the current service provision.
- We saw the risk assessments were comprehensive in terms of risks to staff. However, the risk assessments contained little information about risks to patients. For example, moving and handling and slips, trips and falls risk assessments concentrated on injury to staff because of operation activity and not patients.
- The provider did not have eligibility criteria. This meant there was a risk staff could be put in situations where they could be transporting patients they were not trained to care for and manage. Staff gave examples when hospital staff persuaded them to transport a bariatric patient despite not having appropriate equipment. This presented a risk to both staff and patients. We observed staff transported patients mostly with complex needs. Having eligibility criteria would enable staff to refuse any patients considered as high risk. The provider did not have a risk assessment for this issue.

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

- The staff team was small and there was little opportunity for the provider to hold staff meetings. However, staff had ad hoc and informal meetings with the provider when appropriate in which staff could provide feedback or hear about anything the provider wished to communicate.



# Patient transport services (PTS)

- The provider placed staff briefings in a communications folder. Staff accessed the folder in a secure cage where the provider kept vehicle keys and paper work. Staff said they looked at the folder regularly and on occasion took it with them to read in the vehicle on breaks.
- The provider had set up a patient feedback survey in September 2017. At the time of the inspection, the provider had not received any responses. The provider explained many of the patients they transported found it difficult to provide feedback. We observed on inspection all of the patients transported had communication difficulties or had complex medical conditions, which made meaningful patient engagement difficult.

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

- The provider was committed to continuous learning, development and improvement. After our inspection, we saw the provider was committed to putting new training or procedures in place to ensure they improved service delivery and compliance against regulations. The procurement of further training by the provider would enable staff to improve their care and treatment of patients.
- The provider did not have any formal contracts with other providers. This presented a financial risk in terms of sustainability as other providers could end current arrangements without any notice.

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff showed outstanding patience, compassion and demonstrated their commitment to patient care. Staff went the extra mile to communicate with patients using a communication booklet to

communicate with patients who had difficulty speaking. The book contained pictures and symbols to enable staff and patients to communicate with each other.

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must ensure staff access appropriate training to enable them to effectively carry out their roles. Specifically, moving and handling patients, paediatric basic life support, management of medical gases and any training required to support specific medical needs of patients.
- The provider must ensure staff report incidents in line with the incident reporting policy.
- The provider must ensure all reported incidents are investigated, recorded and retained in order to monitor, review and mitigate any risks to staff and patient safety.
- The provider must ensure risk assessments are regularly reviewed, managed and reflect risks to both staff and patients.

- The provider must conduct audits to assess the effectiveness of governance systems and performance.
- The provider must ensure organisational policies are fit for purpose, provide guidance to staff in their roles and reflect organisational structure.

### Action the hospital **SHOULD** take to improve

- The provider should ensure records are completed in line with organisational policies.
- The provider should ensure staff know their responsibilities concerning good standards in hand hygiene.
- The provider should ensure there is a system to effectively record, manage and retain information on complaints.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Staff were inconsistent in reporting incidents in line with the incident reporting policy. The provider did not record, investigate or retain incidents.</p> <p>We were not assured staff had all of the qualifications and training to provide safe care and treatment.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not reviewed risks since 2015. Four risk assessments did not relate to current service delivery and risk assessments did not include risks to patients.</p> <p>The provider did not have any systems or processes to monitor or measure performance.</p> <p>Not all policies were tailored to the organisation and some did not explain clearly what staff should do, how they should do it, and when they should do it.</p>