

Medisec Ambulance Service Limited

Quality Report

**Unit 1 Mount Pleasant Park
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Date of inspection visit: 3 September 2019

Date of publication: 25/10/2019

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Medisec Ambulance Service is operated by Medisec Ambulance Service Limited. The service provides patient transport services.

The provider has been registered with CQC as Medisec Ambulance Service Limited since December 2011. The service has had a registered manager in post since December 2011.

The service provided patient transport services to hospitals from a patient's home, patients discharged from hospital to their home, and secure transport to and from mental health hospitals to acute hospitals and court. Medisec Ambulance Service is commissioned by an NHS Mental Health Trust to undertake transport services.

We inspected this service using our comprehensive inspection methodology. We informed the service of our inspection, to ensure people we needed to speak with could be made available. We carried out this short notice inspection on 3 September 2019.

The service had 30 staff, five ambulances and a safe custody ambulance it used to carry out the regulated activity for both adults and young people aged between 12 and 18 years old.

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.

We rated the service as **Good** overall. We had not previously rated this service.

- The service had systems to provide assurance of safety regarding the premises, vehicles and equipment which were well maintained and clean.
- Staff received comprehensive training in safety systems on employment and this was regularly refreshed. All staff were up to date with mandatory training and there were effective systems to monitor this.
- Staff received support through supervision and appraisal.
- There was a system to ensure thorough recruitment checks were undertaken.
- Staff undertook risk assessments and took precautions to protect patients and themselves from harm.
- Staff had been trained and understood their responsibilities to report safeguarding concerns.
- There was a process to ensure staff understood the Mental Capacity Act (2005) and how to apply the principles in practice.
- The service investigated incidents, including complaints, and took appropriate remedial action.
- Managers were visible, approachable and respected by staff. Staff felt valued and well supported.
- Feedback from patients and commissioners was very positive. We observed friendly and attentive staff.
- People could access the service when they needed it.
- The service took steps to support patients with complex needs and those in vulnerable circumstances.
- Staff completed accurate records of patients' care and treatment and kept them securely.
- Staff respected their managers and felt supported and valued by the organisation.

Summary of findings

- The service measured its performance against standards agreed with commissioners.
- There were effective arrangements to manage risk. The risk register identified operational risks and described safeguards to manage those risks, it was regularly discussed and updated.
- There was an effective governance framework which provided a holistic understanding and assurance of safety, quality and patient experience.

Nigel Acheson

Deputy Chief Inspector of Hospitals South

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating Summary of each main service

Good



Patient transport services (PTS) was the main service. **Medisec Ambulance Service** provides secure patient transport providing a full end to end secure PTS service including court hearings, hospital appointments, and trips to accident and emergency. We rated safe, effective, caring, responsive and well led as good because staff received mandatory training and annual competency updates. There was an effective process in place for infection prevention and control and vehicle and equipment maintenance. Policies were up to date and reflected national guidelines and staff treated patients with kindness, dignity and respect. The senior managers had created a culture where information was used to drive improvement and gain assurance. There were systems of governance in place that had been embedded and strengthened. The service had effective, integrated business management systems which gave senior leaders up to date information and oversight of the service.

Summary of findings

Contents

Summary of this inspection

Background to Medisec Ambulance Service Limited

Our inspection team

How we carried out this inspection

Page

7

7

7

Detailed findings from this inspection

Overview of ratings

9

Good 

Medisec Ambulance Service Limited

Services we looked at

Patient transport services

Summary of this inspection

Background to Medisec Ambulance Service Limited

Medisec Ambulance Service is operated by Medisec Ambulance Service Limited. The service opened in 2011. It is an independent ambulance service in Southampton Hampshire. The service primarily serves the communities of the Southampton area.

Medisec Ambulance Service Limited is registered with the Care Quality Commission to provide the regulated activity transport services. The service is offered to local hospitals and mental health services. The service has had a registered manager in post since December 2011.

We have inspected the service three times since its registration in 2011. We had not previously rated this service using our new methodology.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

How we carried out this inspection

We had previously carried out a comprehensive inspection of Medisec Ambulance Service Limited on 14 and 20 September 2016 and 6, 7 and 10 October 2016; on 29 and 30 November 2016 and again on 29 March 2017 at that time, we were not rating ambulance services.

Previously there were inadequate recruitment checks on employees prior to commencement of employment and there were inadequate and ineffective systems for identifying, assessing and monitoring the safety and quality of the service.

Following the first inspection, we served an urgent notice on Medisec Ambulance Service Limited, suspending their registration as a service provider in respect of the regulated activity transport services, triage and medical advice provided remotely from 12 October 2016 until 30 November 2016 at or from the location Medisec Ambulance Service Limited, Unit 1, Mount Pleasant Road, Southampton, SO14 0SP. This reason for this action was that we had reasonable cause to believe that a person will or may be exposed to the risk of harm if we did not take this action.

We inspected the service on 29 and 30 November 2016 to identify whether the provider had made these improvements. The inspection focused only on the breaches that had resulted in the urgent suspension of the registration of Medisec Ambulance Service Limited as a service provider.

At the inspection in November 2016 we found the provider followed robust recruitment processes to ensure all staff working in the service were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role. The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service.

A focused responsive inspection of Medisec Ambulance Service Limited was carried out on 29 March 2017. This was an unannounced inspection. At the inspection, we checked on the recruitment processes and associated records. We found that that the improvements had been sustained. We found that the governance systems set up were in use and saw minutes of the governance meetings that had taken place. We saw that the workflow system

Summary of this inspection

for patient transport planning was robust and safe, it held information relating to the jobs, the teams assigned to the jobs and there was password protection of the system.

The service is registered to provide the following regulated activities: patient transport service.

During the inspection of 3 September 2019, we spoke with seven staff including; patient transport staff and managers. We spoke with one patient and one relative. During our inspection, we reviewed four 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.

Activity January 2018 to August 2019.

There were 2484 patient transport journeys undertaken.

30 staff worked at the service, which also had a bank of temporary staff that it could use.

Track record on safety

- Nil Never events
- Nil serious injuries
- Six complaints






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Patient transport services

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

Information about the service

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We have inspected the service three times since its registration in 2011. We had not previously rated this service using our new methodology.

Summary of findings

We found the following areas of good practice:

Staff received mandatory training and annual competency updates. There was an effective process in place for infection prevention and control and vehicle and equipment maintenance.

Staff received comprehensive training in safety systems on employment and this was regularly refreshed. All staff were up to date with mandatory training and there were effective systems to monitor this. Staff received support through supervision and appraisal.

Policies were up to date and reflected national guidelines and staff treated patients with kindness, dignity and respect. The senior managers had created a culture where information was used to drive improvement and gain assurance.

There were systems of governance in place that had been embedded and strengthened. The service had effective, integrated business management systems which gave senior leaders up to date information and oversight of the service. The service had systems to provide assurance of safety regarding the premises, vehicles and equipment which were well maintained and clean.

Staff undertook risk assessments and took precautions to protect patients and themselves from harm. Staff had been trained and understood their responsibilities to report safeguarding concerns. There was a process to ensure staff understood the Mental Capacity Act (2005) and how to apply the principles in practice.

Patient transport services

Are patient transport services safe?

Good 

We rated safe as **good**.

Incidents

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

- The service informed the commissioners of their service, of any incidents when transporting their patients, and if needed joint investigations took place and learning was shared across the service and its partners.
- There was an open culture in which all safety concerns raised by staff and patients who used the service were valued as being linked to learning and improvement.
- The service had an incident reporting policy. We reviewed the document and saw that it contained definitions of incidents, reporting and investigation process, and detailed different types of incidents such as clinical incidents, information governance, security incidents and transport and road traffic incidents. All staff we asked could tell us what constituted an incident.
- Staff reported incidents via their electronic tablets that were then uploaded to the electronic reporting system.
- Staff told us they had one-to-one discussions with senior management to discuss incidents they had been involved with, this was recorded on their files and general learning was shared with staff via emails and face to face meetings.
- We spoke with five ambulance crew members. All staff stated that they had received training in incident reporting, which was confirmed in the mandatory training records, and all could explain the incident reporting procedures.

- From March 2017 to September 2019, there were no reported serious incidents. Serious incidents are adverse events, where the consequences are so significant or the potential for learning is so great, that a heightened level of response is justified.
- Staff we spoke with understood the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide them with reasonable support.

Mandatory training

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

- All staff received induction training on employment and all staff were required to complete the Care Certificate (the care certificate is an agreed set of standards that define the knowledge, skills and behaviours of specific job roles in the health and social care sectors), and the following training packages before they are signed off probation. This included: a company induction, pocket notebook training, first aid to at least emergency first aid level, infection control including Control of Substances Hazardous to Health (COSHH), food hygiene, data protection stage 1, supervisors and above also completed stage 2, behaviours that challenge, manual handling, Mental Capacity Act 2015 and Deprivation of Liberty Safeguards and reporting of incidents.
- Medisec Ambulance Service works with vulnerable children through local Child and Adolescent Mental Health Services (CAMHS) and have trained senior staff to be designated safeguarding leads. All staff not on probation had achieved 100% in their training.
- We saw training records for four staff which showed staff had received all their mandatory training. These were: training in first aid to at least emergency first aid level, staff had also completed training in prevention and management of violence and aggression and handcuff training.
- Staff also had the opportunity be on the ambulance with an experienced crew. New staff completed a short test once the training was complete and were assessed on an ambulance by a supervisor, to confirm their understanding and competence.

Patient transport services

- The service monitored and checked that staff had received their mandatory training. Senior management notified staff when training was required prior to expiry dates. If required training was not updated, staff were put on hold and not able to be allocated work.
- There was also evidence that their driving licence had been checked on employment and six-monthly thereafter. A separate spreadsheet was maintained to monitor this.

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.

- The service had a safeguarding policy. The policy was version controlled and within review date. The policy referred to the intercollegiate document, Safeguarding children and young people: roles and competencies for health care staff (2019). It also contained information on how to safeguard those in vulnerable circumstances; for example, those with learning difficulties or complex needs and children under 16 accessing services without requirement of parental consent. They also included information on modern slavery and female genital mutilation.
- The manager explained that safeguarding referrals were monitored alongside the local authority or the NHS hospital they worked with, to ensure that any learning is passed through to staff. If there were concerns regarding children's safety Medisec Ambulance Service worked with the Child and Adolescent Mental Health Services (CAMHS) unit and followed the lead of their level 4 safeguarding for children.
- Staff had access to safeguarding policies and procedures on the staff intranet. Electronic tablets meant staff could access policies when they were off site. A safeguarding flowchart poster was displayed at the ambulance base. All staff were trained to level 2 for adult safeguarding and level 3 for children safeguarding. This was in line with national guidance.
- Staff we spoke with demonstrated a good understanding of safeguarding concerns. Staff knew

how to make a safeguarding alert. As part of their training, they identified and dealt with concerning situations at the locations they attended, particularly homes and care homes.

- The provider was routinely informed if a protection plan was in place, particularly when transporting patients in the secure transport. This information was passed to the controller who shared it with the crew in the job notes and, if required, to verbally instructed the crew of what had been requested.

Cleanliness, infection control and hygiene

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

- The service had an infection control policy, which addressed all relevant aspects of infection prevention and control including environmental cleaning and laundering of uniforms. Paper copies of this were available at the base. The document was within review date.
- There was guidance for staff in the event of transporting an infectious patient, this included equipment and the cleaning of the vehicle after the journey.
- Monthly infection prevention control audits were completed by the operations manager. Information showed the compliance was 100%. The registered manager told us that where there was an issue an action plan was completed and allocated to a shift leader for completion.
- Staff received training in infection prevention and control and this was refreshed annually. All staff were up to date with this training.
- There was guidance on hand hygiene contained in the infection prevention and control Policy and during our inspection we saw staff follow this. Staff were bare below the elbow during patient care and we saw staff decontaminate their hands before and following patient contact. There was personal protective equipment available, including gloves and aprons in a sealed pack and there were hand cleansing gel and decontamination wipes for cleaning internal surfaces and equipment.

Patient transport services

- Staff were responsible for cleaning their vehicles during their shift and on return to base. If the vehicles were not in use the staff ensured the vehicles were ready to go out by cleaning them. The vehicles were deep cleaned every three months by an external company.
- Shift leaders undertook daily checks of vehicles which included infection control, they reported any issues to the staff to rectify. Once staff had made changes the shift leaders rechecked the vehicles and signed them off as ready.
- We inspected three vehicles during our inspection. The interior of each vehicle was visibly clean and tidy. Surfaces, such as seat covers, were intact and could be wiped clean. There was clean linen available. All the vehicles inspected contained hand sanitising gel and sterile wipes which were in date.
- Shift leaders carried out monthly checks of equipment and consumables and we saw records of these checks. Staff told us they felt ambulances were generally well maintained and reliable. If they identified issues, these were quickly resolved by a local garage.
- The service had systems in place to ensure all vehicles were serviced, maintained and had a current MOT. There was a system to track vehicle defects. Records were checked weekly by the operations manager.
- We inspected three vehicles during our inspection. They appeared to be in good working order. There was no visible body work damage and doors and lights were working properly. All essential equipment was available and there was evidence this had been safety-tested. There were suitable harnesses and belts to safely transport passengers, including young people.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

Staff were trained to use them. Staff managed clinical waste well.

- Medisec Ambulance Service was based in a unit on an industrial park. The environment was secure and suitable for the storage of ambulances and equipment. The keys to vehicles were held securely at the base. There were kitchen and bathroom facilities for staff.
- Store rooms were secure and were well organised, so equipment and consumables could be easily accessed. We inspected the store room and found stored items had expiry dates clearly displayed, and all of these were in-date.
- Staff told us they had access to enough equipment to undertake their roles safely. If equipment became damaged or defective, there were processes to report this to shift leaders and to obtain replacements. If a replacement item was not available, the crew would only be tasked to jobs which they were equipped to deal with. For example, if a carry chair was defective, the crew would not be tasked to any jobs requiring a carry chair until it was repaired.

- There was a clinical waste disposal policy which described the procedure for waste disposal. There were clinical waste bags on the vehicles we inspected, and these were closed. We saw clinical waste was disposed of at the base in a secure marked bin and collected monthly by a waste contractor. During our inspection we saw staff cleaning equipment after use and correctly disposing of used linen.

Assessing and responding to patient risk

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

- There was a policy describing risk assessments and all staff had received First Aid to at least Emergency First aid level and prevention, management of violence and aggression, and handcuff training. This training had been assessed as fit for purpose by a local mental health NHS trust who commissioned the service to transport patients to other hospitals and court.
- Staff told us they were provided with information at the time of booking regarding any risks associated with a patient transfer. All bookings were risk assessed by managers to ensure a suitably trained and experienced crew were dispatched.
- Staff told us they undertook their own dynamic risk assessment and could seek specialist

Patient transport services

operational or clinical advice via an on-call manager 24 hours a day. In the event of a deteriorating patient, staff told us they would call for emergency support (via 999), record patients' observations and commence treatment in accordance with their level of training. All staff were trained in basic life support and emergency first aid. The young people they transported were receiving support for their mental well-being and a member of staff from the hospital always accompanied them.

- Staff told us when they transferred patients who had mental health issues or people who demonstrated challenging behaviour, the risk assessment was carried out by mental health colleagues from the hospitals. A member of staff from the ward/hospital always accompanied a patient and the ambulance staff would follow their instructions if an issue arose.
- The manager showed us patient records, which could also hold historical information. They explained they often knew the patients and knew what techniques worked for the individual. For example, talking to someone when they were agitated often calmed the situation.

Staffing

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

- The service had two directors one of whom was the registered manager. The service employed 30 staff. All staff were required to complete an induction and mandatory training.
- As part of the induction each member of staff had a personal development where the manager signed off competencies. All staff were supernumerary initially and attached to a crew which included a shift leader.
- Staff told us management ensured they received regular breaks and a minimum of 12 hours off between shifts.
- The service used an electronic system to generate the staff rota which involved allocating crews to available vehicles. New staff had been recruited and were working alongside established staff. If there were gaps in the

rota, these were filled by offering additional shifts to existing staff. If a shift could not be covered, shift leaders, the registered manager or operations manager stepped in. Rotas showed no unfilled shifts.

- The provider scheduled floating crews on duty each day to deal with unexpected demand or to support emergency cover due to illness or family emergency.

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.

- Transport bookings were made through the control room at the base. Staff recorded information provided on an electronic system. The system had required fields to be completed before the booking could be confirmed. This included information about the booking, to assess eligibility, patient's mobility and additional relevant information.
- Staff received this information on their electronic device before conveying the patient. Staff said they received information about the patient's name, date of birth, and if they required any equipment. The records also included, if appropriate resuscitation records, and the action staff should take in the event of an emergency. Staff used the device for recording patient transfers/journeys. When back at base these transferred to the provider's electronic system which kept records safely with passwords and backups. Staff devices were also password protected.
- Staff provided a clear explanation of the expectations regarding the recording of patient care. During routine discharge journeys, or ward to court journeys, only patients' names, addresses and journey timings were recorded.
- We reviewed ten patient records including one from the day of the inspection. The manager showed how the booking had come to them and how they assessed what was needed to support the patient home.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Patient transport services

- At the time of the inspection, apart from oxygen, only used by paramedics on rare occasions. the provider did not store controlled drugs or any medicines including prescription only medicine, pharmacy only medicines and general sale lists medicines.
- The service had a protocol in place to support oxygen administration. Staff followed the protocol on administering and recording and storing of oxygen.

Are patient transport services effective? (for example, treatment is effective)

Good 

We rated effective as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.

- Staff valued the access they had to a specialised mental health trained member of staff when they were transporting patients with mental ill health. The safeguarding leads kept up to date with national guidance for safeguarding children and young people and passed this information to other staff via training sessions.
- The service had a restraint policy which was based on guidance from the Mental Capacity Act 2005 and the Mental Health Act 1983. The policy aim was:

“To provide guidance to staff in the management of patients who may harm themselves or others, and for whom restraint may be necessary in relation to the circumstances and approved restraint techniques currently adopted by Medisec Ambulance.”

“To help all involved in a situation of restraint in an appropriate and safe manner, thus ensuring effective responses to potentially difficult situations.”

“Set out a framework of good practice, recognising the need to ensure all legal, ethical and professional issues are taken into consideration.”

- The policy included copies of forms for staff to complete which included physical monitoring, use of force/cell monitoring form and secure transport observation recording form. When carrying out secure transport the operations manager and registered manager audited all the forms completed to ensure staff had not used restraint unnecessarily.

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 told us that when they carried out a long journey for example to Scotland, they ensured there was food and drink available. If special diet was needed, they liaised with the hospital to ensure this was available for patients, for example soft foods for patients who had swallowing difficulties.

Response times

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

- Key performance indicators (KPI's) were recorded for every patient journey. These KPIs were reviewed by management and where they applied to commissioned work, they were shared with the commissioner each month. One of the directors of Medisec Ambulance Service attended monthly meetings with the commissioner of secure transport.
- Minutes from meetings from January 2019 through to June 2019 showed KPI's were discussed and the service had to explain their failure to meet the KPI. The breaches were due to the lateness of pick up times, action from the commissioner included fines for the breach.
- The registered manager explained the time on the vehicle varied from patient to patient. Some of the journeys were relatively short and the patient could be on the vehicle for only a few minutes and or it could

Patient transport services

mean the patient was travelling to a destination several hours away. The destinations were determined by the client and so the client and patient were aware at the time of booking how long the journey should take.

- The service only transported one patient at a time to assist with the travelling time, so the patient would not have to wait for travelling companions to be collected or dropped off before them. The crew also used a Satnav to determine the fastest route to avoid traffic, to achieve the shortest possible time on the vehicle for the patient. The times for the journey were recorded electronically on the service's system using the electronic devices used by the crews use on the ambulance, the crews also completed a paper form as a backup.

Competent staff

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

- The service undertook pre-employment checks to ensure that unsuitable individuals were prevented from working with vulnerable groups, including children. In accordance with the Recruitment, Selection and Retention Policy, the service completed a Disclosure and Barring Service (DBS) check on all potential new recruits and checks were repeated every three years. The service maintained a spreadsheet to monitor compliance and this showed that all staff checks were up to date.
- We reviewed four staff files and there was evidence that recruitments checks were carried out and that the records were audited. The records we saw were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff received an induction and completed a six-month probation period. During this time, they were seen monthly by a senior member of staff to help monitor their progress and offer support. The provider expected that certain competencies would be reached during this time and if not further training and support was considered or termination from the post.
- The registered manager showed us information they had regarding the driving of the vehicles, which had a monitor on them to capture issues such as speeding.

They also recorded staff use of restraint over a month. The manager said they reviewed all journeys and if restraint was used by a member of staff seven times or more in a month, they discussed this with the member of staff. Staff were aware of the monitoring of their driving and that the records they completed were audited for use of restraint.

- There was guidance and support for senior staff in the training policy which included a range of methods available for managers to identify training needs, including workplace assessments and performance appraisal. We saw evidence of workplace observations undertaken by the registered manager and operations manager.
- Staff told us they felt well supported with training for their roles. Some staff had been supported to progress in their careers. Shift leaders worked alongside staff and provided advice and support where needed. Formal supervision took place every six weeks after probation and we saw that staff received annual appraisals.

Multi-disciplinary 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.

- The manager showed us how multidisciplinary working started with the contacts they had with local mental health services. Any booking made were discussed, a member of staff from the ward where the patients resided always accompanied them on the journey. The staff explained that they had gotten to know some patients well over the years and knew what worked well for them to keep them calm and less anxious.
- Staff supported each other to make sure patients had no gaps in their care. Shift leaders liaised with the operations manager to discuss the needs of the day and coordinate the daily workload as well as managing jobs that came in on the day.
- Staff described how they worked with staff in the acute hospitals when transporting patients and with staff in mental health hospitals when transporting both adults

Patient transport services

and young people. They told us that those staff especially the mental health staff, involved them in the journey planning and they knew some patients well as they often assisted them with transport.

- There was evidence that coordination with other providers was achieved through the booking in system which ensured pre-alerting and capacity issues were highlighted to the staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

- Medisec Ambulance service worked with the commissioner of their service when transporting children to ensure that young patients had been informed of their rights and where possible had been able to consent, or best interests' decisions had been recorded.
- The provider had a Deprivation of Liberty Safeguards (DoLS) policy which contained related documents and legal references, an introduction, policy statements, responsibilities, levels of restriction and restraint, and responsibilities if there was a death of a person subject to a DoLS order.
- The policy document contained information for staff to refer to in relation to dealing with patients who could be subject to a DoLS order.
- Staff had received training, which covered the fundamentals of consent and capacity. Staff told us that where a patient lacked capacity, this had been assessed by the clinicians making the transport booking. All decisions in relation to transport and care while being transported were discussed with hospital staff before a patient was conveyed.
- The registered manager explained that at the time of transport being booked, the call taker always requested all relevant information about the patient, this was recorded on the booking form and the crew who attend had visibility of this information. On arrival to pick up a

patient, where it is possible to do so, the crew always asked for a handover from staff to ensure that they were aware of any care plans that may be in place for an individual.

Are patient transport services caring?

Good 

We rated caring as **good**.

Compassionate care

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

- We accompanied a crew on an ambulance transfer and observed the crew were attentive and friendly towards the patient. The patient was elderly and confused and the crew recognised their anxiety and sought to reassure them throughout the journey.
- We saw recent feedback forms completed by patients or commissioners. Comments included: "Excellent service and great manner", (mental health staff). "Huge thank you from us to the team who made the journey to Scotland, staff were wonderful and friendly", (local NHS Trust). "Service provided was next to none. Calm professionalism and strong team dynamic played a big part in keeping patient in a good mental state. Staff did an excellent job in reassuring and comforting patient when they were struggling with the journey", (young person's service). Patient feedback included comments such as: "Patient and professional", "They were really nice people."
- Staff feedback to us included: "On occasions when we have taken patients home and if we know they are on their own until their carer arrives, we always make sure they have their panic button, we offer to make them a cup of tea, we place their phone near them and if it's cold, we switch the heating on."
- Staff we spoke with told us about how they maintained patient dignity during long distance transfers. The crews ensured at least one female member of crew was present when transporting a female patient. If the crew were male and female they would switch roles; for example, if a patient needed to use the bathroom.

Patient transport services

Emotional support

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

- Staff we spoke with described providing emotional support by listening to patients and responding in a calm and empathic manner. Staff had received training to assist with positive communication with patients.
- Staff told us sometimes older patients would get very nervous, so they offered their hand to them. Staff told us this reassured patient. One member of staff explained how they 'sensed' what was needed. Patients told us staff provided them with reassurance.
- We attended the transport of a patient from a local acute hospital to their home. The crew were professional and showed dignity and respect to the patient. The crew placed a blanket around the patient as they were cold and assisted them into their home on a carry chair and onto their bed at home. The crew interacted with the hospital staff and the relatives in a professional manner and reassured the patient who was anxious and wanted to get home as soon as possible.

Understanding and involvement of patients and those close to them

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

- Staff said they explained to the patient where they were going and kept patients informed about the journey. Staff said they told patients about the length of the journey and asked the patients to let staff know when they wanted to have a comfort break.
- Staff explained how they would telephone a relative who was waiting for the arrival of the patient to inform them of their progress. When we accompanied a crew on a transport of a patient home during the inspection, the crew were in touch with the relative to inform them of estimated time of arrival and reassured them when the ambulance would be arriving.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Good 

We rated responsive as **good**.

Service delivery to meet the needs of local people

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

- Services were planned and delivered to meet the needs identified by NHS providers, and these were agreed and reviewed with commissioners of the service at contract review meetings. The service planned its resources (staff and vehicles), according to the contracts in place at the time.
- The service also accepted requests from individuals for support with transport, repatriation from an airport or ferry dock to the patient's home or a hospital.
- The registered manager told us they were working with a local Sikh charity radio station who had offered airtime to promote Medisec Ambulance Service. The service was actively seeking to recruit staff from the wider local communities with an aim to improve the service that they offered to patients locally.

Meeting people's individual needs

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

- The service took some steps to support people with complex needs or those in vulnerable circumstances. Patients' individual needs were established at the time of booking, and details were recorded on the booking form. We saw examples of information being shared about patients with learning disabilities, dementia, older people with complex needs and those requiring access to translation. Further assessment of needs took place during handover from healthcare professionals.
- Staff told us patients living with dementia or those with learning disabilities were always conveyed with a

Patient transport services

two-person crew. All staff had received training to help them support people with dementia, learning disabilities, bariatric patients, young people and mental illness.

- All staff we spoke with described the steps they would take to support patients with visual or hearing difficulties. They said they would use writing, gesture or verbal explanation. The patient would also be supported by a member of staff who knew them
- Staff had undertaken training in equality and diversity. Staff described being able to access interpreters if required and staff used translation applications on the service's electronic device.

Access and flow

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

- The service had contracts with NHS providers for the provision of patient transfers. They met with these commissioners on a regular basis and we saw the reports on these meetings regarding their performance in terms of their responsiveness. The reports indicated the commissioners were happy with the service provided by Medisec Ambulance Service and the meetings had moved from monthly to quarterly.
- Staff explained that there were no delays in transferring patients to hospital, however, there were sometimes delays at the hospital. Staff kept patients informed if this was the case.

Learning from complaints and concerns

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

- There was a complaints policy, which set out the provider's commitment to take complaints seriously and use them as opportunities to learn and improve the service. The policy described how patients were made aware of how to complain. The policy detailed the

management of complaints with key steps, and the action to take. This included a rating of the complaint, minor – green, moderate – yellow, major - amber and extreme – red.

- The operations manager had overall responsibility for the management of complaints. This was overseen by the registered manager. Complaints were recorded and investigated, and outcomes shared with the complainant and staff for learning purposes. For example, there was a complaint that at the airport the crew could not be seen, staff have been told they need to ensure they have a large sign so that patients can see them in a crowd.
- The registered manager told us there were feedback forms held on ambulances which were routinely given to patients. There was also contact information available on the service's website.
- We saw minutes from the monthly 'Quality governance, patient safety and risk committee' meetings, which showed that complaints were an agenda item and had been discussed. The minutes showed there had been six complaints between January 2018 to August 2019.
- Any wider learning in relation to complaints was shared through team meetings, notice boards, Hootboard (online notice board) and the team newsletter. Following a complaint about missing valuables, the provider amended the valuable property recording form to make it more user friendly for the crews on the road, also making it clearer what valuables were being transported. Any individual or crew learning was delivered to staff by the operations manager or registered manager.
- Staff said if a patient asked to make a complaint they would give the service phone number or a feedback form. The registered manager said they planned on having an electronic feedback form which patients could use whilst on the ambulance at the end of their journey if they wished.
- For private bookings, a Patient Experience Card was sent in the post to the patient's home address when invoicing to capture feedback for the whole process from booking to billing.

Are patient transport services well-led?

Patient transport services

Good 

We rated well led as **good**.

Leadership of service

Leaders had the skills and ability to run the service.

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

- The service was managed by two directors one of whom was the registered manager, with day to day support from an operational manager and shift leaders.
- The registered manager and operations manager were responsible for liaising with clients, taking bookings, scheduling and planning. They also investigated complaints and incidents and were responsible for staff recruitment, supervision and appraisal.
- We spoke with five staff, who told us they felt well supported by very approachable managers. Two staff told us how they had been supported and encouraged to apply for assistant shift leader and then shift leader roles.

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, developed with all relevant stakeholders.

The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

- The vision for the service was: “To meet our clients and all of our patients with a team who are well trained, caring, enthusiastic and proud of the job they do.”
- They were to achieve this through:
- Teamwork - We will promote teamwork by taking the view of others into account, we will take genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

- Communication - We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.
- Leadership and Direction - We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.
- Working excellence - We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to patient's needs.
- Accept Responsibility - We will be responsible for our own decision and actions as we strive to constantly improve.
- Training and development - We will provide every member of our team the opportunity to progress and acquire new skills.
- Staff we spoke with told us that the service vision had been communicated at staff meetings. They said minutes from the meeting were available to all staff, so those not in attendance were kept informed. We saw evidence of this during the inspection. Staff we spoke with confirmed they knew the vision and that the managers were supportive and enabled them to achieve the vision in offering a good service.
- The registered manager worked to maintain good working relationships with commissioners and build on their good reputation for providing safe and responsive services.

Culture within the service

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

- Staff we spoke with told us they felt supported and valued by the organisation. Communication with a remote and transient workforce was good. There were

Patient transport services

cooperative, supportive and appreciative relationships among staff. Staff told us they enjoyed working for the service. One staff member described the service as a “big family”.

- We spoke with the registered manager about the challenges associated with managing a remote and transient workforce. There were no lone workers, with crews consisting of two or three staff.
- All the vehicles were tracked so managers could see where staff were in the event of a concern, and staff signed on and off at the start and end of a shift back at the base. In the event of a concern a member of staff from the base would telephone staff to check on their welfare. If no response was received, member of staff from the base would call 999 and request police assistance.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The two managing directors each had a clear role; daily management, training and working with commissioners.
- The directors were supported by the operations manager and shift leaders. The registered manager told us they had appointed an assistant operations manager who would start work when their checks were complete. They would assist with the monitoring of the service.
- The three managing directors held monthly quality governance, patient safety and risk committee’ meetings. We saw minutes of these meetings which had regular agenda items including clinical governance, incidents, complaints and safeguarding. Information from meetings was shared with staff on the governance section of the intranet.
- The registered manager and operations managers met daily and the two directors spoke daily if needed.

- Team meetings took place monthly and minutes were kept for all staff to read. There were meetings at the start of each shift and a handover between day and night crews to ensure the smooth flow of information.

Management of risk, issues and performance

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

- The organisation had the processes to manage current and future performance. Performance and risk issues were to the registered manager and fellow director through a clear structure and processes. This included relationships with commissioners and the positive impact on Medisec Ambulance Service and their ability to care for their patients.
- Staff explained the positive impact for patients of the working relationship they had with staff from the mental health services. Sharing risks, concerns and care led to the patient receiving the best outcome possible for them.
- The processes of risk and performance included the auditing of the service’s journey times, restraint used, staff sickness, and the maintenance of the vehicles.
- The service has a corporate risk register which had five areas of risk: governance, sales, marketing and business development, patient communication and integration, operations and service delivery. They attached a rating to the identified risk based in impact and likelihood. Then action to mitigate the risk was taken and then the effect of that action is recorded. One example was the impact on the service of the last inspection and what the service needed to do to mitigate the risks to the service provision.
- All incidents were reviewed by the registered manager. For example, the use of the cell within the secure transport and how often restraint was used. The incidents were risk rated and feedback on the action taken was given to the client who purchased the service and the service staff.

Patient transport services

- The manager showed us the system they used to monitor incidents and their frequency, this was then managed on a one to one basis with staff as necessary.

Information Management

The service collected reliable data and analysed it.

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

- The service focussed on technology for a dual purpose: improvement and assurance for example, hand held devices for recording of incidents and safeguarding concerns. There were also paper records which when completed were scanned into the electronic system then filed.
- There were clear and robust service performance measures which were monitored by the registered manager. The service ensured accuracy of the information through regular monitoring and testing of the system.
- The registered manager and operations manager had access to reliable, timely and relevant information. For example, we saw how by clicking a few icons, the registered manager could query a wide range of information such as percentage of staff who had an appraisal done to the repairs needed on the ambulances and whether they had been completed.

Public and staff engagement

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

- The service actively encouraged patients to feedback via feedback forms, email or phone. Management displayed feedback that had been received within the ambulance base.
- Staff told us they were actively encouraged to feedback any ideas for improvements. For example, the development training pack that was in place, staff had been asked for their feedback on use and effectiveness.

Innovation, improvement and sustainability

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

- The provider had invested in business management systems to support various parts of their business. The registered manager told us they had been involved in the design to ensure the systems were appropriate for the services provided.
- We saw evidence the systems produced accurate real time reporting of information which allowed managers to track business performance, staff accountability and supported decision making.
- Managers told us that the business was sustainable because of the business relationships they had developed with the local NHS Trusts particularly their work with patient's with mental ill health.