A F J Limited

A F J

Quality Report

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Date of inspection visit: 04 and 10 July 2018
Date of publication: 31/08/2018

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

A F J is operated by A F J Limited. The service provides patient transport.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 4 July 2018 and 10 July 2018.

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 at the time of this inspection we did not have the power 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 concerns that the service provider needs to improve:

- Staff were not trained in safeguarding children level two.
- The provider did not engage with patients to sufficiently to assess the quality of its services.
- The provider did not have an up-to-date risk register.
- The provider did not have a medicines management policy or procedure for the administration of oxygen.
- The provider did not have a safeguarding policy that included specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- The provider did not have a patient criteria to assess patients eligibility for the service.
- The provider did not have information available for patients on how to make a complaint.
- The provider did not have a duty of candour policy in place.
- Staff did not follow the services policy on infection prevention control in relation to glove use and used gloves when they were not required.
- The provider did not have access to an interpreter.
- The provider did not have a Mental Capacity Act (2005) policy or a consent policy in place.
- The provider did not have any general staff meetings.

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

- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles.
- Vehicles were visibly clean, tidy and well maintained. The service was owned by a company who also owned a garage so any repairs were completed quickly.
- The service had enough skilled staff to safely carry out the requirements of the service.
- Handovers at the sending and receiving establishments were informative and detailed, led by AFJ staff.
- All patient interactions were delivered in a sensitive and dignified way.

Summary of findings

- Leaders had the skills, knowledge, experience and integrity they needed to ensure the service met patient needs. The management team described how they strived to be professional, open and inclusive.
- The organisational culture promoted staff wellbeing. The manager was always available for staff queries and concerns.

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 five requirement notices that affected this service. Details are at the end of the report.

Heidi Smoult

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		AFJ was a small independent ambulance service which provided patient transport services only. Although registered as a patient transport service; patients conveyed by the service were not acutely unwell which meat vehicles were not equipped in the same way conventional ambulances might be.The service currently employed a registered manager and five patient transport staff.

A F J

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Detailed findings

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Background to A F J

A F J is operated by A F J Limited. The service opened in 2014. It is an independent ambulance service which provides its service in Birmingham City. The service primarily serves the communities of the West Midlands.

Although registered as a patient transport service; the service did not transport acutely unwell patients. The patients transported were being discharged from hospital, to their own homes or to community placements. Therefore, vehicles were not equipped to the same level as conventional ambulances. The service only transported adults. All vehicles were staffed with a crew of two.

The registered manager of the service had been in post since 2014. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is managed.

This was A F J's first CQC inspection. There had been no previous inspection activity undertaken for this provider since its registration in July 2014.

Our inspection team

The inspection team was comprised of a CQC lead inspector,and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Bridgette Hill, Inspection Manager.

We inspected this service on 4 July 2018 and 10 July 2018.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the provider's headquarters where the service was provided from. There were no other registered locations.

We spoke with five staff during our inspection including; patient transport drivers and management. We also spoke with one patient. During our inspection, we reviewed seven 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. There had been no previous inspection activity undertaken for this provider since its registration in July 2014.

Activity (July 2017 to June 2018)

- From July 2017 to June 2018 there were 3013 patient transport journeys undertaken.
- Five patient transport drivers and a registered manager worked at the service, on a full time basis.
- The service has four patient transport vehicles. All vehicles had the capability to transport a patient on a stretcher or in a wheelchair and had seats for patients to sit in.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries
- No complaints

Patient transport services (PTS)

Summary of findings

We regulate independent ambulance services but at the time of this inspection we did not have the power 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 concerns that the service provider needs to improve:

- Staff were not trained in safeguarding children level two.
- The provider did not engage with patients to sufficiently to assess the quality of its services.
- The provider did not have an up-to-date risk register.
- The provider did not have a medicines management policy or procedure for the administration of oxygen.
- The provider did not have a safeguarding policy that included specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- The provider did not have a patient criteria to assess patients eligibility for the service.
- The provider did not have information available for patients on how to make a complaint.
- The provider did not have a duty of candour policy in place.
- Staff did not follow the services policy on infection prevention control in relation to glove use and used gloves when they were not required.
- The provider did not have access to an interpreter.
- The provider did not have a Mental Capacity Act (2005) policy or a consent policy in place.
- The provider did not have any general staff meetings.

We also found the following areas of good practice:

- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles.
- Vehicles were clean, tidy and well maintained. The service was owned by a company who also owned a garage so any repairs were completed quickly.
- The service had enough skilled staff to safely carry out the requirements of the service.
- Handovers at the sending and receiving establishments were informative an detailed, led by A F J staff.
- All patient interactions were provided in a sensitive and dignified way.
- Leaders had the skills, knowledge, experience and integrity they needed to ensure the service met patient needs. The management team described how they strived to be professional, open and inclusive.
- The organisational culture promoted staff wellbeing. The manager was always available for staff queries and concerns.

Patient transport services (PTS)

Are patient transport services safe?

At the time of this inspection we did not have the power to rate independent ambulance services.

However, we noted the following for safe;

- Current safeguarding training did not include safeguarding children level 2 training. This meant that the provider could not assure us that staff would be able to effectively identify and raise safeguarding concerns in relation to children.
- The service did not have a medicines management policy.
- The service did not have a duty of candour policy.
- Staff did not follow the services policy on infection prevention control in relation to glove use and used gloves when they were not required.

We also found:

- There was a system in place for reporting incidents, which staff understood.
- The service had processes in place to monitor staff compliance with mandatory training. Data we received from the service showed that there was 97% compliance with mandatory training.
- Vehicles were visibly clean and were fit for purpose. Vehicles were well stocked and personal protective equipment was readily available.
- The service was suitably staffed for the requirements of its patients.

Incidents

- There was a system in place for reporting incidents, which staff understood. We could not assess the providers response to incidents as the provider had not reported any incidents during the previous 12 months.
- Staff were aware of their incident reporting roles and responsibilities. There was an incident reporting and investigation procedure which detailed all the steps required for the investigation and examples of what needed to be investigated.
- Staff were required to report incidents to management before the end of their shift. The registered manager described the process of how all incidents would be referred back to them for investigation and root cause analysis where applicable. The manager explained that staff would then be informed of any learning.
- The service reported no never events or serious incidents from July 2017 to June 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, is a Duty of Candour regulation introduced in November 2014. This regulation requires the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- Because no incidents had occurred in the preceding twelve months that met the threshold for the Duty of Candour to be applied, we were not able to fully assess the provider's compliance with this regulation. The service did not have a Duty of Candour policy. However, staff were able to describe to show some understanding of their requirement to be open with patients.

Mandatory training

- The service had processes in place to monitor staff compliance with mandatory training. Staff were required to complete all mandatory training each year. There was a structured induction programme in place for all new staff.
- Staff told us they were not paid for the time they spent training.
- Data we received from the service showed that there was 97% compliance with mandatory training. We checked five staff files and found clear evidence of current compliance with mandatory training, with the exception of safeguarding children.
- During recruitment, staff were required to undertake a driving assessment by an accredited assessor to ensure the safety of their driving. Driving licences were checked six monthly in line with one to ones.

Patient transport services (PTS)

- The service had introduced training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, in June 2018 as a mandatory training course. One member of staff had missed the course however we were told there were plans for this to be completed.
- Staff conducted yearly multidisciplinary training in the following mandatory topics:
  - Emergency first aid
  - Medical gases
  - Infection prevention and control
  - Manual handling
  - Wheelchair restraints
  - Stretcher and carry chair handling
  - Safeguarding Adults level two
  - Dementia awareness
  - Deprivation of Liberty Safeguards (DOLS)
  - Mental Capacity Act 2005

Safeguarding

- There were systems and processes in place reflecting relevant safeguarding legislation to safeguard adults from abuse. Staff we spoke with understood their roles and responsibilities in regard to safeguarding vulnerable people.
- The service had not made any safeguarding referrals in the year preceding our inspection.
- The service had a safeguarding children and protecting vulnerable adults from abuse policy in place. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency. However, the policy did not include specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- All staff received safeguarding adults training at level two and staff training records seen evidenced this. The lead for safeguarding was trained to level three for adults. If the provider required more guidance on a concern they would contact the local authority.
- Current safeguarding training did not include safeguarding children level two training. The provider had plans to set up an in-house course to cover this area in the future, the registered manager was trained to be able to train others. This meant the provider could not assure us that staff would be able to effectively identify and raise safeguarding concerns in relation to children. Whilst no children were transported by the service staff could come into contact with them through the work they undertook.
- Staff were able to explain safeguarding arrangements, and when they were required to report issues to protect the safety of vulnerable patients.
- Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded.

Cleanliness, infection control and hygiene

- Staff did not carry out any clinical interventions on board their vehicles, apart from emergency first aid.
- There was an infection prevention control policy in place at the time of our inspection. This explained to staff what to do to prevent infections and what each member of staff responsibility was.
- The vehicles were visibly clean and tidy. Staff were expected to leave the vehicle clean and tidy at the end of each transfer. Before leaving their base, staff were required to wipe down all surfaces and mop the floors each day. Staff also wiped down all surfaces in between patients. The ambulances were given a deep clean every four weeks, records indicated that this had been done.
- Data provided by the service from January 2017 to June 2017, demonstrated that managers had conducted spot checks on the vehicles on an ad-hoc basis. These looked at if the vehicle and different pieces of equipment were clean, they also looked at if there was enough one use equipment such as gloves and anti-bacterial wipes. The audits found that the vehicles were clean.
- Equipment carried on board ambulances included clinical wipes and clinical waste bags to aid staff to maintain a hygienic environment.

- In the event of a bodily fluid spill in a vehicle, all vehicles contain a spill kit which were in date.
- If the service was transporting a potentially infectious patient, staff told us they would try to transport them at the end of the shift if this was suitable for the patient and a deep clean would then be conducted. If the patient had to be transported in the morning then the staff would return the vehicle to the headquarters for a deep clean.
- There were arrangements for managing general and clinical waste. Each vehicle had a selection of waste bags, including for clinical waste. Staff described how they could access the hospital cleaning equipment to do a deep clean in the event of a bodily fluid spill.
- Staff used gloves during contact with patients in all settings, including when they were not required. Gloves should only be worn while there is a risk of exposure to bodily fluids wearing them inappropriately is an infection prevention control risk. There was a policy on infection prevention control which gave staff guidelines about working with infectious or communicable diseases and the precautions to take. This policy stated staff should wash their hands or use hand sanitising gel before and after every patient contact. Hand sanitising gel was readily available for staff to use, we observed staff using this after a patient contact.
- Staff were responsible for ensuring that they complied with the service's dress code and that clothes were laundered appropriately. This was staffs responsibility. There was a policy in place which explained the expectations for staff.
- There had been no reported healthcare associated infections during the preceding twelve months.

Environment and equipment

- Premises and equipment were appropriate and well maintained. The premises and ambulances were safe and secure with security cameras on the site.
- The service had effective systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment meant that there was always safe, ready to use equipment for the vehicles. The service operated a fleet of four ambulances.
- The ambulances were kept outside the providers office. Staff would attend the office to collect the designated vehicle keys.
- Staff ensured patients wore their seatbelt at all times whilst in the ambulance. Patients' luggage was secured during the journey.
- One member of staff carried out an inspection of each ambulance each month, including equipment carried, roadworthiness and cleanliness checks. Before taking an ambulance out on a transfer, each driver also carried out a roadworthiness and equipment check. These were documented by staff and stored in the main office.
- The provider was owned by a business that also had a garage. This garage carried out all servicing and vehicle safety check work. We saw appropriate vehicle safety checks, service and insurance documentation for all the vehicles. Staff told us the vehicles they used were well maintained and if they had any concerns they would get the vehicles checked by the garage. The service also kept one ambulance spare in the event that an ambulance was off the road for any reason.
- The service had a breakdown procedure. This procedure advised staff to call the office or manager in the event of a break down. The service provided us with assurance that they had access to 24/7 breakdown support.
- Equipment on board the ambulances included vomit bowls, a basic first aid kit, hospital standard pillows and blankets, drinking water and a fire extinguisher. We saw daily ambulance checklists were completed confirming the correct amount of equipment was on board each vehicle.
- Oxygen was stored appropriately on and off the ambulance. There was enough oxygen masks on board the vehicle and we observed staff getting nasal oxygen tubes from the hospital staff that were caring for the patient.
- We inspected three vehicles and found all were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised. However, we found some areas required intervention. For example, one of the vehicles had a ripped seat. We

raised this concern with the provider during the inspection who took steps to make these improvements on the day of our inspection. We also saw evidence that this had been completed.

- There was no defibrillator on board any of the ambulances. Staff told us how they would call the emergency services in the case of a patient becoming unwell.
- Electrical equipment was checked for safety annually and equipment had maintenance checks which was up to date at the time of our inspection. All equipment was secured within the vehicles.

Assessing and responding to patient risk

- Appropriate procedures were in place to assess and respond to patient risk, including appropriate responses to vehicle breakdown.
- The service would gather information about the patients from the requesting service. This included their name, age, where they were being transported to and if they had any specialist needs.
- Staff we spoke with had a good awareness and understanding of how to manage a deteriorating patient, they explained they would call an NHS ambulance or transport a patient to an Emergency Department. All staff were trained in emergency first aid.
- There had been no incidents of restraint in the year prior to our inspection. Staff told us how they used reassurance and de-escalation techniques for people who might be unsure of what was going on. The service did not transport anyone detained under the Mental Health Act, 1983.
- Whilst there was no formal on-call rota, the director of the service was available 24 hours a day, seven days a week, to provide advice for staff if required.

Staffing

- The service employed five full time members of staff and the registered manager. All staff were full time.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. Actual staffing levels met planned staffing levels at the time of our inspection.
- All vehicles were staffed with a crew of two. There were two crews of two members who operated Monday to Friday who were based at a nearby hospital. The other member of staff would be on-call in case of an increase in demand or to cover sickness. The registered manager would also go out with the crews if required.
- If there was an increase in demand for services the provider had identified staff who had previously shown interest in working for the company. The manager explained how they wouldn't take on the extra work until they had done all the necessary checks and the staff had been trained.
- Staff followed the providers driving policy with regards to breaks. All staff were able to drive the vehicles so driving could be shared through the shift. Staff were required to take a 15 minute break after every two hours of driving.

Records

- Patients' individual care records were well managed and stored appropriately. During our inspection we reviewed seven patient records, they were seen to be accurate, complete, legible and up to date in all cases.
- Staff completed a patient transfer record for each job they completed. The seven completed transfer records we looked at included staff details, times, collection and transfer addresses and details of the patient's condition during the journey.
- All of the forms were legible and included all the information required by the company.
- On their return to their base, staff securely stored the completed transfer form in the company's office.
- Staff told us, and we saw that they transferred patient hospital records where appropriate with the patient. This included any Do Not Attempt Cardiopulmonary Resuscitation forms (DNACPR forms). A DNACPR form is a document issued and signed by a doctor, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR) should an emergency arise. We saw staff checked patient records as part of the handover process at the sending hospital or establishment.

Medicines

Patient transport services (PTS)

- Due to the nature of this service, staff did not carry or have access to on-board medications with the exception of oxygen.
- We saw that oxygen was stored appropriately and safely. Staff were trained to administer oxygen, this was updated every 12 months. Staff recorded they had administered oxygen on the patient job sheet. However there was no policy for oxygen administration.
- If patients were being discharged from hospital with their own medication then this would be carried on board the ambulance with the patient and handed over to staff at the receiving end of the journey.
- The service did not have a medicines management policy.

Are patient transport services effective?

At the time of this inspection we did not have the power to rate independent ambulance services. However, we noted the following for effective;

- The service did not have a medicines management policy and the safeguarding policy did not contain specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- The provider did not have a Mental Capacity Act (2005) policy or a consent policy in place. Staff did not record consent for people using the service.
- The provider did not have a patient criteria to assess the suitability of its patients to use its service.

We also found:

- Staff had the skills, knowledge, and experience to deliver effective care. The service had systems in place to manage the effective staff recruitment process.
- We saw that handovers at the sending and receiving establishments were effective as all necessary information regarding the patient were discussed.
- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.

Evidence-based care and treatment

- There was an effective system in place to demonstrate that policies in place had been developed, reviewed, and updated to reflect current practice. However, the service did not have a medicines management policy and the safeguarding policy did not contain specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity. Staff could access policies when they were at the headquarters and these were kept in files.
- We reviewed nine policies in place for the service, including those for recruitment, incidents, infection control and uniform and appearance. The policies had a date when first produced and a version number and a date of next review, the policies we reviewed were up to date at the time of our inspection.
- The provider did not have a patient criteria to assess the suitability of its patients to use its service. This could result in patients being transported who could not have their needs met.
- The service did not transport any patients detained under the Mental Health Act, 1983.

Response times/patient outcomes

- From July 2017 to June 2018, the service carried out 3013 patient transfers.
- For patient transfer requests out of office hours, calls were transferred to the registered manager.
- The service monitored the number of patient transfers completed.
- The service did not monitor or have any targets about other information regarding the patient journey.
- The service did not participate in national audits or accreditation processes.
- The service had did not have any formal service level agreements in place at the time of the inspection. The work was organised between staff at the hospital from which discharge would be taking place and A F J staff. The hospital would inform staff when there was someone who required transport for their discharge and staff would then go and collect them. If there was a transfer that was required out of the usual hours then the hospital would contact the registered manager who would ensure there was a crew available at the required time.

- Due to A F J not having any formal arrangements with other organisations they were therefore 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

- Staff had the skills and experience to safely transfer a patient. The service had systems in place to manage the effective staff recruitment process.
- Staff recruitment processes were in place. From six current staff files reviewed, all staff applications showed a clearly defined work history. The staff files did not have photo ID in them, this meant the provider could not be assured of the identity of the member of staff.
- We saw that all staff had received an induction and that the service had a recruitment procedure. Staff were required to complete the induction and shadow patient transport before commencing work as a member of the crew.
- Staff received six monthly appraisals which included a driving licence and utility bill check to confirm the home address of staff. We saw these had been completed for all staff and were relevant and individual to the specific member of staff. The service kept a record of these.
- We checked all six employment records. All employment records looked at contained up to date information, including disclosure and barring checks (DBS) and stored copies of training certificates and driving licence details. All staff records were securely stored. The employment records did not contain evidence of photo ID which meant that the provider could not be sure of the identity of the staff.

Multidisciplinary working

- Staff transporting the patient accepted bookings direct from the hospital where the patient was being discharged from. They then gathered additional information such as any specific needs from the staff in the hospital. This was written on the patient transport notes.
- We saw that handovers at the sending and receiving establishments were effective as all necessary information regarding the patient was discussed. The handover was requested by the crew before picking up the patient and was seen to be thorough and informative. Staff checked all paperwork before leaving to ensure this was fully and correctly completed.
- Staff told us members of staff from the NHS trust or other provider who had been caring for the patient being transferred before transfer were able to travel with the patient if they wanted to and if it improved the experience for the patient.

Health promotion

- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.
- Patients were not permitted to smoke on or by the ambulance. We observed staff using distraction techniques for a patient who was being transferred who expressed a wish to smoke.

Consent, Mental Capacity Act and DOLs

- Training records showed that 83% of staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was introduced in June 2018 as a mandatory training course. There was one member of staff who had not completed the course but the manager had plans for this to be completed.
- The service did not have a Mental Capacity Act (2005) policy or a consent policy in place at the time of our inspection.
- The service did not use any form of restraint in the year preceding our inspection.
- Staff demonstrated a good understanding of consent and how this applied to their role.

Are patient transport services caring?

At the time of this inspection we did not have the power to rate independent ambulance services. However, we noted the following for caring:

- Staff provided care for patients in a sensitive and dignified way.
- Staff demonstrated an awareness of the needs of patients, and their relatives and carers, and how they would support them at times of distress.

- Staff could describe how they met the needs of patients.
- During our inspection we only observed one transfer. The below is what we observed during the transfer and what staff told us they would do.

Compassionate care

- Staff provided care for patients in a sensitive and dignified way. We observed staff treated a patient with kindness, respect and dignity during a patient transfer.
- Staff maintained patients' privacy and dignity, by using clean blankets to cover them.
- Staff took their time with patients and allowed them to move at their speed. During the transportation they drove with care to ensure the drive was smooth for patients.
- Patients who were considered to be in the last 12 months of their lives were identified by the hospital to the ambulance crew. Staff described how they would care for them and their relatives during the journey with sensitive and compassionate care.

Emotional support

- Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress.
- We observed staff responded in a compassionate and timely way when the patient they were transporting experienced emotional distress.
- Staff had sufficient time to provide emotional support to patients. Staff also described how they would support those close to patients using the service by engaging them in the process and allowing them to travel with their loved one.

Understanding and involvement of patients and those close to them

- Staff could describe how they met the needs of patients. We saw staff explained to a patient why and where they were being transferred to. This was done in simple terms and a friendly respectful manner, which helped the patient to understand.
- Some of the staff spoke a language other than English. Staff explained how this was useful for communicating with patients who spoke the same other language.

Are patient transport services responsive to people's needs?

At the time of this inspection we did not have the power to rate independent ambulance services. However, we noted the following for responsive:

- The service did not have any interpreter access should a member of staff not speak the language of the patient. The service would be reliant on the sending and receiving providers to arrange an interpreter.
- The service had patient feedback forms, however these were not available in the vehicles and the service did not have any that had been completed.
- The service did not have any information in the vehicles about how to make a complaint.

We also found:

- The service offered a UK wide service to accommodate the needs of those patients who required transfers to any area. The services were planned and delivered in accordance with local demand from other providers.
- The service was tailored to each patient's individual needs and risk levels. If required patients could be transported on their own and at suitable times to meet their needs.

Service delivery to meet the needs of local people

- The service offered a UK wide service to accommodate the needs of those patients who required transfers to any area. The service operated on an ad-hoc basis and did not have service level agreements in place at the time of our inspection. At the time of inspection, the service mainly provided services for one local NHS trust.
- The services were planned and delivered in accordance with local demand from other providers. The service could have extra staff trained in a week if the demand increased by utilising people who have previously shown an interest in working for the provider.

Meeting people's individual needs

- The service was tailored to each patient's individual needs and risk levels. If required patients could be

transported on their own and at suitable times to meet their needs. For example staff could vary their shift to be able to transport a patient earlier or later than usual transfer if required.

- Patients were able to carry personal belongings with them; these were secured during the journey.
- Staff told us about how they worked with patients whose first language was not English. Staff reported that there were several staff who spoke a variety of languages. The service did not have any interpreter access should a member of staff not speak the language of the patient. The service would be reliant on the sending and receiving providers to arrange an interpreter.
- All four of the vehicles had been adapted to allow them to convey patients who needed to travel in a wheelchair or on a stretcher.
- Staff were aware of how they would support vulnerable patients including patients living with dementia or with a learning disability. Staff confirmed they had received dementia awareness training.
- Vehicles carried drinking water for people using the service. When the transfer was long distance the sending hospital would send a food pack with the patient.

Access and flow

- Patients had access to timely care.
- Patient journeys were planned according to risk and to reduce the time for people spent on the ambulance. Patient risk was handed over from hospital staff to A F J staff prior to transport taking place.
- The service took bookings for patient's transport journeys from the local NHS hospital, on the day or the day before the booking was due to take place.
- The provider did not monitor or have any targets for waiting times for patients or journey lengths. The provider did not have any systems to review the accessibility of the service.
- If the vehicle were delayed in traffic then the staff would phone the hospital to update any patients who were waiting for their transfer.

Learning from complaints and concerns

- A complaints policy was in place. This outlined the time frame for complaints to be investigated in and a full written response to the complainant should be provided within ten working days.
- The service had patient feedback forms, however these were not available in the vehicles and the service did not have any that had been completed.
- The service did not have any information in the vehicles about how to make a complaint.
- The service had not received any complaints in the year preceding our inspection so we were not able to explore how previous complaints had been managed or assess patient complaint themes.

Are patient transport services well-led?

At the time of this inspection we did not have the power to rate independent ambulance services. However, we noted the following for well-led:

- The risk register did not contain up to date risks.
- The service did not monitor any performance measures. This meant that goals and actions to improve the service had not been identified.
- Internal audits of vehicle and hygiene were completed and recommendations acted upon. However, this was done on an ad-hoc basis which meant that learning could be missed.
- The service did not engage with patients sufficiently to assess the quality of its services.
- There were no general staff meetings, this meant all staff might not receive regular and consistent information and updates.

We also found:

- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.
- The organisational culture promoted staff wellbeing and safety. The manager was always available for staff queries and concerns.
- The service and its staff demonstrated a willingness to develop and improve the service provided.

Patient transport services (PTS)

Leadership of service

- The service was led by the registered manager who had significant experience of working in the independent ambulance industry; they had been in post since 2014. Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. The management team described how they strived to be professional, open and inclusive.
- Staff told us management were approachable and could raise any concerns they had. We observed friendly and professional interactions between management and staff.
- Staff were clear about their role and who they reported to. Staff said leaders were very visible in the service.

Vision and strategy for this service

- The service had a clear vision underpinned by strong patient-centred values. The company's vision was 'to be known as the best non-emergency patient transport provider, with the most compassionate front-line staff, delivering the best care possible'. The values were :
- A family
- Compassion
- Responsibility
- Respect
- Pride
- Excellence
- Staff we observed displayed these values in their work and interactions with patients.
- The provider described how they would like to increase the amount of work available to them. However, there was no plan to demonstrate that managers were strategically planning this growth.

Culture within the service

- The registered manager across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The organisational culture promoted staff wellbeing. The manager was always available for staff queries and concerns.
- There was a clear whistleblowing policy to support staff in raising concerns without fear of retribution. At the time of our inspection there was no evidence that staff had raised any concerns.

Governance

- We saw three sets of minutes from monthly management meetings from February, March and April 2018. There was not a set agenda but items discussed included training requirements and how to increase sales of the service provided. There were actions raised in meetings and these were allocated to individuals to ensure they were done.
- There was a range of policies and standard operating procedures. Policies and procedures were reviewed yearly by the registered manager and covered key issues such as complaints, safeguarding, whistleblowing and infection prevention and control. However the service did not have some key policies available for staff for example medicines management or a consent policy.

Management of risk, issues and performance

- The service provided us with their risk register. It contained risks that had been signed as completed in 2011 and 2013 and no new risks had been identified for action to be taken. This meant we were not assured that the provider understood their risks or the purpose of a risk register and therefore did not accurately record the risks for the service. During our inspection we observed some risks such as a lack of guidance about medicines management that had not been recorded on the risk register.
- The service did not monitor any performance measures. This meant that goals and actions to improve the service had not been identified.
- Internal audits of vehicle and hygiene were completed and recommendations acted upon. However, this was done on an ad-hoc basis which meant that learning could be missed.
- The service had an in date business continuity plan. This covered what to do in the event of an incident occurring that would result in the disruption of the running of the service. It covered four risks which were; blockages of ambulances, vehicle breakdown, staff sickness and availability of stock issues.

Patient transport services (PTS)

Information management

- The service did not use any information systems or measurements for assurance or to improve the service.
- The service did not use any electronic data systems. The service used paper records, these were stored securely.
- Patient information was managed in line with data security standards. Staff were aware of how to handle patient identifiable information and we observed this during our inspection.

Public and staff engagement

- The service did not engage with patients sufficiently to assess the quality of its services. There was a formal system to capture patient feedback through a form. However, these forms were not given out by staff and the provider had not had any responses. The manager raised this as a concern but did not have any plans to address it.
- However, staff said that they felt listened to and their managers were approachable. For example staff had raised that an additional piece of equipment would assist them in their role and these we brought and staff trained within the week.
- The service had its own website accessible to the public which described the service and its background and contact details. There was also a feedback form which people could use to share information about the service they received.
- The service did not have general staff meetings. Staff got updates in person from the registered manager when they were on shift.

Innovation, improvement and sustainability

- The service was not involved in any research projects or recognised accreditation schemes at the time of our inspection.
- The service had not had any internal or external reviews in the year preceding our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure it has a medicines management policy and procedure for the administration of oxygen.
- The provider must ensure it has a patient criteria to assess patients eligibility for the service.
- The provider must ensure all staff are trained in safeguarding children level two.
- The provider must ensure that information and guidance on how to make a complaint is available and accessible to everyone who uses the service.
- The provider must engage with patients sufficiently to assess the quality of its services.
- The provider must ensure the risk register is up-to-date and accurately reflects the risks to the service.
- The provider must ensure it has a duty of candour policy in place.

Action the hospital SHOULD take to improve

- The provider should ensure its safeguarding policy includes specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- The provider should ensure all staff follow its infection prevention control policy regarding the use of gloves in non-clinical situations.
- The provider should have access to an interpreter.
- The provider should have a Mental Capacity Act (2005) policy or a consent policy in place.
- The provider should have general staff meetings to ensure all staff receive regular and consistent information and updates.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment The provider must ensure it has a medicines management policy and procedure for the administration of oxygen. The provider must ensure it has a patient criteria to assess patients eligibility for the service. Regulation 12 (2)(a)(g)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider must ensure all staff are trained in safeguarding children level 2. Regulation 13 (1)(2)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints The provider must ensure that information and guidance on how to make a complaint is available and accessible to everyone who uses the service. Regulation 16 (2)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance The must engage with patients sufficiently to assess the quality of its services. The provider must ensure the risk register is up- to-date and accurately reflects the risks to the service. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2014 Duty of candour The provider must ensure it has a duty of candour policy in place. Regulation 20 (1)