Acute Ambulance & Medical Services Limited

Acute Ambulance & Medical Services

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Acute Ambulance & Medical Services (A.A.M.S) is operated by A.A.M.S. The service provides a patient transport service all over the UK.

We inspected this service using our comprehensive inspection methodology, on 10 January 2018; we carried out the announced part of the inspection.

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

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

Services we do not rate

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

We found the following areas of good practice:

- There was an incident reporting process in place and staff knew how to report incidents.
- Vehicles were visibly clean and we saw cleaning schedules in place. We saw staff washing their hands and using hand-cleansing gel.
- There was sufficient personal protective equipment available on all of the vehicles we inspected on-site.
- There were systems in place to ensure that vehicles were regularly serviced and that they had an MOT.
- The service had enough staff to safely carry out the booked patient transfers.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles.
- The registered manager provided staff with a comprehensive induction; staff completed the induction prior going out on the road.
- The fleet manager based on site carried out an inspection of each vehicle on a weekly basis, this included checks of equipment and roadworthiness.
- We reviewed the A.A.M.S training matrix, which showed us that all members of staff were compliant with their mandatory training.
- Staff were trained in safeguarding up to level three for both adults and children.
- There was an infection prevention and control, (IPC) policy in place.
- Staff completed patient transfer record sheet for each job, which were completed daily.
- Staff kept an electronic and paper log of patients who had accessed the service.
- We saw and staff told us that the company's registered manager was visible. The staff felt supported and that managers would go out of their way to resolve any issues.
- Regular governance meetings took place. At the meetings, the management team discussed matters of importance including risk.

Summary of findings

- Managers actively sought feedback from patients and staff and used this information to identify how the service could improve.

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 to help the service improve.

Details are at the end of the report.

Ellen Armistead

Deputy 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)		Acute Ambulance and Medical Services (A.A.M.S) offers a patient transport in the private ambulance industry. We saw the service provided a safe, effective, caring, responsive and well-led service. Staff were caring and respectful towards patients and demonstrated a good awareness of patients' needs. We identified some areas that the service should consider in order to improve; these are detailed at the end of the report.

Acute Ambulance & Medical Services

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Our inspection team

The inspection team comprised of one CQC inspector, one assistant inspector, and one specialist advisor with specialist knowledge of the areas we inspected.

Facts and data about Acute Ambulance & Medical Services

The service is registered to provide the following regulated activities:

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

We inspected the patient transport service (PTS).

During the inspection, we visited the Milton Keynes hub. We spoke with six staff including, patient transport drivers and management. We spoke with three patients.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice since registering with CQC, and the most recent inspection took place in January 2018.

Activity (January 2017 to January 2018)

- There were 13,076 patient transport journeys undertaken, some of which were repatriation.
- There were 24 staff for patient transport services that worked at the service, which also had a bank of temporary paramedics staff used for events.

Record of accomplishment on safety:

- A.A.M.S reported no Never Events in the reporting period of December 2016 and November 2017.
- From December 2016 to November 2017, the service reported one serious incident.
- From December 2016 to November 2017, the service reported 28 incidents.
- We saw there had been 10 complaints raised involving A.A.M.S in the reporting period of January 2017 to November 2017.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Acute Ambulance & Medical Services (A.A.M.S) is operated by A.A.M.S Acute Ambulance & Medical Services Ltd in Buckinghamshire, supporting the NHS Ambulance Trust and local trusts in Milton Keynes, Buckinghamshire and Oxfordshire.

A.A.M.S provides patient transport services to a number of NHS trust and NHS ambulance services along with private providers nationwide. A.A.M.S also provide transportation for renal patients, and repatriation services for individuals in Europe. However, as repatriation services are not regulated by the CQC; we only inspected the patient transport service for both adults and children on this inspection.

The service has had a registered manager since 2006; this individual is also the Managing Director for the service since 2006.

We inspected this service on 10 January 2018. This service was last inspected in 2012 at a different location. This is the first inspection at this registered location.

Summary of findings

Acute Ambulance and Medical Services (A.A.M.S) offers a patient transport in the private ambulance industry.

We saw the service provided a safe, effective, caring, responsive and well-led service. Staff were caring and respectful towards patients and demonstrated a good awareness of patients' needs.

We identified some areas that the service must and should consider in order to improve; these are detailed at the end of the report.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- From December 2016 to November 2017, the service reported 28 incidents. The incidents related to verbal abuse and aggression to staff, road traffic accident resulting in staff running late with patient appointments, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and delays in text messaging services, late collection of patients.
- The service reported one serious incident during reporting periodr of December 2016 and November 2017. While the crew were transporting a patient, the stretcher clipped the lip of a drain cover resulting in the stretcher over balancing.
- Staff told us they used paper incident reporting forms, which were available in a folder at the main base and on each vehicle. Staff completed the incident forms, and then handed them over to the manager for investigation.
- Staff we spoke with knew how to report incidents and told us that managers were available to give advice when needed. Staff told us that any outcomes of investigations from incidents were disseminated down and discussed in their monthly team meetings, or through their individual one to one discussions.
- Staff gave us an example of a lesson learnt from an information governance incident, which resulted in a staff member leaving a journey sheet with full patient's details inside a pocket on a wheelchair at their local trust. Following this, changes were implemented to the journey sheet, staff were to use the patients' postcode rather than using the patient's full name
- In the event staff needed to report an incident, manager was on call 24 hours a day, seven days a week. Staff had a single telephone number to call, which diverted to the appropriate manager. Staff told us that when they called the number it was always answered regardless of time of day.
- Staff we spoke with were aware of duty of candour (DoC) and the need to be 'open' and 'honest' with patients when an incident had occurred. The service reported no related incidents involving DoC. We did not see DoC as part of A.A.M.S training schedule or induction.

Mandatory training

- Staff told us, and we saw evidence that the service had robust systems in place to ensure all staff employed were up-to-date with their mandatory training.
- We reviewed the A.A.M.S training matrix, which showed us that all members of staff were compliant with their mandatory training.
- A.A.M.S mandatory training consisted of manual handling, safeguarding children and adult, Infection Prevention and Control, information governance, equality and diversity, deprivation of liberty safeguards (DoLS) (driving safety, and avoiding slips, trips and falls. A.A.M.S also provided additional training for staff to participate in online if they wish to do so, such as pet first aid and stress management. We saw more than 20 modules available for staff.
- All staff had completed their basic life support training (BLS) and first aid training. The clinical trainer and the managing director were both trained in immediate life support (ILS).
- Staff told us that training at A.A.M.S was "exceptional" and "we can do training in our own time".
- Staff had 60 days to complete all their mandatory training from their first day of employment, if staff did not complete their training, they would not be able to go out on the road until the training had been completed, we saw A.A.M.S were 100% compliant.

Safeguarding

- There were systems, processes, and practices in place to keep people safeguarded from avoidable harm.

  The Safeguarding Children and Young People: Roles competencies for health care staff intercollegiate document (2014) states: that clinical staff who

contribute to assessing, planning, and evaluating the needs of a child or young person should be trained to level three. Additionally, all clinical and non-clinical staff that have contact with young people/and/or parents/ carers should be trained to level two.

- We saw A.A.M.S had a safeguarding policy in place and was in date, staff were able to access this policy online or in a folder in the staff room
- Staff we spoke with told us they received training on safeguarding up to level three for both adults and children. We saw a selection of up-to-date certificates to confirm staff had completed safeguarding children and adults. In addition, we saw the provider's training matrix that confirmed all staff were up-to-date with their safeguarding training.
- The registered manager was trained in safeguarding to level four. We saw evidence of completed up-to-date certificates to support this.
- Staff told us if they had any safeguarding concerns they would speak to their manager in the first instance for support. Access to safeguarding referral forms was available on all vehicles and in the main office. Staff told us once the referral had been completed a member of the management team sent the referral to the Local Authority.

Cleanliness, infection control, and hygiene

- There were systems in place to prevent and protect people from a healthcare-associated infection.
- We inspected five vehicles that were on standby to transport patients to hospital and found them to be visibly clean.
- We observed and we saw documentation, which demonstrated that pre-transfer checks and daily vehicle checks were carried out by staff, to check upon the cleanliness of each vehicle daily at the start of their shift.
- Staff we spoke with told us they always left the vehicle clean and tidy at the end of each transfer, each vehicle was cleaned weekly and we saw cleaning schedules for each vehicle.
- Cleaning schedules were on display for each area of the building; this included the office, kitchen, staff room and toilet facilities, these were signed and dated, all areas were clean.
- We saw staff washing their hands and using hand-cleansing gel. Staff used personal protective equipment (PPE) such as aprons and gloves. We saw that there was sufficient hand gel, antibacterial wipes, gloves and aprons available for staff to use on each vehicle.
- There was adequate linen available at the main base and on each vehicle. First crew members on shift collected and delivered linen each day at their first hospital stop.
- We saw that there was an infection prevention and control, (IPC) policy in place. The policy included information, for example, cleaning guidelines, details about chemical materials and what to do in the event of spillage of blood or bodily fluids.
- In the event of bodily fluid spills on any of the vehicles, A.A.M.S had an on-site fleet manager and a contract with a third party cleaning company, who manage all deep clean requirements on each vehicle.
- We saw that A.A.M.S provided all staff with infection prevention and control (IPC) training on their induction and then annually. We reviewed 24 IPC training certificates which confirmed all staff had passed their training. Certificates we reviewed were signed as having been completed throughout 2017.
- A target of 85% was required for compliance with infection control audits, which covered the deep cleaning of vehicles, sharps bins, garage, environment, waste management, kitchen and the sluice area. During October 2017 to December 2017 compliance ranged from 84% in October increasing to 98% in December. Hand hygiene were included in the infection control audits.
- Staff emptied clinical and general waste into a large locked container each day. A.A.M.S had a contract with a third party to collect all waste every fortnight.

Environment and equipment

- Equipment and vehicles were maintained according to manufacturer's instructions.
- Vehicles are fitted with a ramp and floor tracking so patients' can be secured to the vehicle without the discomfort of transferring to a seat. Patient transport

service stretcher vehicles are equipped with a stretcher and wheelchair docking capability. All non-emergency vehicles have oxygen, a crash tested wheel chair and a carry chair on board.

- The vehicles were kept in a locked warehouse at the main provider site. Staff were required to attend the main office to collect their identity badge and sign out their vehicle keys for the day. Before taking vehicles out on transfer, each driver also carried out roadworthiness checks.
- The fleet manager who worked on site carried out an inspection of each vehicle on a weekly basis, including equipment carried and roadworthiness checks. We saw completed checklists evidencing comprehensive weekly checks on vehicles.
- The fleet manager on site carried out vehicle servicing. We saw appropriate annual MOT documentation for the vehicles. We saw 'not in use' laminated A4 posters that were used to display on vehicle windscreen, if the fleet manager wanted to take vehicles off road to complete checks.
- The patient transfer service (PTS) crew kept the vehicle keys on them at all times. Managers kept the vehicle master keys in a locked safe at the main base.
- We saw that there was a vehicle equipment specification record in place. The record contained details of what equipment staff kept in each vehicle.
- We checked the restraints on the stretchers and chairs in vehicles and found them to be in good condition. A.A.M.S provided specific bariatric services for patients if needed.
- An adult accompanied children at all times. Staff used the children's own car seats during transport. Staff would not transport children if they did not have their own car seats available.

Medicines

- Medicines were stored safely and managed appropriately.
- We reviewed A.A.M.S medicine management policy that was in date. We noted the next review was due in March 2018.
- Due to the nature of this service, staff did not carry on board medications. We saw that the service did have a locked medication cupboard on site for their event work however; PTS staff did not administer medication during patient transport. Staff regularly reviewed all medicines and we saw they were all in date and kept secured.
- A.A.M.S kept oxygen and nitrous oxide cylinders in secure locked cages at the warehouse, staff told us they only used oxygen cylinders for events work. We saw yellow 'caution' posters on display to remind staff to be cautious. Cages also had posters to display which cylinders were full and empty. Staff told us that the provider had a contract with a company to collect and deliver oxygen and nitrous oxide.

Records

- Individual care records were stored safely and managed appropriately.
- Staff completed daily patient transfer record sheets for each job. Leaders of the service audited patient transfer sheet completion. We reviewed the audit results however they did not include the compliance rates only the previous dates the audit had been conducted. Therefore, we could not determine what percentage of records all details had completed. We reviewed completed job sheets during our inspection, that included staff details, times, collection, and transfer details and patient condition details during the journey. The forms were legible and included all the information required by the company.
- We saw there was a locked area in the front of the vehicles where patient transfer records sheets could be stored securely if the crew had to leave the vehicle.
- On their return to their main base, staff posted their completed patient transfer forms in a secure letterbox.
- Managers told us once they received the patient transfer forms; they scanned them into their electronic system. Hard copies were stored in a locked cupboard in the office.
- We checked seven employment records at random. All records we reviewed were up-to-date with relevant information, including Disclosure and Barring Service

checks (DBS). Records also included staff training information and driving licence details, all staff records were securely stored in a locked cabinet in the director's office.

Assessing and responding to patient risk

- A.A.M.S staff appropriately monitored and managed patients to ensure they were safe. .
- Staff we spoke with told us that if a patient's condition deteriorated on a journey, they diverted their vehicle and took the patient to the nearest hospital or dialled 999 to seek emergency assistance. Staff informed the operations manager at the main base of any delays or diversions made on a journey.
- All staff were required to complete a risk assessment before transferring patients. Prior to booking any patients, the registered manager requested a completed risk assessment from commissioners before the booking was agreed.
- Management staff told us they had an acceptance and exclusion criteria as part of their booking system.

Staffing

- The registered manager planned staffing levels, skill mix and gender balance to ensure that patients received safe care and treatment at all times.
- The service employed over 24 full contracted staff, 20 staff members worked full time hours, and four staff members worked part-time.
- Staff followed various shift patterns, from 5.30am to 11pm. We saw that staffing rotas showed that the majority of staff had a 12-hour gap between shifts. However, some staff informed us that A.A.M.S did not always adhere to the minimum rest requirements. In addition, they reported to us that they often worked for 10 days without a rest day in order to accommodate all the journey requests, staff felt this was a risk as they were tired and felt overworked at times. Staff told us their concerns were raised to management but felt it was not taken seriously enough.
- When we raised this with management team they told us that, A.A.M.S as a company adhere to rest requirements and their shift assigning software has this built in. On a rare occasion there has been a staff member who worked 10 days in a row, all concerns are taken seriously and staff are on flexible hours contracts and have the right to say no to any shift.
- A.A.M.S did not use agency staff but used regular bank staff to cover unfilled shifts. Bank staff were mainly used for event work but also conducted some of the regular work for local NHS trusts. All staff received an A.A.M.S induction.
- The directors told us that the service had a high staff turnover in 2017. From January 2017 to March 2017, 10 staff had left out of 36 staff employed at the service. When we questioned this, managers told us it was because A.A.M.S offered such a vast amount of training. Staff had utilised this training to become clinicians and paramedics. We saw no evidence of management carrying out further analysis to understand the reasons for high staff turnover.

Anticipated resource and capacity risks

- We spoke with the managing directors who told us that one of their largest commissioners had altered their contract with A.A.M.S on an ad-hoc basis. This had additionally caused financial concerns for A.A.M.S and their employed staff.
- A.A.M.S carried out 'ad-hoc' work. The directors we spoke with told us they assessed resource requirements and capacity on an individual basis when required.

Response to major incidents

- There was a serious and major incident policy in place. This reflected guidance from NHS England's emergency preparedness Resilience and Response Framework (2015.) A.A.M.S had adapted their policy to suit their service.
- Staff told us they received awareness training in major incidents and were able to access the policy online. Staff did not receive any practice scenario training; however, managers informed us they were introducing practice scenarios due to additional events contracts A.A.M.S had recently agreed to cover.

Are patient transport services effective?

Evidence-based care and treatment

Patient transport services (PTS)

- The care and treatment of patients was based on nationally recognised guidance.
- Staff told us they worked to the National Institute of Health and Care Excellence (NICE) guidance, such as managing patients with diabetes, manual handling, and oxygen therapy. We saw a folder in the staff room with up-to-date guidance and policies available for staff to read.
- The registered manager and the clinical trainer were technicians who carried their Joint Royal Colleges Ambulance Liaison Committee (JRCALC) pocket sized guide with them, other staff used an app on their mobile telephone. This meant staff had access to guidelines and protocols when working remotely.
- Staff told us that managers informed them of any updates or changes to guidelines through their one to one meetings, through work emails or a closed social media work group page. Staff were required to sign and date a form once they had read the policies and procedures.
- We saw the service had a complete and evidence based set of policies that staff followed in the course of their work.

Assessment and planning of care

- Staff carried out regular assessments to ensure patients' received care to maintain their safety and wellbeing.
- Prior to booking a transfer, the registered manager clarified the nature of a patients' well-being and used a clear criteria for this assessment during the booking process. Staff told us if they were concerned and were unable to manage patient's health during transport, they would transfer the patient to the nearest local emergency department.
- Staff we spoke with said that the booking system provided them with all the relevant information they needed from their manager. However, when working with the local NHS trust, staff told us they were given extra tasks on arrival to the hospital's discharge lounge., Staff were then required them to call the A.A.M.S manager so that booking plans were adjusted to reflect delays caused by these additional tasks.
- Staff told us that information given by their manager from other NHS providers did not always accurately reflect the needs of their patients. Staff gave us an example where they had been informed that a patient was mobile and independent. When A.A.M.S staff arrived, one patient was unable to walk without assistance and another patient used a wheelchair.
- We reviewed some of the booking information that A.A.M.S received from providers and found that some information was missing. In addition, some scanned documents received from providers had certain entries missing. Managers told us they had to call their providers on numerous occasions to get information that was missing from scanned documentation. This had been raised by A.A.M.S to their commissioners on regular basis. However, A.A.M.S were informed that it must have been a 'technical error', as it did not happen every time. This was not on their risk register.

Response times and patient outcomes

- A.A.M.S operated an 18-hour service. On the rota staff worked varies shift patterns from 6am until 11pm. Patient transport requests were handled via a telephone and online service, and managers were an on call 24 hours a day, seven days a week.
- Directors told us they were committed to attending to patients in a timely manner. When we requested to see their data response times, they informed us that they did not collect their own data. However, they did send all their journey sheets to their largest NHS provider, who then analysed this data onto their own system. We asked the directors if the NHS providers shared this information with them to aid them to monitor their own response times, but we were informed this had not happened to date. A meeting had been scheduled at the end of January 2018 to discuss data sharing.
- We raised our concerns for the lack of data around response times and by the end of the inspection, we were given some response data for one week, this included essential information, for example, time of arrival, time spent on the vehicle or pick up time.

Nutrition and Hydration

- Staff stocked vehicles with bottled water and were able to provide their patients with water when required during their journeys.

- Staff ensured patient's specific nutrition and hydration requirements were met. Staff discussed patient's nutrition and hydration needs during both booking and handovers.

Competent staff

- Staff had the skills, knowledge, and experience to deliver effective care. The service had systems in place to manage the staff recruitment process.
- Registration with the Health and Care Professions Council (HCPC) was required for paramedics. The manager for human resources informed us that they checked the register before staff commenced employment and kept record of renewal dates.
- Staff completed a comprehensive induction programme. This included topics such as mandatory training, health and safety and familiarisation with A.A.M.S policies, procedures, and systems.
- All staff were provided with dementia training annually.
- There was guidance in place in relation to oxygen administration. Managers advised us that some staff attended the 'first person on scene' (FPOS) course.
- Staff told us the training provided by the company was "very good", that it was "readily available" and "easily accessible".
- Staff told us they received annual appraisals, which they found useful. We saw evidence that 90% of staff had received an appraisal against their 85% target.
- We saw examples of staff progressing to a team leader role. This was a new post implemented to help cover the busy schedules of the directors. This meant that frontline staff had additional support during their shift if the directors were unavailable.
- Front line staff we spoke with supported the team leader role as this allowed staff to have a regular one to one and supervisions. Staff told us that managers checked their competencies during training sessions, or would work alongside crew members.
- Staff had access to a vast amount of training. This supported staff to manage everyday challenges within their role and to help staff to progress in their career. Many staff told us they were aiming to become a paramedic.
- A.A.M.S vehicle insurance required that all staff that drove the vehicles must be 25 years or over, have less than six points on their licence and had been driving for over two years. A.A.M.S management carried out regular checks on each staff member's driving licence via the DVLA website prior to employment. Any changes to staff driving circumstances since their first day of employment would have been flagged to A.A.M.S by the DVLA.

Coordination with other providers and multi-disciplinary working

- Staff we spoke with described positive working relationships with the staff who worked for local NHS ambulance trusts, local NHS hospitals, and private providers.
- We saw that handovers were thorough and paper records were checked before leaving any premises, however, at times not all scanned documentation were clearly scanned. Staff who felt that patients were not discharged safely, would contact the trust and take the patient back to that service.
- The service and the managing directors were active across the independent ambulance sectors and had close links with other local providers to help understand the demand and growth of the service.

Access to information

- Staff were provided with information they needed to deliver effective care and treatment to people who used the service.
- Staff were reliant on NHS trusts and commissioners to input all the relevant information on the booking system and scan patient history to A.A.M.S electronically. This information was reviewed by the directors prior to booking patient transport.
- We saw that staff were provided with information about the patient prior to any booked journeys. Managers told us when booking patient transfers they were able to obtain relevant information and inform front line staff.
- Information such as 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation was reviewed

by staff prior to transporting patients. All relevant details were discussed with the registered manager during the booking process and staff received a thorough handover on site.

- Staff checked their patient's condition against the documents they had received; however not all the information provided for the crew were always accurate. This was mainly due to the inefficient scanning process and information received from their commissioners.
- Policies and procedures were available for staff in hard copies or on the staff intranet. If they required further information staff would contact their manager for guidance.
- All vehicles had satellite navigation systems in place and staff were able to communicate with each other using a mobile phone. This meant that all staff knew where each member of the team were at all times. We observed staff keeping each other informed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated a good awareness of consent, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which was part of their mandatory training.
- A.A.M.S did not routinely transfer mental health patients however, it was not against company policy to transfer, but patients must be accompanied by a supported person. Staff who transported patients with dementia or learning disabilities understood how to care for these patients effectively. Staff would seek support from senior staff if required, to help provide the most suitable support to individual patients.
- A.A.M.S had a mental capacity act protocol in place which stated, "If any patients sectioned under the MCA were listed to travel, crew were advised to call the on call number immediately to advise that A.A.M.S will not take the patient as this is against A.A.M.S policy".
- All staff had a mobile phone on each vehicle, with a mobile phone app available to access specific information around the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, and domiciliary care. This was to provide staff with relevant information, such as acronyms and health conditions whilst working remotely.
- We saw there was a consent policy in place, we observed staff gaining verbal consent prior to any transfers, and this was documented in their journey transfer sheet.

Are patient transport services caring?

Compassionate care

- Care was provided in a sensitive and dignified way. We observed staff treating patients' with kindness, respect, and dignity. We observed two staff members with a patient who was near the end of life to maintain privacy and dignity.
- We observed staff asking patients to complete a patient satisfaction form after their journey. These comments were often shared within the team in monthly meetings and on the staff's private social media page.
- Staff often took the same patients on a daily or weekly journey, for example, renal patients or radiotherapy patients. A.A.M.S managers ensured they used the same crews for these journeys to enable them to get to know their patients, relatives, or carers.
- Staff provided us with examples of how they would display compassionate care. For example, one staff member we spoke with told us they would provide female patients with the option of a female staff member where possible.
- We spoke with staff and found them to be passionate, caring, and very patient focussed. Staff we spoke with told us about how important it was to maintain patients' privacy and dignity. Staff used blankets or patients own clothing to maintain their dignity and privacy during transfer.
- We reviewed a selection of patient feedback forms. They included comments such as, "smashing crew, couldn't do enough for me", "service was excellent." Another patient said; "They were very good getting me home".

Understanding and involvement of patients and those close to them

- The service supported patients to express their views and be actively involved in making decisions about their care, treatment, and support as far as possible.

Patient transport services (PTS)

- We observed staff explain to a patient where they were being transferred to, why they were and how long the journey would take. This was done in a friendly, caring manner that helped the patient understand.
- Staff gave us examples of how important it was to communicate with family members. To assure them their relative would be arriving at a destination at a certain time, also to provide reassurance that their loved ones will be cared for during their journey.

Emotional support

- In the event that A.A.M.S would transport a patient who was nearing or at the end of their life, the providers would inform A.A.M.S that a patient was for end of life care. A.A.M.S policy states any end of life patient would be transported with no other patients, relatives were able to travel with the patient and this was arranged on booking.
- Staff told us they behaved in a friendly and open manner, making small talk to make a patient more at ease prior to and during the transfer.

Supporting people to manage their own health

- Staff we spoke with understood the impact that a person's care, treatment, or condition would have on their wellbeing and those close to them, both physically and emotionally.
- Patients were encouraged wherever possible to use their own mobility aids when entering or leaving the vehicle.
- Staff asked each patient whether they required assistance with walking, sitting and standing during their journey.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The service effectively planned and delivered services based on patient needs.
- A.A.M.S business growth and diversity of the service were managed by attracting new contracts or existing work to increase its business revenue. A.A.M.S have recently been involved with events work.
- The service planned delivery based upon contracts and service level agreements with commissioning, acute trusts, owners and individual members of the public who required patient transport. The managing directors told us they had regular meetings with their providers to discuss performances and audits.
- A.A.M.S also offered their providers 'face-to-face meetings at their main base, so providers could see their vehicles, meet some of the staff and see how they worked as a patient transport service.

Meeting people's individual needs

- Services were planned to take into account the different needs of patients they responded to.
- Staff told us the service A.A.M.S provided was tailored to each patient's individual needs, which was documented as soon as any booking was agreed, such as those patients who required a carer to escort them to an appointment.
- The service had 12 vehicles included wheelchair access vehicle.
- Staff demonstrated good understanding around patients with learning disabilities, supported health care workers also accompanied patients when and if needed.
- An adult also accompanied children who were transported.
- Staff told us they had access to a telephone translation service for patients whose first language was not English.
- A.A.M.S and fleet vehicles were designed to meet the needs of obese patients. They were adapted to provide additional space and dedicated equipment, such as, bariatric patient trolleys and systems to enable safe access to transport.
- Patients were able to carry their own personal belongings. Which were kept securely on the vehicle.
- Managers accepting any booking would consider gender mix, and the skill mix of the staff required for transfer.

Patient transport services (PTS)

Access and flow

- Patients had access to timely care and treatment, however journey times were not monitored.
- Staff told us that most bookings were made on the day of transfer when working with local NHS trusts. However, some bookings with other providers were made days or weeks in advance.
- One of the largest NHS trust supplied A.A.M.S with portable hand held devices that were carried by staff to provide them with journey information, the pick-up point, destination, or information regarding the patient's mobility.
- Managers were able to track their crew on the road by using a tracking device. This enabled them to redeploy any vehicles or staff to be used for alternative journeys, additional work, or delays.
- Management staff collected information on journeys and pick up times through journey sheet, journey sheets were then shared with their commissioners.

Learning from complaints and concerns

- Effective procedures were in place to respond and learn from complaints. Patients we spoke with who used the service were aware of how to make a complaint or raise a concern.
- We saw the service advised patients how to make a complaint through their website, via post, telephone and email. Patients could also complain to the NHS ambulance service or hospital who would disseminate this to A.A.M.S to investigate further.
- Staff we spoke with knew how to deal with complaints and were clear on A.A.M.S complaint policies. All vehicles had information on display for patients and relatives on how to raise a complaint.
- We saw there had been 10 complaints raised in the reporting period January 2017 to November 2017, majority of the complaints were around staff attitude, we saw staff were attending a communication training course to improve staff attitude, however complaints around patient delays to appointments were not closely monitored. Managers told us that delays to appointments were mainly monitored by their commissioners, however they do investigate all instances of delays when issues have been raised.
- We saw that the service contacted and apologised to patients when things went wrong. Complaints were discussed at team meetings and were on the agenda at governance meetings.
- Staff handed out feedback forms to patients, which were available on all vehicles. These were used to gain feedback from patients and relatives. Any feedback given was then shared in staff newsletters, displayed on their closed social media page and discussed at team meetings.

Are patient transport services well-led?

Leadership / Culture within the service

- There were two directors at the service; one of whom was also the registered manager The management team demonstrated a good understanding of the service.The management team demonstrated a good understanding of the service.
- The service had a clinical lead who was a registered paramedic and was a full time employee of the service. Their role included medicines management.
- Managers monitored performance with the local commissioners. Managers had only recently introduced their own key performance indicators around staff performance, responsiveness, and were discussing this further with their local commissioners and private contracts.
- Staff told us that leaders were visible and that they could contact them at any time if they needed to. In addition, staff confirmed that the management team provided appropriate support. Four members of staff had recently been promoted to team leader, which offered 'shop floor' support to staff.
- Staff told us and we saw that managers were approachable and that they kept staff well informed and up to date. However, some staff said that the new rota planning and work delegation had not been functioning, which was due to a different manager allocating work. Staff reported that this was less efficient and gave examples of this: lack of days off, "some weeks you would be working 10 days in a row", and not always having the 11 hours to 12 hours break before starting the next shift.

- Managers told us if any staff members had encountered a traumatic incident whilst on the road, they were offered debriefing sessions. In addition, the registered manager accompanied the staff member on subsequent transfers to offer further support if needed. A.A.M.S provided a counselling line for all staff if needed; staff could access this service from any telephone at the base.

Vision and strategy for this this core service

- The registered manager told us that the service was continuing to expand. The strategy for the service for the next five years, was to stabilise the service and sustain the work they currently had. The managers told us since the last inspection in 2012, they have expanded significantly with an increase in revenue, staffing, and commissioners. They intended to continue to sustain and stabilise the company by improving the service and investing in their staff.
- A.A.M.S registered manager when we asked about visions and values told us that it was to treat their patients and colleagues with dignity and respect and to treat all patients as if they were their own family member. We observed staff demonstrating these values in practice, although they could not tell us what A.A.M.S values were.
- A.A.M.S vision and values were available to staff on posters within the service.

Governance, risk management and quality measurement

- A.A.M.S had a governance framework to support good quality care, however did not cover all aspect of the service regarding sufficient audits.
- Policies and procedures for the service were well written and in date, and were followed by all staff. Managers told us staff signed and dated once they read each policy. A.A.M.S seek advice from commissioners when updating policies.
- We reviewed three sets of monthly management meetings minutes from September 2017 to November 2017.Standing agenda items included complaints, risk assessments, staffing, staff training, and operational updates.
- Staff we spoke with were clear about their roles and what they what they were accountable for.
- The service provided us with the risk register; we saw they used the RAG system (red, amber and green), they categorised each risk in specific order as, insignificant, minor, moderate, major and catastrophic. Examples of potential risks on the register varied from, ensuring staff received necessary training to equip them to carry out their duties, ensure the company provided a safe and clean environment and to ensure long-term sickness was at a reasonable level.
- Service leaders reviewed the risk register on a regular basis and we saw the risks were discussed in their monthly management meeting. Overall, the risk register reflected the main risks to the service however, we did not see any patient related risks on the risk register such as the scanned documents for patient booking A.A.M.S received from providers was missing and certain entries were not scanned appropriately and did not always include all patients needs.

Public and staff engagement

- After each transfer, staff asked patients to complete a patient experience form in order to gain feedback about the service. We saw examples of completed patient feedback forms, highlighting patients were happy and satisfied with the service.
- Staff told us that the senior management team had set up a closed social media page, which staff could access on an application on their phone. This was in place to support staff outside of work and provide information such as patient feedback, share experiences, and keeping in touch.
- Staff received regular updates from management via their work emails, newsletters, or the use of posters that were on display at the main office.

Innovation, improvement, and sustainability

- The managers told us since the last inspection in 2012, they had expanded significantly, with an increase in revenue, staffing, and providers. They intended to continue to sustain and stabilise the company, by improving the service and investing in their staff.

Patient transport services (PTS)

- A.A.M.S provided routine work for local hospitals and private work nationwide. They continued to expand their service with local providers and had recently expanded to provide their services in events work.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure to include record compliance rate for each audit taken.

Action the hospital SHOULD take to improve

- The provider should consider investigating and carrying out further analysis to understand the reasons for high staff turnover.
- The provider should consider including potential patient risks, staff turnover and data collecting around response times on their risk registers.
- The provider should consider that all staff members have sufficient rest between each shift.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (f)evaluate and improve their practice in respect of the processing of the information-providers must ensure that their audit and governance systems remain effective How this regulation was not being met: • The providers governance framework to support good quality care, did not cover all aspects of the service regarding all service audits. • Audit results for journey sheets, did not include the compliance rates. Therefore, we could not determine what percentage of records or details had been accurately completed.