First Care Ambulance Limited

16/17 Kestrel Business Park

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time this service was rated although it was previously inspected in 2018. We rated it as good because:

- There were strong comprehensive and embedded systems, processes and procedures to keep people safe.
- Patients individual needs and preferences were central to the planning and delivery of the service.
- The service had a flexible and responsive approach and had developed a positive partnership with local commissioners.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- There was a commitment by frontline staff and senior managers to provide a high-quality service for patients with a continual drive to improve the delivery of care.
- The service managed infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.
- The service made sure staff were competent for their roles.

However:

- Paramedic staff required safeguarding training at a higher level than was currently provided.
- Staff were not routinely reporting vehicle and equipment defects.
- The service should produce a report on how the company encourages workforce race and equality.
- The Patient Group Directions (“PGD”) were outside of their review date.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to 16/17 Kestrel Business Park

First Care Ambulance Limited was an independent ambulance service with its main headquarters based in Exeter and base stations in Barnstaple and Plymouth. The organisation primarily served the communities of Devon. Its regulated activities included non-emergency patient transport, mental health patient transport and neonatal & paediatric transport services. The registered manager was John Fraser who was also the managing director. We previously inspected this service in April 2018 however the service was not rated at this time.

The service had over 200 employees which included seven team leaders, five paramedics, eight technicians, seven controllers and 163 ambulance care technicians. The service has a fleet of approximately 80 vehicles.

Between June 2021 to May 2022, the service completed 70,032 patient transport journeys. During this period, the largest service provided was non-emergency patient transport which accounted for 90% of these journeys. Private and adhoc work accounted for 5%, COVID-19 patient transport 3.5%, neonatal and paediatric transport services 0.4% and mental health transport accounted for 0.3% of these journeys.

How we carried out this inspection

The inspection team consisted of one inspection manager, two inspectors and one specialist advisor with paramedic expertise. The inspection was overseen by Catherine Campbell Head of Hospital Inspection.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

We reviewed five patient records, five employment records as well as other documents, policies and records kept by the service. We spoke with 16 members of staff and inspected six vehicles.

Outstanding practice

We found the following outstanding practice:

- The provider worked with commissioners to provide innovative services to support the needs of its local population.
- The service collaborated with organisations and took part in quality improvement initiatives designed to positively impact the non-emergency patient transport sector.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure it considers how to encourage a diverse and inclusive workforce. The service should work towards producing a workplace race equality standard report.
- The service should ensure staff routinely report vehicle and equipment defects.
- The service should ensure paramedic staff receive training that is relevant, and at a suitable level for their role.
- The service should ensure it reviews the arrangements for monitoring and updating procedures and protocols around the use of medicines to ensure safe practice.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Patient transport services

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

Are Patient transport services safe?

Good

This was the first time the service was rated. We rated safe as good.

Mandatory training

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

Staff received and kept up to date with mandatory training. Nearly all staff (over 98.63%) were up to date with their training or had dates booked to attend training in the near future and were up to date with their skills and knowledge to enable them to care for patients appropriately. All staff had a personal training record which was recorded on an electronic HR system. A monthly report was presented to the monthly management meeting for review.

Mandatory training was comprehensive and met the needs of patients and staff. Staff told us mandatory training updates were delivered to meet their needs and they were able to access training as they needed it. Mandatory training was available using a range of methods to maximise accessibility, including face-to-face sessions and e-learning. To comply with restrictions during the Covid-19 pandemic, e-learning had been provided in smaller groups of four staff with time to discuss the training in their peer group.

There was a programme of training in safety systems, processes and practices. Training included; health and safety, information governance, manual handling, equality and diversity, fire training, mental capacity act, oxygen therapy, prevent and safeguarding adults and children.

A local restraint network had been identified to provide restraint training and discussions were planned to arrange annual refresher training.

Driving training using the ambulances blue lights was provided by an ex-police officer every three years and staff were assessed annually.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could easily tell us the overall completion rate of training for staff as they kept an overview of totals and expiry dates. There was a central system to alert managers and staff when they needed to update or refresh their training.

Covid-19 had impacted on training compliance. As a result, the management team decided to extend the period of refresher training from 12 months to 18 months. The plan was to return to the 12 month period for refresher training in the forthcoming year.

Driving assessments and driving observations where a manager rides along with the crew, had also been affected by the restrictions. However, there were now plans to resume these in the immediate future.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff mostly had training on how to recognise and report abuse and they knew how to apply it.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had a named safeguarding lead who was appropriately trained to level four in line with the intercollegiate guidance on safeguarding children and young people. This was an improvement from the previous inspection. All staff were checked by the Disclosure and Barring Service (DBS) both at the commencement of employment and at regular yearly intervals. All staff we spoke with understood how to raise a safeguarding concern and received training on how to recognise and report abuse.

However paramedic staff were not trained to the appropriate level of safeguarding. The intercollegiate guidance on safeguarding children and young people recommends all clinical staff working with children should be trained to level three whereas paramedic staff were currently trained to level two. Since the inspection, the service had arranged for all paramedic staff to be trained to the appropriate level by the 11 August 2022.

Cleanliness, infection control and hygiene

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

The vehicles were clean and the service had suitable furnishings which were clean and well-maintained. Staff had a check list to perform prior to the start and finish of every shift to ensure that a high level of infection prevention control was maintained. Managers conducted a spot check of one vehicle daily at each base.

The service performed a deep clean of each vehicle on a six weekly basis. There was a process to wipe clean the vehicle between each patient journey. During the pandemic the service allocated seven vehicles which were specifically for transporting COVID-19 positive patients. At the time of the inspection the service operated four vehicles specifically for transporting COVID-19 patients. These vehicles had a deep clean following each patient and there was a process to decontaminate the vehicles using a sanitising antibacterial fogger 'bomb'.

The Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly and in line with policy.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment mainly kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Good

Patient transport services

We saw two of the three bases and both were clean and well maintained. In each base there was a designated area for equipment that was faulty, and this was locked. All items were 'red tagged' to indicate that they should not be used. Staff were encouraged to report defective equipment. The equipment used in all three bases was standardised so could be interchangeable across the bases and fleet.

The service had a fleet of 80 vehicles. At the time of inspection the service was investing in its fleet and had replaced 15 of its oldest vehicles with newer vehicles. All vehicles had in date MOT's and were insured. In line with the terms of the commissioning contract, standard vehicles were not required to carry defibrillators. However, defibrillators and life packs were available on vehicles that were manned by paramedics and technicians. These were not moved from the vehicle. The fleet had specialist vehicles that were used for transporting mental health patients.

Staff carried out daily safety checks of specialist equipment. Operation Managers carried out a six monthly equipment audit on all vehicles. Operations managers also spot checked at least one vehicle a day for equipment and vehicle defects.

We inspected six vehicles. We found all the vehicles inspected were clean, had in date stock and had enough suitable equipment to help them to safely care for patients, including bariatric equipment. However, on one vehicle there was an overhead cupboard that could not be locked. The overhead cupboard contained metal attachments which could pose a risk to a patient if they were to fall out on a journey. On another vehicle we found minor issues such as an indicator cover was missing and there was a torn seat and stretcher. These could pose an infection control risk. We informed the operations manager who replaced the defective equipment and removed the metal attachments from the overhead cupboard until the lock could be fixed. These defects had not been reported despite the daily checks.

Staff disposed of clinical waste safely. The service had a contract with an external company to remove its clinical waste on a regular basis.

Assessing and responding to patient risk

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

The risk assessment for a patient accepted onto the service was carried out by a booking department run by the local council. For new patients with additional requirements such as mobility difficulties, team leaders would complete a risk assessment at their home address before the referral was accepted. Staff were trained to carry out dynamic risk assessments for each patient.

For patient transport journeys, if there was any sudden deterioration in a patient's health, staff would call 999 for emergency assistance.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Managers regularly reviewed staffing levels and skill mix, and bank staff were given a full induction. Managers had an on-call rota to ensure that one of them was always available to staff outside of office hours. Staff breaks were arranged

by the patient transport services control room. We saw these were included on the electronic system and staff we spoke with were satisfied with their break arrangements. Staff were given an induction and had a period where they worked with two experienced members of staff as a three-man crew until signed off as competent to work as a double crew member.

We reviewed the recruitment process for five members of staff and saw that it complied with the relevant legislation requirements.

Records

Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were electronic and all information was provided to crew via their hand held electronic device. There was a special notes section to alert them to patients with pre-existing conditions such as dementia or learning difficulties and to flag whether the patient was to travel with a Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) form. We reviewed five records and saw that the special notes section was used to alert crews of any additional patient information that was deemed necessary.

Records were stored electronically, and all computers were locked when not in use.

Medicines

The service followed best practice when administering, recording and storing medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were audited monthly by the lead paramedic.

Staff stored and managed all medicines and prescribing documents safely. Vehicles used by paramedics did not have a safe and crews stored any controlled drugs on their person. Medicines and medical gases were ordered, stored, recorded and disposed of safely. The service had a clear oxygen policy around conveyance of patients and their oxygen requirements.

Staff learned from safety alerts and incidents to improve practice.

The service had Patient Group Directions (PGD's) that were out of their review period. This is covered in the governance section of this report. Patient Group Directions provide a legal framework that allows some registered health professionals to supply and / or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber.

Incidents

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

Staff reported serious incidents clearly and in line with the provider's policy. There were systems to make sure incidents were reported and investigated appropriately. Staff were open, transparent and honest about reporting incidents and said they would have no hesitation in reporting incidents and were clear about how they would report them.

Good

Patient transport services

Staff knew what incidents to report and how to report them.Staff initially alerted the care standards manager and on return to base, wrote a detailed report of the incident on an electronic system. This provided a record of each incident, subsequent investigation, agreed learning, action plan and evidence of the learning and its effectiveness.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff said they were encouraged to report incidents promptly.

Incidents and any trends were reviewed at the monthly managers' meetings and the effectiveness of the corrective actions was reviewed at quarterly governance meetings.

Managers investigated incidents. The incident reporting policy set out the processes for reporting and managing incidents and described the root cause analysis investigation process and the roles and responsibilities of staff involved in the process.

Managers debriefed and supported staff after any serious incident. Staff confirmed they received feedback after reporting an incident and an action plan was shared. Learning was shared using a variety of methods. Firstly, there was an immediate response and any local action taken to help prevent a reoccurrence and formal feedback by email and newsletter to help spread any learning from incidents.

Are Patient transport services effective?

Good

This was the first time the service was rated. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. This included the National Institute for Health and Care Excellence (NICE) guidance and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), national patient's safety alerts and any other guidelines applicable to the service. Policies were available to staff on its intranet system.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. All staff received training on mental health and were made aware of patients who had mental health illness. This was via the special notes section on their personal electronic device. There was a small team of ambulances and crew who were dedicated to mental health transport. This team had appropriate training to convey patients who experienced mental health issues.

The service had a rolling audit programme to monitor and improve its service provision. Managers shared and made sure staff understood information from the audits.

Good

Patient transport services

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. When there were longer journeys, the staff planned their stops for nutrition and hydration but were also led by the patient requirements.

Response times

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

The service reported on key performance indicators to two clinical commissioning groups, which included response times. The service consistently met these indicators and had done so since the start of their contract in 2016. Considering the impact of COVID-19 and the reduced occupancy levels in ambulances as a result of social distancing requirements, the fact that the targets were met consistently was positive. The feedback received from the local clinical commissioning group was also positive.

The service monitored its renal transport performance. Due to the rurality of Devon, the service key performance indicator was measured at 45 minutes instead of 30 minutes as per the Kidney Care UK Standards for dialysis transport. Between December 2021 and May 2022, the service ensured that 86.84% of patients arrived within 45 minutes of their appointment time and 91.31% of patients were picked up within 45 minutes after their dialysis treatment. This met the contractual key performance target for the Devon clinical commissioning groups. The Kidney UK 2020 annual report surveyed transport provisions in 53 renal centres. Exeter and Plymouth were ranked fifth and sixth respectively.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All paramedics were registered with the Health and Care Professions Council. This was checked regularly. Paramedic staff had annual training to ensure skill sets remained up-to-date and were consulted on what was included on this training day. Staff were assessed to carry out driving duties safely. Driving license checks were carried out every six months to confirm staff were still safe to work.

Managers gave all new staff a full induction tailored to their role before they started work. New starters had a six and twelve week review following commencement of employment. The managing director met all new staff during their induction

A detailed induction book was completed by the staff member and signed off by an assessor. The content of the induction book included; personal development, role of ambulance care assistant, communication, equality, diversity and inclusion, implementing duty of candour, duty of care and complaints, safeguarding, patient centred care and equipment. Staff felt confident and prepared to work in the service. Each member of staff had a personal development programme.

Managers supported staff to develop through yearly, constructive appraisals of their work. The organisation used a web-based system to monitor training and education of staff. It also contained details of driving assessments, driving licence checks, Disclosure and Barring Service (DBS) checks and immunisations. The service was above its target for annual appraisal completion at 92%.

Good

Patient transport services

Training needs were identified for staff and they were given the time and opportunity to develop their skills and knowledge.There was a commitment to training and education within the service. Staff told us they were encouraged and supported with training and there was good teamwork. Staff were encouraged to keep up to date with their continuing professional development and there were opportunities to attend external training and development in specific areas.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Minutes of meetings were posted on the noticeboards in staff rooms and emailed to staff.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked well together across the three station bases. There was a twice daily call between the patient booking teams, one in the morning to discuss any last minute bookings or staff absences and one in the evening to discuss the following days work and where there could be shared working across the bases. We observed one of these calls and saw collaborative working between the teams in order to meet patient conveyancing requirements safely.

Staff reported there was a good working relationship with the booking team provided by the local clinical commissioning group and stated feedback was listened to and changes made to the service provision as a result of this feedback.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

The service was a member of the Restraints Reduction Network. The service has a specialist team of eight employees to undertake mental health transport and refresher training for all team members was completed in April 2022. The training covered, conflict resolution, disengagement techniques and safe escorting.

Are Patient transport services caring?

Good

This was the first time the service was rated. We rated it as good.

Good

Patient transport services

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. One feedback response from a patients family stated, 'how grateful we are to your two wonderful members of staff, whose professional approach and empathy made such a huge difference to what could have been an anxious time for our mother'.

We saw written evidence from patients stating they treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff said they gave patients and those close to them help, emotional support and advice when they needed it.

Staff told us they supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service received on average around eight compliments a month regarding the service provided by staff. The service clearly displayed ways to feed back on the service on the ambulances and via the website.

Patients gave positive feedback about the service. Other social care professionals also provided positive feedback, for example 'We had a crew come to transfer a very cantankerous, difficult gentleman with dementia. They were both very helpful and their manner with the patient was superb. I cannot sufficiently express our thanks for their kind attitude and care given to our very vulnerable patient'.

Are Patient transport services responsive?

Good

Patient transport services

Good

Service delivery to meet the needs of local people

The service planned and tailored care in a way that met the needs of local people and the communities served. The service used technology innovatively and it also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service worked with commissioners and were flexible in its service provision in order to best meet the needs of its local population. In addition to patient transport, the service was commissioned to provide a minor injuries service at a local hospital in Ilfracombe for a ten week period during the busy holiday period to prevent unnecessary admissions to the accident and emergency service at the local trust. The service was also commissioned to provide a winter paramedic service to support GP practices. Paramedics triaged patients that requested a GP home visit and completed clinical observations before agreeing a treatment plan with their GP.

The provider has taken part in an NHS England Non-Emergency Patient Transport Service (NEPTS) national review. The provider was the only independent service in England invited to participate. As part of this review the service has been asked to trial two new services. The first is a NEPTS Plus service that sits between NEPTS and high acuity transport. This involves one crew that works out of the Plymouth base to complete complex handling assignments, patients requiring base observations and those needing higher rates of oxygen. The second is a mobility and support service that is designed to sit below routine patient transport services and is delivered by a single person crew in a car. The service runs from the Exeter base and the aim is to identify a group of patients who may qualify for transport but do not need an ambulance.

Managers ensured that patients whose transport was delayed were contacted. The service had trialled and was implementing an electronic application which would allow patients to track the progress of the ambulance that was due to pick them up. This has been developed as a result of patient feedback and would help patients know when they needed to be ready and allow them to monitor the ambulances progress.

The service was mainly used for low acuity patients which meant patients were not generally in need of additional support or specialist intervention. The service had the necessary equipment to deal with bariatric patients.

Managers monitored and took action to minimise missed appointments.

Meeting people's individual needs

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

Staff spoke sensitively about being accessible to people of all ages and backgrounds. They showed an understanding of the different needs of people using the service and told us how they adapted their style of communication to the individual needs of those requiring the service.

Staff said they always looked at dietary requirements and planned journeys to include breaks to buy food and fluids for patients and ambulances were fully stocked with enough cold water.

Good

Patient transport services

Escorts would be arranged by the external booking team or hospital if required to support a patient.

Ambulances were equipped with language sheets with questions such as 'are you in pain' for patients who did not speak English as their first language.

Staff had access to communication aids to help patients become partners in their care and treatment. We saw these were available in the six vehicles we inspected.

Access and flow

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

The patient transport service was available seven days a week from six am to one am in the morning.

The service had good operational systems to ensure resources were where they needed to be at the time required. The service mainly covered Devon and had three bases located near to the local trusts in the Devon area. This meant they were able to utilise resources so that if a journey from northern Devon ended up in Exeter then they could utilise that crew to take a different patient back to northern Devon. Managers told us they effectively planned and moved crews to cope with excessive demand in different areas of Devon.

Managers worked to keep the number of cancelled journeys to a minimum.

The service employed hospital liaison assistants at each of the local trusts to help with patient flow by ensuring the appropriate booking had been made and patients were ready to be collected.

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern in patient transport vehicles and on its website.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. All complaints went to the care standards manager where they were logged and then passed to the relevant line manager to investigate.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Complaints were reported to the local clinical commissioning group by the senior operations manager.

The service did not receive many complaints. For an average month they received 2.3 concerns and 1.5 complaints. This is compared to the 8.7 compliments received on average every month.

Good

Patient transport services

Are Patient transport services well-led?

Good

This was the first time the service was rated. We rated it as good.

Leadership

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

The leadership team were knowledgeable and passionate about the service. Managers showed a commitment to their staff and each other. They were visible and approachable. They were proud of the efforts of staff and their commitment to the business during the extreme circumstances of the pandemic.

Staff felt valued as part of a team and were proud to work for the service. They felt supported by the management team and their colleagues. We received positive feedback from staff who had a high regard and respect for their managers.

Managers encouraged learning and a culture of openness and transparency. Staff were supported to develop their skills and competencies within their roles.

The leadership team understood the challenges in sustaining the service and the succession planning of the workforce.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who used services, and external partners. Staff knew and understood what the vision, values and strategy were and their role in achieving them. The vision for the service was clearly displayed in the two ambulance stations we visited.

There were long term plans for high quality and sustainable delivery alongside developments for future growth.

Culture

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

Staff enjoyed working for the service and felt proud to to make a difference to the outcomes for patients. There was a sense of teamwork, camaraderie, and shared values. Staff felt respected and valued.

Good

Patient transport services

The service had an open culture and staff told us they would not hesitate to report concerns to managers and believed these concerns would be taken seriously and acted upon with integrity and sensitivity. The organisation encouraged openness and honesty throughout all levels of staff. Everyone we spoke with recognised the importance of staff being able to raise concerns without any concern.

Although the current workforce was not ethnically diverse there were no barriers or bias in the recruitment process. The service was working towards producing a workplace race equality standard report.

Governance

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

There were clear arrangements for governance and performance management and these operated effectively. There was a clear performance management reporting structure with regular governance meetings to discuss operational performance.

The service held monthly management meetings and quarterly governance meetings to consider risk, performance, finances and strategy.

A comprehensive set of policies were readily available online to all staff. The policies we reviewed were all current and had been reviewed in a timely manner, however the Patient Group Directions ("PGD") were outside of their review date and we were not assured that they were reviewed in line with changes to The National Institute for Health and Care Excellence ("NICE") guidance. Since the inspection we have evidenced these PGD's have been reviewed.

Management of risk, issues and performance

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

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audits. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff were concerned about. '. Potential risks were considered when planning services such as seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored. There were no examples of where financial pressures had affected patient care.

The service maintained a risk register which identified individual risks. These included risks to workload and staffing as well as economic factors such as the increased price of fuel.

The risk register was reviewed quarterly and progress updated accordingly.

Good

Patient transport services

Information Management

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

Information technology effectively monitored, managed and reported on quality and performance. The service had invested in information technology which contributed to integrated reporting which supported effective decision making and helped the service plan to meet patient needs and requirements.

Engagement

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

People's views and experiences were gathered and acted on to shape and improve the services and culture. Patients were encouraged to complete feedback cards. Information received was collated and analysed for trends.

Before the pandemic, the provider completed patient surveys to gather feedback about their experience. The provider had planned to resume this survey in the near future.

Staff with a protected characteristics were actively engaged by the service , to ensure their views were reflected in the planning, delivery and the culture of the service. Staff felt engaged, informed and up to date with what was happening within the service. Information was shared through different forums which included evening handovers, emails and regular newsletters.

Staff were encouraged to be involved in development of the service and made suggestions and solutions. . The service facilitated quarterly working group meetings with representatives from each team with the operations manager and team leaders. The service had two freedom to speak up guardians.

There was a suggestion box in the crew room which was regularly monitored by the operations manager and reported in the monthly newsletter.

Staff had access to health and wellbeing services through an occupational health service. The managing director supported staff during times of difficulty, for example by booking a hotel for those requiring short term accommodation.

Staff we spoke with felt supported in their roles and were proud to work for the organisation. They said they were privileged to work for the service and to make a difference.

Staff were recognised for good practice and service with awards for an employee of the quarter in the form of monetary vouchers.

The service collaborated with partner organisations to help improve services for patients. For example members of the management team were part of the NHS England National Dataset Implementation Working Group.

Good

Patient transport services

Learning, continuous improvement and innovation

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

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in appropriate research projects and recognised accreditation schemes. The service had also joined a scheme to offset its carbon footprint and is the only Non-Emergency Patient Transport Service to hold a carbon neutral status in England.

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, processes and performance which lead to improvements and innovation. There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.