Medical Support UK Ltd

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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?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time we inspected the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Staff had access to good information.
- 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.

However:

- The service did not have face to face, or equivalent, team meetings, where all staff members were present, however there were informal daily catch ups.
- The service did not have effective systems in place for compliance monitoring and audit of handwashing.
- The service did not always store oxygen cylinders correctly in its transport vehicles.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Medical Support UK Ltd

Medical Support UK Ltd is an independent ambulance service. The service undertook non-emergency patient transport journeys. The service worked with an NHS ambulance transport broker to provide both planned and ad hoc patient transfers for the NHS and local authority. The service transported patients with mental health conditions, learning disabilities and those living with dementia. The service provided services to patients aged 16 and above. The service had carried out 197 mental health transfers between July 2021 and July 2022.

The service employed six members of staff in its mental health transport team, this team included the service's registered manager. The service had two vehicles for patient transport which had bespoke interiors for secure transfers.

We inspected patient transport services and specific key lines of enquiry for safe, effective, responsive and well-led. We did not inspect caring as part of this inspection. We did not rate the caring key question for the service as part of this inspection.

This was the first time the services had been inspected.

How we carried out this inspection

We carried out a one-day short notice (less than 24 hours) announced inspection on the 5th July 2022. During this inspection we reviewed policies and procedures, six staff files, patient transport record forms and information technology systems, we spoke with two managers, two members of staff. We also inspected one transport vehicle.

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

Areas for improvement

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:

Patient transport services

- The service should consider a way to facilitate full team meetings so that information and organisation updates can be shared with staff, if they cannot be held face to face.
- The service should consider an effective system for quality monitoring and audit of infection prevention control techniques such as handwashing.
- The service should consider improving the ways in which it stored oxygen cylinders within its transport vehicles.
- The service should consider providing leaflets or feedback forms in braille form for patients who are blind.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Good

Are Patient transport services safe?

Good

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

Mandatory training

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

The service provided mandatory training which included both online e-learning and face to face training. Mandatory training consisted of modules such as health and safety, infection prevention and control, equality and diversity, conflict resolution, moving and handling, equality and diversity and duty of care. The service had 100% training compliance for its six members of transport staff.

The provider had an electronic system which it used to monitor staff compliance, compliance was colour coded either red, amber or green and highlighted if a member of staff was not compliant or if they had training which needed to be carried out in the coming months. The registered manager monitored staff training compliance and would alert staff when their training was up for renewal.

Staff who were involved in the transport of patients with mental health needs also received mandatory training in mental health awareness, mental capacity act and deprivation of liberty safeguards (DOLs), dementia and learning difficulty awareness.

Practical mandatory training that staff received included prevention and management of violence and aggression (PMVA), handcuffs and emergency response cuffs and emergency first aid at work (EFAW) level 3. The service had 100% compliance for PMVA and handcuffs and emergency response cuffs, with refresher training booked in December 2022.

Safeguarding

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

The service had an up to date safeguarding policy which outlined the procedure for staff to follow if they had a safeguarding concern. The policy included the different types of abuse and the process for reporting a safeguarding alert through the providers safeguarding lead.

Good

Patient transport services

Staff received training specific to their role on how to recognise and report abuse. We saw that 100% of staff had undertaken both adults and children level two safeguarding training.

The registered manager was the safeguarding lead for the service and had safeguarding level 4 children's and adults safeguarding training.

Each vehicle which was used to transport patients had information on safeguarding, this included the service's safeguarding policy, a flowchart on how to make a safeguarding referral and the relevant contact details of local authorities where the patient was being transported to.

We reviewed staff employment records, which evidenced that staff had provided disclosure and barring service checks prior to starting work with the service.

The safeguarding training which staff received covered specific sections which included Mental Health Act, female genital mutilation, and prevention of radicalisation.

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 service had an infection control policy, which outlined the correct use of personal protective equipment (PPE).

The service headquarters was visibly clean and was not cluttered, there was an area designated for the storage of cleaning equipment and supplies.

Clean linen was available and was appropriately stored to protect it from air borne particles. The service had segregated bins for dirty linen and it had a contract with an external provider for its linen to be cleaned.

The ambulances used by the service were both visibly clean and well maintained. The passenger seats in the back of the ambulance had cloth upholstery which would be difficult to clean if it became soiled. However, the service did have disposal seat covers which could be used.

After each patient transfer the transport staff cleaned all contact areas in the ambulance which had been touched by both the staff and the patient with disinfectant wipes. At the end of a shift transport staff would wipe down the interior of the vehicle with disinfectant wipes and mop the ambulance floor.

Staff completed a vehicle checklist at the start of every shift, this included a cleaning checklist which was carried out by a dedicated member of staff who worked early morning shifts to assist with vehicle and environment cleaning. This cleaning checklist included checks on whether the vehicle had been cleaned that morning and if clinical waste had been removed from the vehicle. We reviewed a sample of cleaning checklists which had been completed correctly and appropriately.

The service also carried out six-weekly deep cleans of the vehicles, which included steam cleaning of the interior of vehicles. Vehicle deep clean records showed that both ambulance vehicles had undergone routine deep cleaning.

There were hand washing facilities at the premises and staff adhered to the bare below the elbow policy. There were adequate supplies of hand sanitiser on the transport vehicles and at the ambulance station. The service did not have an audit in place to review hand washing compliance.

A member of staff who was responsible for cleaning told us they routinely cleaned the external of the vehicles at the service headquarters.

There was adequate supplies of personal protective equipment (PPE) at the service headquarters and on the transport vehicles.

Staff disposed of clinical waste safely. Cleaning fluids were stored in a locked cupboard in line with control of substances hazardous to health (COSHH) regulations.

The service had reported no cases of healthcare acquired infections or outbreaks reported in the last 12 months.

Environment and equipment

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

The service had one location which had an area to store vehicles and an administrative office. The ambulance station was visibly clean and tidy.

Both ambulances had secure place of safety which could be used to safely transfer a patient who was detained under the Mental Health Act, or patients who showed disturbed behaviour. The secure place of safety was appropriate and allowed for clear observation and two-way communication.

Staff completed a daily vehicle checks of the vehicle, to confirm ambulances were safe and roadworthy, these included tyre checks, light checks and exterior checks. Checklists we looked at showed that vehicle checks were completed and documented appropriately.

Each vehicle had a satellite navigation and tracking system, the registered manager could track where an ambulance was and what speed it was doing at any time. They used this to monitor accidents, breakdowns and incidents.

We observed that the service had fire extinguishers in both vehicles and on the premises. The fire extinguishers and alarms had been checked and serviced by an external contactor and a date for future servicing had been organised.

The service had two ambulance vehicles at the time of the inspection which it used for its patient transport service. Both ambulance vehicles had road tax, insurance and MOT testing which was up to date for the last 12 months. The ambulances had a 50-point service checklist carried out by a local garage every three months to ensure roadworthiness.

The ambulances were returned to the service headquarters at the end of each shift, the premises were gated and had CCTV. Vehicles keys were stored securely at the service headquarters.

The registered manager told us the service did have plans to purchase a third ambulance in the next 12 months.

The ambulance we observed had a first aid kit and medical supplies such as dressing and oxygen tubing, all consumables were unopened and in date.

Good

Patient transport services

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 service received jobs from an external NHS broker. The service would bid on the job and if successful would receive information from the NHS broker to complete a patient transport record form. The service used the information provided to complete a risk assessment for each patient before the job commenced.

Transport staff completed dynamic risk assessments when they arrived at the location and during transit. Staff undertook individual risk assessments for specific risk issues when transporting a patient who suffered from mental health issues, these included ligature risk assessments and environmental assessments. As the time of the inspection the service had an up to date ligature risk assessment policy.

There was a secure area at the back of each transport vehicle, the service carried out ligature risk assessments every month on each vehicle which looked at ligature points accessible to the patient, items in the vehicle which could be used to self-harm, and items which patients may be carrying which could be used to self-harm.

Patients who were shown on their patient transport record as having a high risk of suicide would not travel in the secure area, with items which could be used as a potential ligature. Staff removed patients' shoelaces and belts before the transfer began. Patients were also asked to be searched to ensure they were not carrying anything which could be used as a ligature. Patients' belongings and baggage are stored in the secure part of the vehicle with the driver.

The patient transport record form included important information such as allergies or if the patient had a do not attempt cardiothoracic resuscitation in place (DNACPR).

All transport staff had completed the emergency first aid at work (EFAW) level 3 training, this training included basic life support and first aid.

The service had a deteriorating patient policy. Staff we spoke with told us if a patient had become unwell during a journey, they would stop the vehicle and assess the severity of the situation. Staff would request emergency ambulance support if required or if it was felt suitable and the patient did not need emergency assistance, they would transport the patient to the nearest emergency department.

Staff received training in prevention and management of violence (PMVA). The service transported patients with mental health needs and this training allowed staff to manage issues that may arise during journeys. Staff had completed a positive behaviour e-learning module as part of their mandatory training, this training helped staff learn how to support patients who may have a learning difficulty, autism or mental health condition, who have or may be at risk of developing behaviours that challenge.

The registered manager told us that if they were to transport a patient who had experienced a mental health episode and needed additional support, they would be accompanied by a health professional.

We reviewed the patient transport policy, which related specifically to the transporting of patients who had mental health needs, the policy described a clear process for booking and risk assessing the patient, and best practice when transporting the patient.

The service was due to receive training in the use of restrictive practices from an accredited trainer which was certified and complied with the Restraint Reduction Network (RRN) standards. This training will replace the restraint training, staff had received in their mandatory PVMA training.

The service subscribed to an online application which allowed staff to use their phones as a two-way radio. Staff could use this to communicate to control and could also alert control and colleagues if there had been an incident and they needed assistance. The application sent the location of the individual to the registered manager who would either attend themselves or send another ambulance for assistance.

Staff wore body cameras, these were used to record when a patient was being transferred to and from the ambulance, the registered manager regularly reviewed the videos from the cameras to monitor interactions between staff and patients and look for areas where improvements could be made.

The two transport vehicles had CCTV on board, during transport staff did not use their body worn cameras. The service had an up to date policy for the use of both CCTV and body worn cameras, the policy outlined that images captured by CCTV would be securely stored for a maximum of 30 days except where an image identified an issue and was then retained for the use in an investigation. The policy also outlined to staff the importance of patient welfare and their responsibility to ensure patient privacy and dignity is prioritised.

The recorded footage was securely stored in a restricted area and access to CCTV footage was by authorised by members of staff only. The transport vehicles had signs displayed which highlighted that CCTV was in operation inside and outside of vehicles.

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.

The service employed six members of staff for its patient transport service which included the registered manager. The registered manager told us that staffing numbers were adequate for the current volume of work. However, they did plan to increase the fleet size to three transport vehicles, so staffing would need to be increased.

The service provided a 24-hour service Monday to Friday with staff working 12 hour shifts. Each vehicle was staffed by two members of staff for each patient transport journey.

All staff who were involved in the transport of patients had an up to date disclosure and barring service check carried out during the recruitment process. The service also carried out driving and vehicle licensing authority (DVLA) checks to ensure new staff had a valid driving license and to check if they had any driving convictions or penalty points.

The registered manager and assistant manager worked as part of the transport team multiple times a month. If there were staff shortages due to sickness or annual leave the registered manager would support the frontline crew in conveying patients. The service had recorded 28 days of sickness between April 2021 and April 2022.

The service carried out a three-day induction and staff worked supernumerary for a number of shifts before being signed off. Staff were observed by the registered manager throughout this supernumerary period and had their driving ability assessed.

Good

Patient transport services

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

The service used a paper-based patient transport record form. These forms were scanned into the service's online system and the paper copies were kept in a secure locked cabinet.

We saw that patient transport record forms were completed appropriately. They included important information such as patient details, allergies, mobility status, infection risks, complex or specific needs and if the patient needed medication.

The patient transport record form also had a section which was used for special notes to advise staff if the patient had a DNACPR in place.

Details of the patient journey were also added to this form, which included when the patient was picked up, how long the journey was and If there was a delay with handover. The registered manager told us they reviewed each patient transport journey record. They told us if patients experienced delayed handovers, they would contact the receiving service to highlight this issue and see if improvements could be made.

The was a section within the patient transport record which was used for a debrief of the journey. Transport staff had to complete this at the end of every journey. They would discuss how the journey had gone, what could be improved and if the patient's behaviour had changed during the journey and how staff dealt with this. The registered manager reviewed all patient journey debriefs and would also review CCTV footage with staff to aid future learning. The service's body worn camera policy outlined that footage captured would be reviewed in line with the General Data Protection Regulation (GDPR) 2018 and Data Protection Act (DPA) 2018.

Each patient transport record included relevant details for mental health transfers and included whether the patient was detained under the Mental Health Act 1983, whether the patient had a Deprivation of Liberty Safeguards (DOLs) in place, if any restraint was used and for what reason.

Medicines

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

Staff followed systems and processes to prescribe and administer oxygen safely. Training in the use of oxygen had been provided to staff. If a patient required oxygen, the volume was documented on the patient transport record form, so staff knew how much to give.

The vehicles oxygen cylinder was stored securely however it was in a difficult place for staff to access. This was highlighted to the registered manager who agreed with this and informed us that they would look at ways to attach the oxygen cylinder in a more suitable place in the ambulance. The service had a policy for the safe storage and administration of oxygen.

No medication was administered by staff members. Patients who were transported with their own medication or those who had been discharged with medication had this documented on the patient transport record form.

Good

Patient transport services

Three members of the transport team had received training in oxygen administration, training outlined how masks and cannulas should be connected, contra indications, flow settings and conditions that benefit from the oxygen administration.

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.

The service had a policy for the reporting of incidents. The policy provided guidance to staff on how to identify and report incidents**.** Staff reported incidents on paper forms which would be scanned onto the services online system.

The service also had a duty of candour policy, staff we spoke with could explain what duty of candour meant and what their responsibility was. The service had not had any incidents that would have triggered the duty of candour process.

There had been no never events or serious incidents reported by the service during the past 12 months. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

We reviewed a blank incident report from, there were sections for reporting the details of the incident and what immediate actions had been taken.

The service had only recorded one incident in the last 12 months, this incident was investigated by the registered manager, who developed an action plan and implemented improvements and shared learning with staff.

Are Patient transport services effective?

Good

This was the first time we inspected the service. 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. We reviewed policies on safeguarding, IPC, whistleblowing, patient transport and restraint. The policies we reviewed were in date and had dates in the future for them to be reviewed and updated.

The services patient transport policy provided staff with guidance and information to staff on the Mental Health Act and Mental Capacity Act. Staff protected the rights of patients, who were subject to the Mental Health Act and followed the Code of Practice.

Good

Patient transport services

The services mental health and mental capacity policy provided information to staff on the different types of Mental Health Act detention that a patient could be under and the time limits on the detention.

Staff understood the requirement for the correct paperwork to be produced when transporting a patient under the Mental Health Act.

The registered manager told us they routinely reviewed government guidance on mental health patient transport and the use of restraint to ensure that their policies were up to date and staff had the correct guidance.

Nutrition and hydration

Staff gave patients enough drink to meet their needs.

Each ambulance had a supply of bottle water for staff and patients.

Due to the nature of the service, food was not routinely offered, however for patients who were going to be undertaking a long journey they were sometimes discharged from the receiving hospital with food.

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 received ad hoc bookings from an NHS broker for patient transport, they carried out most of their journeys on the day they received the booking.

The service used an online tracking system to track all its vehicles. The online system recorded when a job was accepted, when the patient was picked up and dropped off, and if there had been any delays with handover.

The registered manager reviewed all patient transport journeys to record the amount of time it took to complete journeys. The service had plans to introduce new software which would be used to monitor service delivery and could be used to highlight future improvements.

If patients had experienced delayed handovers at receiving hospitals, the registered manager monitored this and shared it with the hospitals to develop an action plan to improve handover times in future.

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 new staff had an induction and carried out a number of supernumerary shifts where they were able to observe how staff worked. The registered manager carried out contact shifts with each member of staff to observe and give feedback on how they worked.

Managers supported staff to develop through yearly, constructive appraisals of their work. The registered manager completed an appraisal for each member of staff every 12 months. The topics which were discussed were, performance and areas of learning and development.

Managers ensured staff received training specific to their role, staff who carried out mental health patient transfers received training in PVMA, positive behaviour support and handcuff and Mental Health Act training.

Staff underwent a driving assessment which was carried out by the registered manager. The service carried out driver and vehicle licensing agency (DVLA) checks on all staff at the start of employment to ensure they had the correct license and did not have any driving convictions or penalty points. These checks were repeated every three months.

The service held three monthly governance meetings and any updates and learning from this meeting where shared through staff email and displayed on a notice board at the station.

The service did not routinely hold team meetings, the registered manager told us that they had informal chats and meetings with their team most days however these were not recorded or scheduled.

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.

The service worked with an NHS ambulance broker to carry out patient transport journeys. We observed the registered manager discussing a patient transfer with the broker. This discussion included where the patient was going, risk assessments and any complex or specific needs.

If staff were transferring a patient to a hospital, they would carry out a handover with a senior nurse for that hospital. They would hand over any of the patient's medical records they had received and all information which was included in the patient transport record form, such as information if the patient had any complex or specific needs.

If the transport team where receiving a patient from a mental health hospital, then they would engage with hospital staff for a handover of patient information. This included up to date risk assessments, the relevant paperwork for patients who were detained under the Mental Health Act and if the patient had a Deprivation of Liberty Safeguard in place.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Training on the Mental Health Act, Mental Capacity Act, and Deprivation of Liberty Safeguards was completed by staff as part of their mandatory training.

The service had up to date policies on the Mental Health Act and Mental Capacity Act. These policies gave guidance and information about when a person would be able to make a decision themselves or if they lacked capacity.

Each patient transport journey was reviewed using a debrief, staff discussed how the journey went, this included what went well and what lessons could be learnt.

The registered manager discussed the patient's mental capacity with the referring organisation when they accepted a transport job. Mental capacity describes the ability of an individual to understand their care to make informed decisions.

Good

Patient transport services

The registered manager told us that restrictive measures would only be used under the correct legal framework. If restraint was used this would be documented and the journey would be reviewed by the registered manager to ensure the use of restraint was appropriate. All transport staff had received practical training in both prevention and management of aggression and use of handcuffs and emergency response cuffs.

Are Patient transport services caring?

Insufficient evidence to rate

We did not have enough evidence to rate the caring domain.

While we did not observe any interactions between patients and staff. Staff understood the importance of providing compassionate care and emotional support to patients and those close to them. The registered manager told us that staff considered the emotional needs of patients on every journey.

Are Patient transport services responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service provided a patient transport service. The service worked on an ad hoc basis with an NHS transfer broker.

All bookings were made either through email or telephone. The services registered manager responded to requests for booking as soon as they came in. They provided a quote to the NHS broker and if they were successful in their bid, they would then receive confirmation from the NHS broker.

The service transported people with mental health conditions, patients with learning disabilities and patients living with dementia. The transfers carried out were varied and included, transferring a patient from their home to a hospital or from a hospital to their home and also between hospitals.

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 made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff received training on dementia and learning disabilities as part of their mandatory training.

Good

Patient transport services

The vehicles used by the service were designed to safely transfer patients in distress. The vehicles had three sections, the first section consisted of three front facing seats in the driver's cab, the middle section had four seats, where a patient could be supported by two crew members and a healthcare professional. The third section was a secure area within the transport vehicle where a person who was in distress could be placed so they did not pose a risk to their safety or those around them. The secure area was visible to the transport staff and allowed for communication between staff and the patient.

The service used an online translation service to communicate with patients and relatives whose primary language was not English. The service did not routinely print information in different languages for those who could not speak English. The service could print information in larger print for people who were partially sighted, however information leaflets or feedback forms did not come in braille form for patients who were blind.

The registered manager told us that for patients who were experiencing mental illness they would be escorted during their transfer by a registered health professional so that they could be supported.

The service supported patients living with dementia or a learning disability by using information such as 'This is me' provided by the NHS trust where they were an inpatient. 'This is me' is used to record details about a person who is unable to share information about themselves.

Each vehicle had laminated communication cards which staff could use to help patients who had difficulty communicating. The cards had pictures which patients could point to say how they were feeling for example if they were in pain or wanted a drink of water.

Access and flow

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

The service operated 24hours a day five days a week Monday to Friday. The majority of patient transport bookings were made on the day. The registered manager would assess if the service had capacity and enough staff to ensure before confirming a patient booking.

To ensure the service kept the number of cancelled transfers to a minimum the senior leadership team, helped to cover shifts when there were staff absences due to either annual leave or sickness.

The service reviewed its transfer times which included patient pick up, drop off and the time taken for handovers to be completed.

Staff would keep patients updated during their journey; they would give an estimated time of arrival. Staff would also keep patients updated if there was a delay with their handover. The registered manager routinely reviewed delayed handovers at hospitals and would share this with the organisation so that improvements could be made.

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.

Good

Patient transport services

The service had not received any complaints from July 2021 to July 2022. The service displayed complaint information within its vehicles, so that patients were aware of how to raise a complaint.

The service had a policy for complaints which outlined to patients, relatives and carers on how to make a complaint. The policy also gave guidance to staff on how to acknowledge a complaint.

The registered manager told us that if a complaint was made the service would try to deal with It at the point of care.

The service would acknowledge formal complaints within 24 hours and had 30 days to respond. The process would include the registered manager reviewing the complaint, they would then review CCTV footage from the vehicle and staff body worn cameras. The registered manager would produce a response letter for the patient and any learning and improvement from the complaint would be shared with staff.

Are Patient transport services well-led?

Good

This was the first time we inspected the service. 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 registered manager was responsible for the day to day running of the service.

The registered manager told us that staff understood the leadership structure of the service. Staff knew which of the senior leadership team where responsible for management responsibilities such as safeguarding lead and training manager.

Staff we spoke with told us service leaders were visible and approachable. They told us they had an open-door policy and staff could speak with them at any time about any concerns they had.

The senior leaders were able to discuss the importance of quality and sustainability and understood challenges that faced the service. The registered manager spoke about the importance of quality and performance. They had a plan in place to update the online tracking software so the service could monitor its performance easily and to highlight areas of improvement.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

Good

Patient transport services

The service had a vision and strategy which was displayed throughout the ambulance station. The vision for the service was to "strengthen and grow by incorporating patients views, commitments and loyalty in everything we do" and "to continually review and improve our quality to maximise our services to its full potential, ensuring we put our patients first".

The service's defined values were teamwork, safe, caring, respect, honesty and openness.

The mission statement was 'to provide a safe and honest service which offers a high-quality service driven by motivation to achieve the best outcomes for people'. Staff we spoke with could tell us the vision and strategy of the organisation.

Culture

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

The registered manager told us there were limited opportunities for career development due to the nature of the service and the small size of the team.

Staff we spoke with told us they felt supported by their managers and said they could raise concerns. The service had an up to date whistleblowing policy which gave staff guidance on how to raise a concern.

The senior team believed the service had an open and honest culture. The registered manager understood the importance of staff being able to raise concerns without fear of retribution.

The registered manager organised staff meals for the transport team throughout the year as a sign of appreciation for the work they carried out.

The registered manager told us they routinely reviewed vehicle CCTV and footage from staff body worn cameras and told us they would take action if they felt that staff members behaviour and performance was not in line with the service's values and vision.

Governance

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

The service had a governance structure, which outlined clear policies and procedures for specific areas such as operational oversight, safeguarding, performance and risk management.

Service leaders held governance meeting every three months, during this meeting they reviewed the service's risk register. We reviewed recent meeting minutes, which included an agenda, review of risk register and an action log.

There was a range of policies and procedures in place which provided guidance to staff to carry out their role. Staff received updates on policies through a group message application. Updates were shared through emails and posted on the station notice board.

The service had a small team which allowed the registered manager to have informal face to face meetings with staff to inform them of updates to policies or improvements which had been made.

The service's policies had a standardised format and structure, his included an author, version number, effective date and date to be 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 provider had a risk management policy which was up to date and outlined to staff members their responsibility to be aware of the potential of risk of harm and their role in mitigating this.

There were risk assessments in place for patient safety such as fire and health and safety. The service had business continuity plans which looked at how the service would manage risks to the service such as seasonal interruption, loss of staff and loss of IT system.

The provider had a risk register where risk assessment results were collated. Risks were graded and appropriate mitigations put in place. The risk register was used to monitor and ensure risk was being managed appropriately.

We saw that routine audit and quality monitoring of key processes took place to monitor staff performance and identify areas for improvement. This included vehicle equipment and cleaning checklist audits and routine staff driving checks.

The registered manager told us patient report forms were reviewed when they were returned to the office to check for accuracy and completeness. They also reviewed the debrief section of the patient transport record where staff added how the journey had gone and if it could have been improved on.

Information Management

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

The service gathered data on each journey, and leaders understood the importance of how analysing performance data could help drive future improvements in the quality the service provided.

Staff could access all the services policies and procedures at the station, they could also access them through the services online system**.**

The service's administrative area was situated in the ambulance station which was securely locked and monitored by CCTV.

The service's electronic systems were password and username protected. The software used for booking patient transport was encryption protected and could only be accessed by service managers.

Patient transport records were completed on paper, these forms were returned to the station at the end of each shift, forms were then scanned and uploaded onto the service's electronic system.

Good

Patient transport services

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

Staff collected and returned ambulances at the end of each shift, this provided staff the opportunity to have a verbal handover with the registered manager and discuss how transfers had gone.

The registered manager told us they encouraged staff engagement and asked for their views on the planning and delivery of the service. Staff could include areas for improvement on the patient transport record form which was reviewed by the registered manager.

The service sought feedback from patients and carers through feedback forms. However due to the service conveying patients who were living with a mental health condition or dementia, the uptake of the feedback forms from patients was limited.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

We saw evidence that service leaders strived for continuous improvement and worked to deliver high quality patient care. The service was undertaking training in the next 12 months from the reduced restraint network, this training was aimed at reducing the reliance on restrictive practices when caring for patients.

The registered manager was aware of the challenges the service faced, they had plans in place to grow the services fleet in the future.